



**pennsylvania**

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BUREAU OF WORKERS' COMPENSATION

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# **WORKPLACE SAFETY COMMITTEE TECHNICAL ASSISTANCE / CERTIFICATION ASSISTANCE MANUAL**

## **Hands**

The Health & Safety Division Online Filing System User Guide  
Hands can be accessed at [www.dli.state.pa.us](http://www.dli.state.pa.us)

Commonwealth of Pennsylvania  
Pennsylvania Department of Labor & Industry

*Auxiliary aids and services are available upon request to individuals with disabilities.  
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# Introduction

Effective workplace safety committees are a proven tool in reducing workplace injuries and illnesses, as well as producing significant savings for employers. The Pennsylvania Department of Labor & Industry recognizes the importance of labor-management certified committees for workplace safety in detecting and correcting workplace hazards.

Workplace safety committees play an important part in workplace accident- and illness-prevention efforts, and are essential to achieving continuous improvement in a safety program. This manual will help you establish a certified safety committee at your workplace. It will provide you with a systematic approach to establishing, implementing and certifying your workplace safety committee.

This manual provides a basic blueprint for the formation of a workplace safety committee, and is not intended to be a comprehensive guide that addresses all of an employer's many health and safety concerns. The committee's effectiveness will be largely determined by the employer's and employees' level of commitment, and by the success with which hazard detection and prevention efforts are carried out. If safety committee certification by the Bureau of Workers' Compensation is one eventual goal, management and committee members should possess a thorough understanding of certification requirements during the formation and implementation of the workplace safety committee. This manual contains general information. It does not guarantee compliance with federal, state, constitutional or labor law. Certification assistance is available from the Bureau of Workers' Compensation Certification Section, which can be reached at 717-772-1635 or by email at RA-LI-BWC-Safety@pa.gov. Safety committee costs will be directly offset by the effectiveness of the committee in reducing workplace injuries and illnesses. Hidden costs associated with workplace injuries can run five to 10 times the actual cost of a workers' compensation claim.

Hidden costs include:

- Production delays.
- Time lost as a result of workers and supervisors attending to an incident victim.
- Clean-up and start-up of interrupted operations.
- Costs related to conducting an incident investigation.
- Time spent retraining others to replace injured workers.
- The possibility of reduced worker morale and lower efficiency.
- The effect on employees, their families and their personal lives.

This manual includes four basic sections:

Section 1: Overview of Workplace Safety Committees

Section 2: How to Develop a Workplace Safety Committee

Section 3: Applying for Workplace Safety Committee Certification and Health & Safety Division  
"HandS" Online Filing System User Guide

Section 4: Safety Committee Reference Materials

# Introduction

## **Section 1: Overview of Workplace Safety Committees**

This section provides general information about workplace safety committees, including their purpose, benefit, function and duties.

## **Section 2: How to Develop a Workplace Safety Committee**

This section includes information designed to provide employers and their employees with a detailed approach to establishing a safety committee. An employer's organizational structure, method of operation, management system and specific need will ultimately guide the approach to establishing the committee.

## **Section 3: Applying for Workplace Safety Committee Certification and Health & Safety Division "Hands" Online Filing System User Guide**

This section provides information on the application process to obtain certification of your workplace safety committee by the Department of Labor & Industry, Bureau of Workers' Compensation, including Hands online filing procedures. Through Acts 44 and 57, financial incentives have been created for employer-employee workplace safety committees. If a committee meets the criteria set by the Pennsylvania Department of Labor & Industry, and is awarded certification by the Bureau of Workers' Compensation, the employer will receive an annual 5 percent policy premium reduction for each year of certification from its workers' compensation insurance carrier. To receive the annual discount, the certification must be renewed annually. For more information, contact the Bureau of Workers' Compensation, 1171 S. Cameron St., Room 324, Harrisburg, PA 17104-2501. Call the Certification Section at 717-772-1635 or email RA-LI-BWC-Safety@pa.gov.

## **Section 4: Safety Committee Reference Materials**

This section provides general sample documents that can be tailored to any organization's specific needs, including screen shots and directions relating to the Hands online filing system. Sample documents, including a written safety committee policy/mission statement, sample work area inspection report, committee meeting agenda and meeting minutes, as well as an example of a checklist for conducting safety committee meetings, are provided.

Thousands of employers throughout Pennsylvania have found that the benefits of implementing a workplace safety committee far outweigh its costs, saving hundreds of millions of dollars in workers' compensation premiums since the program was implemented in 1994. For more information or additional technical assistance, contact:

Department of Labor & Industry  
Bureau of Workers' Compensation  
1171 S Cameron St., Room 324  
Harrisburg, PA 17104-2501  
Phone: 717-771-1635  
Fax: 717-772-1639\_  
Email: RA-LI-BWC-Safety@pa.gov  
Website: www.dli.state.pa.us

The Pennsylvania Department of Labor & Industry, Health & Safety Division offer no-cost safety committee workshops on safety committee operation, hazard identification and incident investigation. These three workshops satisfy the initial and annual requirement for safety committee training. For information about training, contact:

Bureau of Workers' Compensation  
Health & Safety Division  
717-772-1635  
Email: RA-LI-BWC-PATHS@pa.gov

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# Section 1: Overview of Workplace Safety Committees

## Legislative/Statutory Background in Pennsylvania

The 1993 amendments to Pennsylvania's Workers' Compensation Act included a department program to encourage the establishment of workplace safety committees aimed at reducing employers' workers' compensation rates, as well as reducing injuries and illness in the workplace. Section 1002 of PA Act 44 states that employers may apply to the Department of Labor & Industry for certification of their workplace safety committee(s) and provides an incentive for those employers who gain certification. Under Act 57 of 1996, employers who continue to operate workplace safety committee(s) according to established criteria can receive an annual 5 percent discount in workers' compensation insurance rates, if the employer provides annual verification to the department.

## Purpose of Workplace Safety Committees

The purpose of a safety committee is to bring workers and managers together to achieve and maintain a safe and healthful workplace. Starting a safety committee is easy, but developing an effective one — one that achieves and maintains a safe, healthful workplace — requires workers and managers who are committed to achieving that goal.

Can a safety committee help your business survive in the real world? Yes! Effective safety committees identify solutions to problems that cause workplace accidents, illnesses, injuries and near-miss incidents. Fewer accidents, injuries and illnesses mean lower workers' compensation claims costs and insurance rates. Safety committees certified with the Department of Labor & Industry, Bureau of Workers' Compensation, earn an annual 5 percent reduction in their workers' compensation premium. Please take the time to review Pennsylvania's workplace safety committee certification requirements. The requirements are identified on the attachment titled *Subchapter F, Workplace Safety Committees*.

## Understanding a Safety Committee's Seven Essential Activities

Anyone can start a safety committee; however, to be effective the committee must:

1. Begin with management commitment.
2. Be accountable for achieving its goals.
3. Involve employees in achieving its goals.
4. Identify workplace hazards.
5. Review reports of incidents and near misses.
6. Keep accurate records of committee activities.
7. Evaluate its strengths and weaknesses.

### 1 Management Commitment

The committee will not survive without management support. Management provides support by encouraging employee involvement in creating a safe, healthful workplace and by acting on the committee's recommendations. Representatives demonstrate commitment by attending committee meetings, following through on their assigned tasks and encouraging other employees to get involved in identifying hazards.

### 2 Accountability

Representatives should understand that the committee expects them to contribute. Each representative shares responsibility for accomplishing safety committee goals, which benefit everyone who works for the company. The safety committee is also responsible for monitoring how management holds employees accountable for working safely and for recommending ways to strengthen accountability.

## Section 1: Overview of Workplace Safety Committees

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### Employee Involvement

To be effective, a safety committee needs help from everyone in the company. The safety committee must have a method for employees to report hazards and offer safety suggestions. Ways the safety committee can get employees involved include:

- Encourage employees to report hazards and unsafe work practices to a safety committee representative.
- Act on employee suggestions and recognize their contributions to a safer workplace.
- Promote the committee's activities and accomplishments.
- Make sure employees know that you're starting a safety committee.
- Tell them why you're starting the committee, describe its role in the company's safety and health program and explain management's commitment to the committee.
- Keep employees informed by way of memo, newsletter or email, or meet with them to introduce committee members, promote the committee and to answer questions.

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### Hazard Identification

The safety committee plays an important role in maintaining a hazard-free workplace. Committee representatives must receive training on how to recognize hazards and understand basic principles for controlling them. Safety committee members will use their talents and expertise gained from training to perform workplace hazard-identification reviews.

- The committee focuses on identifying hazards and unsafe work practices that are likely to cause serious injuries.
- The committee identifies the root cause of incidents and near-miss incidents.
- The committee forms an inspection team, comprising employer and employee representatives, to conduct thorough workplace inspections at least monthly.
- The committee documents hazards during monthly inspections and discusses how to control them at regular safety committee meetings.

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### Incident Investigation

The committee must establish procedures for reviewing workplace incidents, including accidents, illnesses, deaths and near-miss incidents.

The committee should conduct or participate in incident investigations. The committee should also carefully review incident reports to help management identify accidents' root causes and determine how to control them.

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### Recordkeeping

You might not think of recordkeeping as an essential activity; however, accurate, well-organized records document the committee's accomplishments and inform the committee of areas for improvement.

The following documents are required to be maintained in the safety committee's file:

- Accurate agendas and minutes of each safety committee meeting.
- Committee reports, evaluations and recommendations.
- Management's response to committee recommendations.
- Employee safety suggestions and hazard concerns.
- Safety committee training records.

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### Evaluation

An evaluation answers the question, "Are we effective?" Effective safety committees periodically evaluate their strengths and weaknesses, which helps them set new goals. At least once a year, you could schedule a half-day safety committee meeting to identify the committee's achievements over the past 12 months, review essential activities and set goals for the next 12 months.

# Section 1: Overview of Workplace Safety Committees

## Functions/Duties of Safety Committees

The specific functions of the safety committee are to:

1. Detect hazards.
2. Analyze and solve safety related problems.
3. Help manage workplace safety.

Detecting hazards requires a routine walkthrough of the workplace and discussions with workers looking for unsafe work practices, hazardous conditions and risky behaviors. The committee is responsible for establishing appropriate procedures for periodic workplace inspections, discussing findings at committee meetings and communicating meeting minutes to employees.

Workplace safety committee members should serve as workplace inspection team members. Members can rotate regularly to complete this task. Management and employees should serve on this team. One tool that can be used to recruit future committee members is to randomly select employees to accompany the inspection team during the inspection. Many times this will spark the interest of employees and help change the safety culture in the workplace. If inspections are used by management as a measurement tool, they will help the first line supervisors ensure that safety inspections are a priority and that the recommendations are properly acted upon.

## Who does what on the committee?

Your safety committee should have a chairperson and someone to take minutes at each meeting. The committee doesn't have to have a vice-chair, but someone should be available to prepare an agenda and conduct committee business in the chair's absence.

Here is an example of representatives' duties:

| Safety Committee Representative Duties and Responsibilities |   |
|---|---|
| Chair   | <ul style="list-style-type: none"><li>• Schedule monthly meetings.</li><li>• Develop meeting agendas.</li><li>• Conduct monthly meetings.</li></ul>   |
| Vice-Chair  | <ul style="list-style-type: none"><li>• Assume chair's duties when the chair is absent.</li><li>• Coordinate training for committee and new representatives.</li><li>• Perform other duties assigned by the chair.</li></ul>  |
| Recorder  | <ul style="list-style-type: none"><li>• Distribute monthly agendas.</li><li>• Document meeting attendance lists.</li><li>• Maintain committee membership list.</li><li>• Take minutes at each meeting.</li><li>• Distribute copies of minutes to committee members.</li><li>• Post minutes or make available to all employees.</li><li>• Maintain safety committee records for five years.</li></ul>  |
| Committee Members   | <ul style="list-style-type: none"><li>• Report employees' safety and health concerns to the committee.</li><li>• Report accidents, near-miss incidents and unsafe workplace conditions to the committee.</li><li>• Suggest items to include in the monthly meeting agenda.</li><li>• Encourage employees to report workplace hazards, and suggest how to control them.</li><li>• Establish procedures for conducting workplace inspections and making recommendations to management to eliminate or control hazards.</li><li>• Help management evaluate the company's safety and health program, and recommend how to enhance it.</li><li>• Establish procedures for investigating the causes of workplace incidents and near-miss incidents.</li></ul> |



## Section 1: Overview of Workplace Safety Committees

### Updating Your Company's Safety and Health Policy

Your company should have a written policy that states its commitment to achieving and maintaining a safe, healthful workplace. When you start a safety committee, you should update the company policy to describe the committee's purpose, responsibility and authority. See the sample safety and health policy on page 49.

### Writing Committee Bylaws

Bylaws state the committee's purpose, define its essential activities and describe how it conducts its regular business. Your safety committee must develop operating procedures, such as rules or bylaws, prescribing the committee's duties. The existence of one of these documents can give the committee stability as new representatives come on board and others leave.

Bylaws can be as simple or as complex as you want to make them. They are usually organized in sections that define specific committee functions. See the example below.

### What to include in your safety committee bylaws (See the bylaw template on page 46.)

| Topic  | Information to include  |
|--|---|
| Goals and Objectives                             | <ul style="list-style-type: none"><li>• Briefly describe the committee's purpose, goals and objectives.</li><li>• State how many representatives will serve on the committee.</li><li>• Describe how committee members are selected.</li><li>• State how long members will serve.</li></ul>   |
| Membership Duties, Responsibilities and Training | <ul style="list-style-type: none"><li>• Describe duties and responsibilities of the chair, vice-chair, recorder and other representatives.</li><li>• Describe what representatives need to know to fulfill their responsibilities, and describe how they will receive their training.</li></ul>   |
| Meetings and Employee Involvement                | <ul style="list-style-type: none"><li>• Define the following: the schedule for regular committee meetings, who must attend the meetings, the requirements for preparing and distributing the agenda and the minutes, and the procedures for voting on committee decisions.</li><li>• Describe how the committee will involve employees in achieving a safe, healthful workplace.</li><li>• Outline how employees should report hazards and unsafe work practices to the committee and how they can submit ideas for controlling or eliminating hazards.</li></ul> |
| Accident Investigation                           | <ul style="list-style-type: none"><li>• Describe the committee's role in investigating near-misses and accidents.</li><li>• Discuss how representatives will review accidents and near-miss incidents.</li><li>• Outline how the committee will make recommendations for controlling hazards to management.</li></ul>   |
| Workplace Inspections                            | <ul style="list-style-type: none"><li>• Describe how the committee will conduct regular workplace inspections.</li><li>• Establish the schedule for quarterly workplace inspections.</li><li>• Discuss who will conduct inspections.</li><li>• Outline how the committee will report hazard-control recommendations to management.</li></ul>  |
| Evaluation                                       | <ul style="list-style-type: none"><li>• Describe how the committee will evaluate the company's safety and health program and assess its own activities.</li></ul>   |

## Section 1: Overview of Workplace Safety Committees

### Identifying Workplace Hazards

Safety committees prove their worth by helping management and labor keep workplace hazards under control, but you can't control hazards until you know how to identify them. What to do:

- Work with a mentor. A safety and health specialist from your insurance carrier, or other available resource, can attend a safety committee meeting, answer questions and help representatives learn how to identify hazards.
- Take a class. The Pennsylvania Department of Labor & Industry, Bureau of Workers' Compensation, Health & Safety Division, offer no-cost safety committee workshops on safety committee operation, hazard identification and incident investigation. These three training topics are required annually for committee members, but additional employees can attend the sessions.
- Know the rules. Know the safety and health rules that apply to your workplace. The rules can inform you about hazards and help you determine how to control them.
- Conduct regular workplace inspections. Successful inspections involve walking, talking, listening and writing. Walk around the workplace. Look for hazards and unsafe work practices that are likely to cause serious injuries. Focus on identifying hazards rather than rule violations. Talk to employees. Ask them about hazards and unsafe conditions. Be concerned and listen carefully. Take notes. Describe the potential hazard, where the hazard is located, how the hazard could cause an accident, what the result could be and who could be affected by the hazard. Report your findings. Organize your notes and summarize the important information in a report to the safety committee.
- Get other employees involved. Concerned employees help the committee learn about workplace hazards and unsafe practices. Encourage them to report hazards and suggest how to control them. Invite them to accompany the inspection team. Invite employees as guests to committee meetings. Discuss hazards at safety committee meetings. The safety committee receives information about workplace hazards from regular inspections, concerned employees and management. However, the committee also needs to discuss how that information will lead to a safer, healthier workplace.
- Report hazards to management. By reporting a hazard to management and recommending how to control or eliminate it, the committee acknowledges that the hazard threatens a worker's safety.

### Workplace Inspection Team

Develop a workplace inspection checklist.

- Before each new inspection, study previous inspection reports and recommendations.
- Inspections should be completed at least monthly.
- Inspection team members should always wear required personal protective equipment.
- During the inspection, the team should stay together as a group to avoid disrupting operations.
- Someone on the inspection team should act as the team secretary, taking notes to fill out the inspection report.
- Inspection team members should communicate with workers to show that they care about their safety and work environment.
- Inspection team members should develop good listening skills.
- Inspection team members should promote safety and productivity.
- At the end of an inspection, a detailed report should be compiled for management and the workplace safety committee.

## Section 1: Overview of Workplace Safety Committees

- ☑ Once the report is agreed upon by committee members, a copy should be posted for employee observation.
- ☑ Items that need attention or correction should be distributed to the appropriate individual(s) who are responsible for making the corrections.
- ☑ Management and ALL supervisors should receive a copy of the detailed inspection report.
- ☑ Establish procedures to make sure corrective actions are taken and the identified issues are documented as resolved on the list. This provides employees with a view of committee accomplishments and safety enhancements.
- ☑ Analyzing and solving problems means reviewing incident records and finding trends in the data that pinpoint hazards and incidents' causes. Proper analysis relies on thorough incident investigation, near-miss investigation and a careful review of incidents resulting in work-related deaths, injuries, illnesses and complaints.
- ☑ Successful safety management means following through with corrective action once an issue has been identified. Following up on all identified issues promotes credibility for the safety committee and promotes future communication of issues from employees. Leadership, strong communication and motivational skills are required to break old habits and promote new ones. This can be accomplished by changing the safety culture.

### **Specific Duties of the Safety Committee**

- Facilitating cooperation between the employer and employees in initiating, developing, carrying out and monitoring measures designed to ensure the health, safety and welfare of employees.
- Representing the incident-, accident- and illness-prevention concerns of employees at every applicant-employer workplace.
- Reviewing the applicant-employer's hazard detection, incident-, accident- and illness-prevention program and formulating written proposals.
- Establishing procedures for periodic workplace inspections by the safety committee for the purpose of locating and identifying health and safety hazards. The locations and identity of hazards should be documented in writing, and the committee should make proposals to the applicant-employer regarding correction of the hazards.
- Conducting reviews of incidents resulting in work-related deaths, injuries and illnesses, as well as complaints regarding health and safety hazards made by committee members or other employees.
- Conducting follow-up evaluations of newly-implemented health and safety equipment or health and safety procedures to assess their effectiveness.
- Establishing a system to allow committee members to obtain safety-related proposals, reports of hazards or other information directly from persons involved in workplace operations.
- Committees may also carry out additional duties specific to their own organizations.

## Section 2: How to Develop a Workplace Safety Committee

This section provides information for employers establishing or implementing a safety committee. These guidelines provide employers and their employees with a systematic approach to developing a committee and ensuring compliance with certification requirements. The employer's organizational structure, method of operation, management system and specific needs will govern its approach. Many tasks can be performed concurrently. Management commitment, employee participation, planning, training documentation, communication and follow-up are key elements to a safety committee's success.

### **Committee Development Plan**

Listed below are basic steps that can be used to plan, develop and implement a joint workplace safety and health committee. A brief description of each step is provided:

- Establish the foundation.
- Form a safety committee.
- Committee structure.
- Committee membership make-up.
- Recruit safety committee members.
- Conduct safety committee meeting.
- Committee recordkeeping.
- Committee member training.
- Apply for workplace safety committee certification.

### **Establishing the Foundation**

Many factors contribute to a safety committee's success. Management commitment, employee participation, planning, training, documentation, communication and follow-up are all essential to a safety committee's success. Below are the key elements that have been identified by the National Safety Council as contributing to the success of a safety committee:

- A common objective and function.
- A joint commitment to achieve accident prevention.
- Mutual trust and respect.
- Mutual support.
- Effective communications.
- Reasonable, attainable and measurable objectives.
- Effective problem-solving system.
- Effective conflict-resolution system which is nonadversarial.
- Use of all member resources.

### **Forming a Safety Committee**

One of the keys to effective safety management is a safety committee. A committee ensures that safety is treated as an integral function of the company, by using an empowered membership of frontline workers, middle managers and executives who can routinely identify and solve the company's safety-related issues. For certification purposes, *employers should form the workplace safety committee at least nine months before their annual workers' compensation policy renewal date.* This enables the employer to establish the committee and commence committee meetings in ample time to meet the regulation requirements mandating that the committee be operating according to the regulations at least six months before signing, dating and submitting the application. Initial applications must be submitted between 90-30 days before the annual workers' compensation policy renewal date. If you combine the six month meeting requirement and the 90-30 day filing requirement, this justifies the committee formation at least nine months before the annual workers' compensation policy renewal date.

## Section 2: How to Develop a Workplace Safety Committee

### Certified Committee Structure

#### Single

An applicant-employer with only one workplace in Pennsylvania can form a single workplace safety committee at that workplace for certification.

#### Centralized

An applicant-employer with more than one workplace in Pennsylvania may form either a centralized workplace safety committee, representing all of its workplaces in Pennsylvania, or separate and individual safety committees at each workplace in Pennsylvania. A central committee will be made up of one committee that represents the safety interests of employees at multiple workplaces in Pennsylvania.

#### Multiple

An applicant-employer can also maintain a multiple committee structure. This committee structure would require separate and individual safety committees at each workplace in Pennsylvania for certification.

### Committee Membership Make-Up

Equal numbers of employer and employee representatives are to be selected to ensure that a company's safety committee is successful. A committee comprising an unequal number of employer or employee representatives, with a majority of employer representatives, must be agreed to by both parties. A detailed written explanation of the reason for the committee's unequal make-up must be provided to, and approved by, the bureau. Workplace safety committees shall establish procedures that retain a core group of experienced members to serve on the committee at all times. These procedures should be maintained with committee records.

Employees, or their union representatives [where labor organization(s) exist], are asked to select representatives to serve as safety committee members. Management representatives are chosen by the employer based on knowledge, dedication to safety and the ability to interact with others on the safety committee toward effective goals and initiatives. Once formed, the committee should choose a chair or co-chair to provide meeting leadership and structure. The chair should rotate on a regular basis to allow all committee members the opportunity to apply their leadership skills.

The committee shall comprise a minimum of two employer representatives and a minimum of two employee representatives.

**Employer** representatives are individuals who, regardless of job title or labor organization affiliation, and based upon an examination of that individual's authority or responsibility, do one or more of the following:

- Select or hire an employee.
- Remove or terminate an employee.
- Direct the manner of employee performance.
- Control the employee.

**Employee** representatives are individuals who perform services for an employer for valuable consideration and do not possess any authority or responsibility described above.

A person may not function simultaneously as an employer representative and an employee representative.

## Section 2: How to Develop a Workplace Safety Committee

### **Recruiting Safety Committee Members**

Successful and effective committees must have competent leaders and dedicated members. All employees must be actively involved in the workplace safety program. Management commitment from the top to the lowest level of supervision must be vocal, visible and continuous. Employee representatives must be free to express their views and be committed to safe work practices. Listed below are examples of duties and certification requirements for management and employee committee members to ensure the success of the safety committee.

- An applicant-employer's committee(s) shall be located in Pennsylvania.
- The committee shall be in existence and operating according to the requirements of the health and safety regulations for six full, consecutive calendar months before the signing, dating and submission of the application.
- The committee membership shall represent all primary operations of the workplace.
- The committee shall be composed of a minimum of two employer representatives and a minimum of two employee representatives.

Management commitment can be demonstrated through the following actions:

- Providing support from the top level down to first-line supervisors in terms of time, effort and money.
- Resolving scheduling and personnel conflicts.
- Providing realistic dates for correcting safety and health concerns.
- Supporting training for committee members.
- Providing leadership and direction.
- Attending safety committee meetings.
- Promoting the positive effects of safety committee activities on an individual basis or at group meetings.
- Responding to recommendations in a timely manner.

Employee actions that demonstrate active involvement and commitment to workplace safety include:

- Identifying safety and health hazards in the workplace.
- Reporting all unsafe conditions and practices in accordance with safety committee procedures.
- Contributing to or making suggestions for improving workplace safety and health.
- Participating in committee activities.
- Following procedures and practices adopted by the safety committee.
- Cooperating with safety committee members in the performance of their duties.
- Considering membership on the committee.

## Section 2: How to Develop a Workplace Safety Committee

### Conducting Safety Committee Meetings

All certified safety committees must hold and document regularly scheduled monthly meetings. Monthly meetings are required to achieve certification. A quorum of committee members (one more than half of official committee members) shall meet at least monthly. Safety committees should also be flexible enough to respond to changing situations, and no correction should be delayed because a meeting is not scheduled in the near future.

- The committee shall be meeting and operating according to the requirements of the health and safety regulations for six full, consecutive calendar months before the signing, dating and submission of the application.
- The committee shall follow a written agenda. The agenda outlines the meeting's discussion topics. The chairperson should understand the agenda topics and keep the discussion focused on them. An agenda must be circulated before every meeting to meet certification requirements. Send copies of the agenda to representatives a few days before the meeting so they can review it. A standard agenda helps the committee members prepare for the meetings. The committee chair should ensure that members follow the agenda. Once again, the unique situations and arrangements of each workplace should dictate the agenda to follow, but an established order of business should be followed as much as possible. See the sample safety and health policy in the "Reference Materials" section on page 49.
- Minutes must be taken at each meeting, with a copy provided to each committee member and made available to all employees. Many employers post a copy of the meeting minutes at time clocks or on bulletin boards, or email a copy of the minutes to all employees. Minutes should include a list of specific responsibilities, the individuals assigned and scheduled inspection dates.
- An important item of business is a review of recommendations the committee has made and a report on actions being taken. If recommendations are not acted upon, the committee should be provided an explanation by management on the status of the issue, including whether corrections are to be delayed and when they will be carried out.

### Committee Recordkeeping

Maintaining documentation of the committee's activities allows committee members to review historic decisions rendered by the committee relating to previously-identified safety and health issues, as well as how those issues may have been resolved. It is required that a certified safety committee maintain committee records for a period of five years. This includes keeping minutes, agendas, attendance lists of meetings, membership lists and documentation of other activities. A good written record makes it possible to monitor the safety committee's progress on all of its activities, particularly eliminating hazards and identifying accident and illness patterns. The more complete the record, the more thorough the committee will be in preparing reports and following up on tasks. Employers often maintain a hard copy binder that has 13 tabs, one for each monthly meeting record and one for the committee training records. This is a suggested method of recordkeeping.

### Committee Member Training

One of the requirements for workplace safety committee certification is that all committee members be trained annually in at least the following topics: safety committee operation, hazard identification and inspection, accident and illness prevention and investigation (including substance abuse awareness and prevention training) and other health and safety concerns specific to the business of the applicant employer. The applicant-employer shall, itself or through its insurer, provide adequate, annual training programs for each committee member listed in the application. Committee members must receive training before signing, dating and submitting the initial certification application and annually thereafter to maintain certification. Required training must be conducted by trainers who hold a qualification recognized by the Department of Labor & Industry or who have been recognized by the bureau as qualified trainers. To review a list of recognized qualifications, visit [www.dli.state.pa.us](http://www.dli.state.pa.us). Click on "Workers' Compensation," then "Health & Safety Division," then "Accident & Illness Prevention Services Providers."

## Section 2: How to Develop a Workplace Safety Committee

The Bureau of Workers' Compensation's Health & Safety Division can provide this training at no cost to employers. For information about training contact:

Bureau of Workers' Compensation  
717-772-1635  
Email: RA-LI-BWC-PATHS@pa.gov

You may choose to contact your workers' compensation insurer about safety committee training.

The Health & Safety Division trainers are qualified accident- and illness-prevention service providers. On-site training can be conducted at an employer's workplace for initial certification training, and regional group classes are offered for employers seeking safety committee certification renewal.

To see a current list of training sessions available, visit [www.dli.state.pa.us](http://www.dli.state.pa.us). Click on "Workplace & Community Safety," then "PA Workplace Safety Committee Certification Program," then "Required Committee Member Training." Workplace safety committee certification training is now offered through WebEx sessions. WebEx training is an interactive training method. All committee members can participate in the WebEx session in the same training room if you have a computer, projector and screen. All that is needed is an Internet connection and a telephone. Another option is for committee members to participate from their own individual workstations, if that better meets operational needs.

Annually required committee-member training shall at a minimum address:

- Hazard detection and inspection.
- Accident and illness prevention and investigation (including substance abuse awareness and prevention training).
- Safety committee structure and operation.
- Other health and safety concerns specific to the business of the applicant-employer.

Free training sessions include instruction on the three required topics: safety committee structure and operation, hazard detection and inspection and accident and illness prevention and investigation. Training generally lasts about three hours, but can vary based on committee size and other factors.

Applicant-employers are responsible for providing verification of trainer qualifications to the bureau and supplying, as necessary, documentation supporting individual trainer qualifications. Proof of trainer qualification should be obtained before scheduling committee members for training. Written documentation of the individual trainer qualification must be maintained in the employer's committee training records. Required training records include:

- Names of committee members trained.
- Dates of training.
- Training time period.
- Training methodology.
- Names and credentials of personnel conducting the training.
- Names of training organizations sponsoring training, if applicable.
- Training location.
- Training topics.



## Section 3: Applying for Workplace Safety Committee Certification

### Health & Safety Division "HandS" Online Filing System User Guide

#### Initial Certification

Under the 1993 and 1996 amendments to Pennsylvania's workers' compensation law (acts 44 and 57), employers can receive a 5 percent discount on their workers' compensation premiums annually. To obtain the 5 percent discount you must apply for, and be granted, department certification of your committee. An applicant-employer seeking certification of its workplace safety committee should file an "Initial Application for Safety Committee Certification," form LIBC-372, with the Department of Labor & Industry, Bureau of Workers' Compensation, Health & Safety Division, Certification Section. To become certified, your safety committee must meet the criteria established by the Pennsylvania Department of Labor & Industry. When committee approval is granted, you will receive written notification that must be provided to your insurer. The insurer and the Pennsylvania Compensation Rating Bureau will then calculate and apply the discount.

- Applications shall be submitted to the bureau between 90 and 30 calendar days before the annual renewal of a workers' compensation policy, self-insurance renewal year or group self-insurance fund year. Employers are encouraged to use the HandS online filing system for certification filings.
- An applicant-employer shall file one application, incorporating all of the applicable applicant-employer workplaces in Pennsylvania.
- An applicant-employer's committees shall be located in Pennsylvania.
- The committee shall be in existence and operating according to requirements for six full, consecutive calendar months before the signing, dating and submission of the application.
- The committee membership shall represent all primary operations of the workplace.
- The committee shall be composed of a minimum of two employer representatives and a minimum of two employee representatives. Employer representatives are individuals who, regardless of job title or labor organization affiliation, and based upon an examination of that individual's authority or responsibility, do one or more of the following: select or hire an employee; remove or terminate an employee; direct the manner of employee performance; or control the employee. Employee representatives are individuals who perform services for the employer for valuable consideration and do not possess any authority or responsibility described in the definition of an employer representative. A person may not function simultaneously as an employer representative and an employee representative.
- To file an application online, employers can go to HandS, the health and safety online filing system, by visiting [www.dli.state.pa.us](http://www.dli.state.pa.us). Click on "Workers' Compensation," then "Health & Safety Division," then "HandS System." Click on the link to "Login to HandS," then "create a user profile in HandS." Populate the fields on the organization registration page. When an employer saves this information, they may then login to HandS and begin their initial application for certification. The following screen shots are representative of what employers will be prompted to populate. Please contact the Bureau of Workers' Compensation, Health & Safety Division for certification questions including questions on "HandS" filing procedures at 717-772-1635 or email [RA-LI-BWC-Safety@pa.gov](mailto:RA-LI-BWC-Safety@pa.gov).

# Section 3: Applying for Workplace Safety Committee Certification

## Login to Labor & Industry's Website

Employers filing for initial safety committee certification can access the Hands online filing application at [www.dli.state.pa.us](http://www.dli.state.pa.us). Click on "Workers' Compensation," then "Health & Safety Division."

The screenshot shows a Windows Internet Explorer browser window displaying the Pennsylvania Department of Labor & Industry website. The address bar shows the URL [http://www.dli.state.pa.us/portal/server.pt/community/l\\_i\\_home/5278](http://www.dli.state.pa.us/portal/server.pt/community/l_i_home/5278). The website header features the Pennsylvania Department of Labor & Industry logo and navigation links for PA State Agencies, Online Services, and a search bar. A left sidebar lists various services such as About L&I, Individuals, Employers, Online Services, Downloadable Forms, Publications, Right-to-Know, Safety & Labor-Management Relations, Laws & Regulations, Licenses, Permits & Certifications, Community Services/Volunteerism, and Workers' Compensation. The main content area is titled "Department of Labor & Industry" and includes a welcome message, a "Special Announcements..." section with links to important information, unemployment compensation, interpreter law, and Act 102, and a "NEWS & MEDIA" section with recent news items from April and March 2011. The Windows taskbar at the bottom shows the Start button and several open applications, including the current browser window, a Hands System window, a Safety Manual, and an Outlook inbox. The system clock indicates 3:03 PM.

## Section 3: Applying for Workplace Safety Committee Certification

### Health & Safety Division HandS Online Filing System Home Page

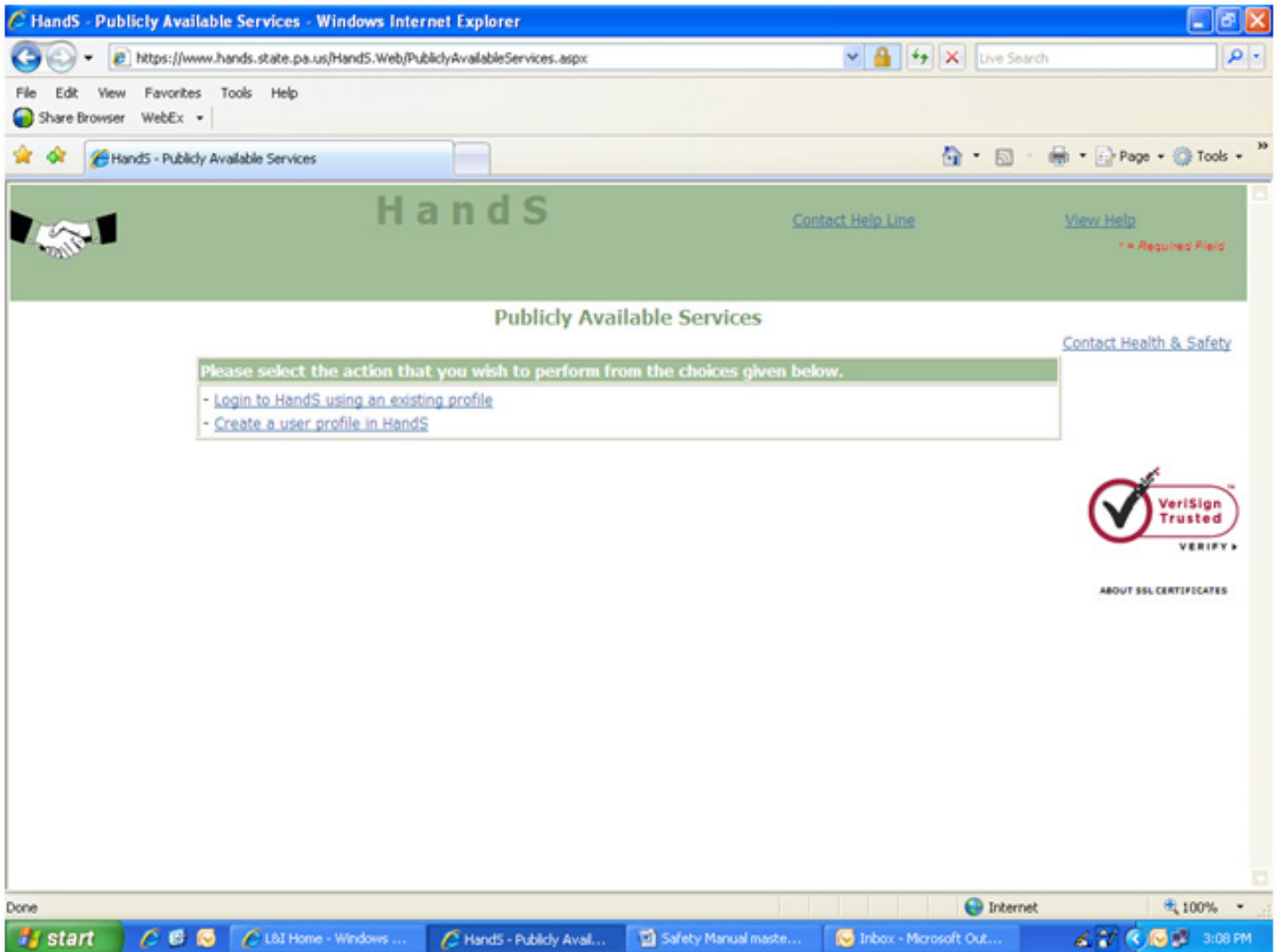
Select "HandS System" from the left navigation bar, then click on "Login to HandS." Employers can also use the additional links for more information about the HandS system.

The screenshot shows a web browser window titled "HandS System - Windows Internet Explorer". The address bar displays the URL: <http://www.portal.state.pa.us/portal/server.pt?open=514&objID=552336&mode=2>. The browser's menu bar includes File, Edit, View, Favorites, Tools, and Help. The page content features the Pennsylvania Department of Labor & Industry logo and navigation links for PA State Agencies and Online Services. A left-hand navigation menu lists: L&I Home, Workers' Compensation, Health & Safety Division, HandS System, Terms and Definitions, Navigation Tips and Shortcuts, HandS For Insurers and Self-Insured, How to Complete an Online Self-Insurer Annual Report, and How to Complete an Online Insurer Annual Report. The main content area is titled "Health & Safety Division Introduces HandS System" and includes the text: "Take the 'H' in Health, the 'S' in Safety, and put 'and' in the middle: you have HandS." Below this is a "Login to HandS" link and a "HandS user information:" section with a bulleted list of links: "HandS terms and definitions", "HandS navigation tips and shortcuts", "HandS FAQs", "Workplace Safety Committee Certification Program FAQs", and "Learn how HandS will benefit: Self-Insurers / Insurance Carriers". A paragraph at the bottom states: "This Web site is designed to keep our customers and other members of the health and safety community up to date about developments in our new data processing and management system, HandS, which was implemented in April 2007. This site will provide revised forms and outline new ways of filing forms and interacting with the Health & Safety Division." The browser's status bar shows "Trusted sites" and "100%". The Windows taskbar at the bottom displays the Start button and several open applications: "L&I Home - Windows...", "HandS System - Wind...", "Safety Manual maste...", and "Inbox - Microsoft Out...". The system clock shows "3:07 PM".

## Section 3: Applying for Workplace Safety Committee Certification

### First-Time HandS User Instructions

On the "Publicly Available Services" page, first-time HandS users can click on "Create a user profile in HandS" to register their organization.



# Section 3: Applying for Workplace Safety Committee Certification

## Organization Registration Page

When registering an organization and creating a profile, employers will be prompted to provide information about the employer organization represented by the workplace safety committee. After completing this page, employers will login to HandS to begin their initial application.

**Organization Information**

Organization Type\*

Are you a Commonwealth Agency?\*  Agency ID

Are you a School District?  School District AUN

FEDI

Confirm FEDI

HAIC Code

Bureau Code

Organization Name

Address Line 1

Address Line 2

City

State

ZIP  ZIP + 4

**Electronic Notification**

By indicating "yes" in the space below, I request and agree that:

2) Communications, notices or documents that require my attention will be provided to me via the HandS system. I will not receive any other indication that these communications, notices or documents require my attention. These Communications, notices or documents will only be available through the HandS system.

3) I will accept electronic service, through HandS, of any document required, under 34 Pa. Code Chapter 129, to be served upon me in lieu

## Section 3: Applying for Workplace Safety Committee Certification

### Sign and Consent Page


Employer representatives are required to select "Yes" in the Acknowledgement and Agreement section, verifying that they are authorized to represent the organization represented by the workplace safety committee for certification filing purposes.

Hands - Sign and Consent - Microsoft Internet Explorer

File Edit View Favorites Tools Help

Back Forward Stop Refresh Home Search Favorites Media Print

Address <https://www.hands.state.pa.us/Hands.Web/SignAndConsent.aspx> Go Links

 **Hands** [Contact Help Line](#) [View Help](#) \* = Required Field

Sign and Consent

| Organization Information       |                            |
|--------------------------------|----------------------------|
| Organization Name              | Safety Org                 |
| Are you a Commonwealth Agency? | No                         |
| Organization Type              | Workplace Safety Committee |
| FEIN                           | 00-000009                  |

Acknowledgement and Agreement

By establishing this profile in the HandS system, I verify that I am authorized to represent the organization named above and to conduct business related to Article X of the Pennsylvania Workers' Compensation Act, Health and Safety regulations.\*

-Select-

Save Cancel Clear

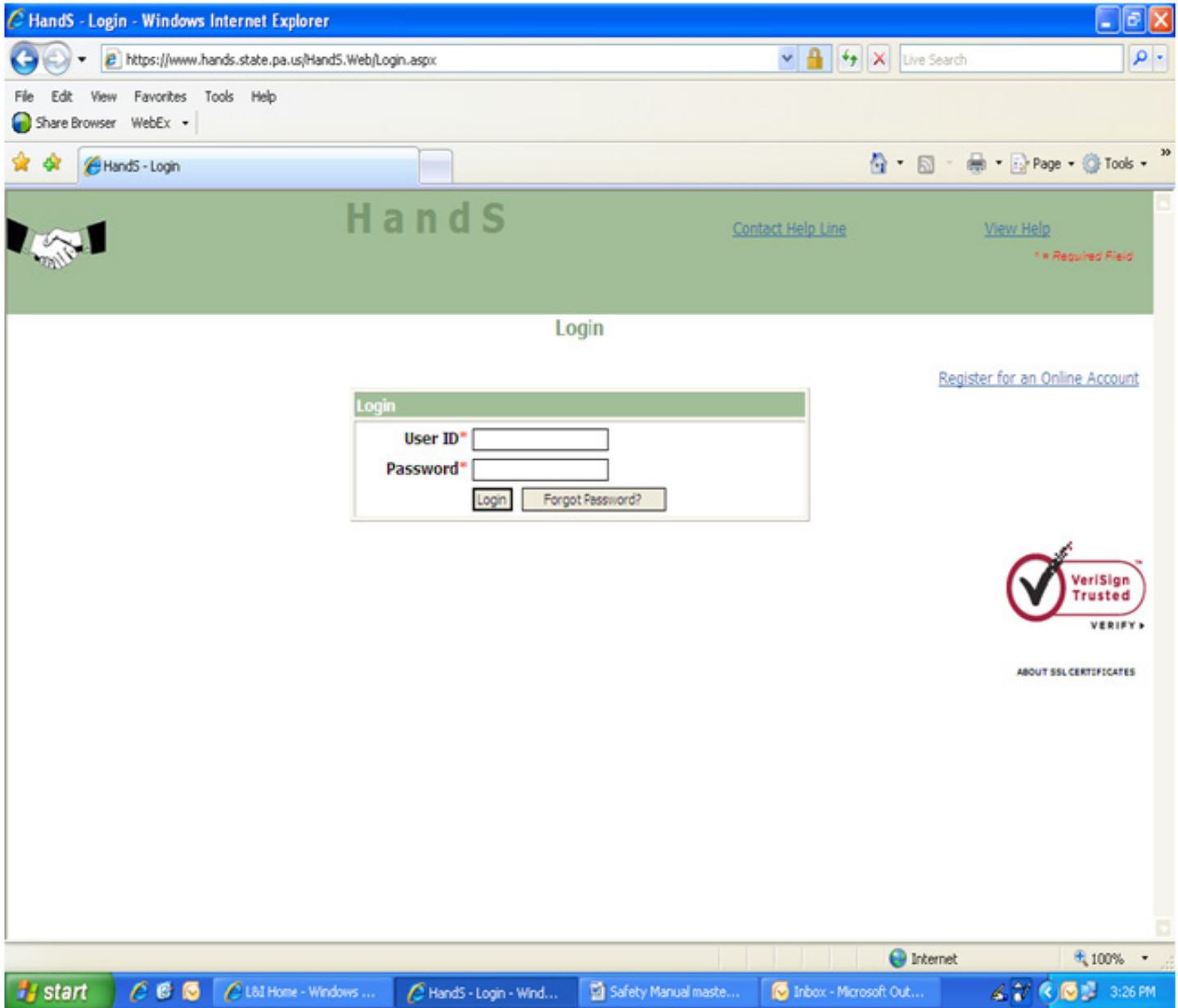
Done

Start | Inbox - Microsoft Outlook | Session A - [24 x 80] | Powerpoint | Microsoft PowerPoint - ... | Document1 - Microsoft ... | Hands - Sign and Co... | Internet | 2:41 PM

## Section 3: Applying for Workplace Safety Committee Certification

### Employer Login Page

Employers completing the organization registration page will be prompted to login to begin their initial application for certification. *Note: It is very important to keep a record of your user ID and password for future filings.*



## Section 3: Applying for Workplace Safety Committee Certification

### Customer Notification Dashboard

Employers will click on "Begin an initial application for certification of a workplace safety committee online" to begin their initial application.

The screenshot shows a web browser window titled "Hands - Customer Notification Dashboard - Microsoft Internet Explorer". The address bar shows the URL: <http://www.handstraining.state.pa.us/Hands.Web/CustomerNotificationDashboard.aspx>. The page header features the "Hands" logo on the left and navigation links on the right: [Contact Help Line](#), [View Help](#), [View Dashboard](#), and [Log Out](#). The user is identified as "User: UAT 3 - WSC".

The main content area is titled "Customer Notification Dashboard" and includes a [Change Password](#) link. Below this is a "Notifications" section with a table:

| Message | Received On |
|---------|-------------|
|         |             |

Below the table is a section titled "Please select the action that you wish to perform from the choices below" with two options:

- [Begin an Initial Application for certification of a workplace safety committee online](#)
- [Modify Organization Registration](#)

The Windows taskbar at the bottom shows the Start button, open applications including "Inbox - Microsoft Outlook", "Hands - Customer Noti...", and "Document1 - Microsoft W...", and the system tray with the time "11:24 AM".



# Section 3: Applying for Workplace Safety Committee Certification

## Initial Application for Safety Committee Certification (Sections 1-2)

After employers have logged into the HandS system and clicked on the Begin an Initial Application for Certification link, they will be required to complete page one of the application.

In Sections 1-2, employers will be asked to provide their Federal Employer Identification Number, or FEIN, and the North American Industry Classification System, or NAICS, code for their type of business. This code can be obtained from the NAICS website at [www.naics.com](http://www.naics.com). Click on "Click here to find your NAICS Code for free using our NAICS Keyword Search" link.

Once the fields are completed, select "Save and Continue."

Please note that any time assistance or clarification in completing the application is needed, users may click on "View Help" at the top right of each page.

The screenshot shows a web browser window titled "HandS - Initial Application [Sections 1-2] - Windows Internet Explorer". The address bar shows the URL: <https://www.handsaggrg.state.pa.us/hands/Web/Certification/InitialApplicationPage1.aspx>. The page header includes the "HandS" logo and navigation links: "Contact Help Line", "View Help", "View Dashboard", and "Log Out". The user is identified as "Rachel Shamer".

The main content area is titled "Initial Application for Safety Committee Certification (Sections 1-2)". It is divided into two sections:

**Section 1. Applicant/ Employer Information**  
An applicant/ employer desiring to apply for certification of its workplace safety committee shall file an Initial Application inclusive of all Pennsylvania workplaces represented by the workplace safety committee(s) between 90 - 30 calendar days prior to the annual renewal of a workers' compensation policy, self-insurance renewal year or group self-insurance fund year.  
Enter your current Policy Period Begin and End Dates to verify that you are eligible to submit an Initial Application for Certification.

Fields for Section 1 include:  
- Policy Period Begin Date: [ ]  
- Policy Period End Date: [ ]  
- FEIN: 00-000000  
- Confirm FEIN: 00-000000  
- NAICS: 000000  
- Applicant-Employer Name: [Enter here]  
- Address Line 1: 555 Any Street  
- Address Line 2: [ ]  
- City: Anytown  
- State: Pennsylvania  
- ZIP: 00000 ZIP + 4: [ ]  
- Contact Person: [Select] Prefix: [ ] first name: [Enter] Last Name: [Enter]  
- Email Address: [ ]  
- Phone Number: (717) 555-0123 EX: [ ]  
- Fax: [ ]  
- Is Applicant-Employer covered by Collective Bargaining?: No  
- Is Applicant-Employer Self-Insured or a member of a Self-Insurance Group fund?: Not Applicable

**Section 2. Committee Structure Information**  
The safety committee structure must conform to one of the following types:  
Please indicate which type of safety committee is in effect.\*

Options for Section 2:  
-  **Single** — one workplace within the Commonwealth represented by a Single workplace safety committee at that workplace.  
-  **Centralized** — more than one workplace covered by a Centralized workplace safety committee representing all workplaces within the Commonwealth.  
If the safety committee structure is Centralized, enter the number of workplaces covered by the Central workplace safety committee: [ ]  
-  **Multiple** — more than one workplace covered by separate and individual (Multiple) workplace safety committees at each workplace within the Commonwealth.  
If the safety committee structure is Multiple, enter the number of workplaces covered by Multiple [separate and individual] workplace safety committees: [ ]

Buttons at the bottom right: "Save and Suspend", "Save and Continue", "Cancel".

## Section 3: Applying for Workplace Safety Committee Certification

### Initial Application for Certification (Section 3)

In this section, employer representatives must populate the federal employer identification number(s) for all Pennsylvania workplaces represented by the workplace safety committee. To add additional FEIN numbers, click the "Add New FEIN Details" button.

The screenshot shows a Microsoft Internet Explorer browser window displaying the HandsS web application. The address bar shows the URL: <http://www.handstraining.state.pa.us/HandsWeb/Certification/InitialApplicationPage2.aspx>. The page title is "HandsS - Initial Application (Section 3) - Microsoft Internet Explorer".

The application header features the "HandsS" logo and navigation links: [Contact Help Line](#), [View Help](#), [View Dashboard](#), and [Log Out](#). The user is identified as "User: UAT 3 - WSC". A red asterisk indicates a required field.

The main content area is titled "Initial Application for Certification (Section 3)". A dropdown menu shows "Section 3" and a "Go" button.

The "Section 3. FEIN Details Section" contains the following instructions: "General Instructions: Please document all FEINs in use by the applicant/employer for each of the PA workplaces covered by the safety committee(s). Each FEIN must be listed only once and must show the official Entity Name used by each FEIN."

The "FEIN Details" section includes a table with two columns: "FEIN Number" and "Entity Name". The table is currently empty. Below the table is an "Add New FEIN Details" button. At the bottom of the form are three buttons: "Save and Suspend", "Save and Continue", and "Cancel".

The Windows taskbar at the bottom shows the Start button, several open applications (Inbox - Microsoft Outlook, HandsS - Initial Applica..., Document1 - Microsoft W...), and the system clock showing 11:26 AM on 11/26/2008.

## Section 3: Applying for Workplace Safety Committee Certification

### Initial Application for Certification (Section 4)

The "Current Workers' Compensation Policy Details" section requires employer representatives to populate the workers' compensation policy number, carrier name and policy begin and end dates for the workers' compensation policy in effect at the time of signing, dating and submitting the application. If there is more than one workers' compensation policy for the workplace(s) represented by the workplace safety committee, click the "Add New Details" button to add additional policies.

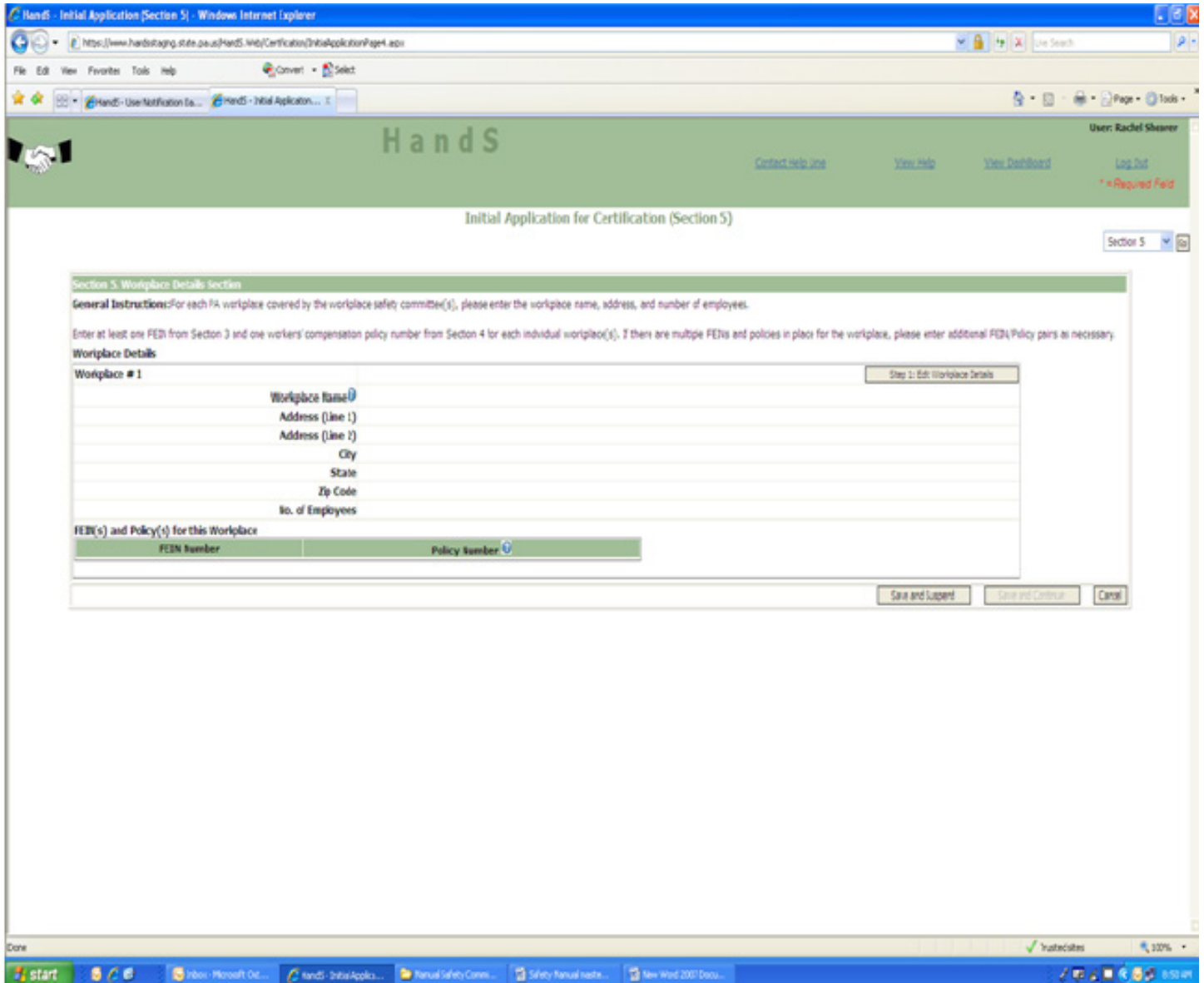
The screenshot shows a web browser window displaying the 'Hands' website. The page title is 'Initial Application for Certification (Section 4)'. The user is identified as 'Rachel Sheerer'. The page contains a section titled 'Section 4: Current Workers' Compensation Policy Details'. Below this section, there are 'General Instructions' and a 'Policy Details' table. The table has four columns: 'Policy Number', 'Carrier Name', 'Policy Date From', and 'Policy Date To'. The first row of the table contains the following values: '0701000', a blank field, '07/01/00', and '07/01/00'. Below the table, there are buttons for 'Add New Details', 'Save and Suspend', 'Save and Continue', and 'Cancel'. The Windows taskbar at the bottom shows the start button and several open applications, including 'Hands - Initial Applica...', 'Personal Safety Comm...', 'Safety Manual reader', and 'New Word 2007 Tools...'.

| Policy Number | Carrier Name | Policy Date From | Policy Date To |
|---------------|--------------|------------------|----------------|
| 0701000       |              | 07/01/00         | 07/01/00       |

# Section 3: Applying for Workplace Safety Committee Certification

## Initial Application for Certification (Section 5)

The Workplace Details section requires employer representatives to match the workplace with the previously provided FEIN number(s) and workers' compensation policy number(s). Employer representatives can click the "Edit Workplace Details" button to populate workplace information.



# Section 3: Applying for Workplace Safety Committee Certification

## Initial Application for Certification (Sections 6-9)

Section 6, Eligibility Requirements, requires employer representatives to populate the fields with committee formation date, committee member numbers and respond to committee responsibility yes/no questions.

Section 7, Membership Information, requires that all committee members be listed, as well as training dates for each listed committee member.

Section 8, Committee Member Training, requires answers to yes/no questions relating to committee member training and training recordkeeping procedures.

Section 9, Trainer Information, requires the certification applicant to provide trainer details for the individual providing committee member training in the three required topics.

**Initial Application for Certification (Sections 6-9)**

**Section 6. Eligibility Requirements**

Date committee formed\*

Total number of committee members\*

Number of employer-representatives (IR)\*

Number of employer-representatives (RE)\*

The committee membership represents all primary operations of the workplace(s).\*

The committee represents all applicant/employer workplaces within the Commonwealth.\*

**Section 7. Membership Information**

| Member First Name    | Member Last Name     | Job Title            | Rep Type                              | Training Completion Dates       |                                     |                            |
|----------------------|----------------------|----------------------|---------------------------------------|---------------------------------|-------------------------------------|----------------------------|
|                      |                      |                      |                                       | Hazard detection and inspection | Incident Investigation & Prevention | Safety Committee Operation |
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text" value="-Select-"/> | <input type="text"/>            | <input type="text"/>                | <input type="text"/>       |

**Section 8. Committee Member Training**

All committee members have received their required training prior to submitting this application:

Hazard Detection and Inspection\*

Incident Investigation and Prevention\*

Safety Committee Operation\*

Applicant employer maintains written records of safety committee training which includes...

- Names of committee members trained
- Dates of training
- Training time period
- Training methodology
- Names and credentials of personnel conducting training
- Training location
- Training topics

**Section 9. Trainer Information**

For each instructor, enter the complete name, organization type, trainer type, and the dates and topics of training that they delivered.

| Trainer First Name   | Trainer Last Name    | Organization Type                     | Trainer Type                          | Credential Code                     | Training Completion Dates       |                                     |                            |
|----------------------|----------------------|---------------------------------------|---------------------------------------|-------------------------------------|---------------------------------|-------------------------------------|----------------------------|
|                      |                      |                                       |                                       |                                     | Hazard detection and inspection | Incident Investigation & Prevention | Safety Committee Operation |
| <input type="text"/> | <input type="text"/> | <input type="text" value="-Select-"/> | <input type="text" value="-Select-"/> | <input type="text" value="Select"/> | <input type="text"/>            | <input type="text"/>                | <input type="text"/>       |

# Section 3: Applying for Workplace Safety Committee Certification

## Initial Application for Certification (Section 10)

The Committee Responsibilities section requires employer representatives to answer each yes/no question. Please appreciate that each yes/no question is generated as a result of a committee requirement. Employers meeting certification requirements should be able to answer "Yes" to each individual question.

The screenshot shows a web browser window displaying the 'Initial Application for Certification (Section 10)' page. The page title is 'Hands - Initial Application [Section 10]'. The URL is 'https://www.handslag.org/site/page/Hands.Web/Certification/InitialApplicationPage.aspx?webIndex=1'. The user is identified as 'Rachel Shaver'. The page features a green header with the 'Hands' logo and navigation links: 'Contact Help Line', 'View Help', 'View Dashboard', and 'Log Out'. The main content area is titled 'Section 10. Committee Responsibilities' and contains a table of 10 questions, each with a dropdown menu for the answer. The questions are:

| Question  | Answer  |
|---|---------|
| A quorum (simple majority) of committee members meets at least monthly.*  | -select |
| The committee develops and maintains membership lists for each committee meeting.*  | -select |
| Members of the committee are rotated according to the applicant/employer's established procedure which retains a core group of experienced members to serve on the committee at all times.* | -select |
| The committee develops written agendas for each committee meeting.*   | -select |
| The committee maintains meeting attendance lists for each committee meeting.*   | -select |
| The committee takes and maintains minutes of each committee meeting.*   | -select |
| Minutes of committee meetings are posted or made available for all employees; minutes are sent to each committee member.*   | -select |
| Committee decisions are made by majority vote.*   | -select |
| The committee develops operating procedures, such as rules or bylaws, prescribing the committee's duties.*  | -select |
| Copies of the required documents of the functioning committee are maintained for 5 years by the applicant/employer.*  | -select |

At the bottom of the form, there are three buttons: 'Save and Suspend', 'Save and Continue', and 'Cancel'. The browser's taskbar at the bottom shows several open applications, including 'Inbox - Microsoft Outlook', 'Hands - Initial Applica...', 'Manual Safety Com...', 'Safety Manual create...', and 'New Word 2007 Docu...'. The system tray shows the date and time as 5:55 AM.

# Section 3: Applying for Workplace Safety Committee Certification

## Initial Application for Certification (Section 11)

The Committee Meeting Information section requires employer representatives to submit six months of data relating to the six committee meetings before signing, dating and submitting the initial application for certification. The required information includes: six meeting dates, six committee agendas, six sets of meeting minutes and six meeting attendance lists for each provided meeting date. Employer representatives can copy and paste text from their meeting documents into each data field provided. Employers who do not have the information in electronic format can mail the documents to the certification section for review. Attach a copy of the submission receipt when submitting paper copies of meeting information.

Hands - Initial Application (Section 11) - Windows Internet Explorer

https://www.handsagnc.state.pa.us/Hands/WEB/Certification/InitialApplicationPage7.aspx?webIndex=1

Hands

User: Rachel Shearer

Contact Help Line View Help View Dashboard Log Out

\* = Required Field

### Initial Application for Certification (Section 11)

#### Section 11. Committee Meeting Information

In the spaces below, provide required information (agendas, minutes, and attendance lists) for the six (6) months of committee meetings prior to the signing, dating, and submission of this application.

These text boxes below are to be used to copy & paste each month's meeting information into the application. If your meeting documents are in electronic format, you may simply copy (Ctrl-C) and paste (Ctrl-V) them directly into the text boxes instead of manually typing or mailing them via USPS.

If some or all of your committee meeting information is missing, your application cannot be approved until this section complete.

#### Meeting #1

Monthly Meeting Date:

Agenda:

Meeting Minutes:

Attendance List:

#### Meeting #2

Monthly Meeting Date:

Agenda:

# Section 3: Applying for Workplace Safety Committee Certification

## Initial Application for Certification (Section 12)

The Effectiveness Measures section requires employer representatives to submit total workplace(s) injury/illness information for Pennsylvania workplaces represented by the workplace safety committee(s). The information will be used to produce reports on the Pennsylvania safety committee certification program. The injury/illness data requested is for the three previous calendar years. The data requested is "Total number of employees injured or who became ill due to work related duties and/or responsibilities."

Hands - Initial Application for Certification (Section 12) - Windows Internet Explorer

http://www.handsatag.state.pa.us/Hands/Web/Certification/InitialApplicationPage1.aspx

Hands

User: Rachel Shearer

Initial Application for Certification (Section 12)

Section 12

**Section 11. Effectiveness Measures**

Injury and illness information supplied by employers will provide an indication as to whether certified safety committee(s) contribute to the overall success of Accident and Illness Prevention efforts.

Employers that have not been in business for one calendar year can proceed to Section 13.

Years in business

**Injury and Illness Information**

|   | Calendar Year<br>Jan.-Dec. | Total Number of Employees Employed | Total Number of Employees Injured or who became ill Due to Work Related Work Duties and/or Responsibilities |
|---|----------------------------|------------------------------------|---|
| Prior Calendar Year<br>January - December                   | 2011                       | <input type="text"/>               | <input type="text"/>  |
| One Year Prior To Last Calendar Year<br>January - December  | 2010                       | <input type="text"/>               | <input type="text"/>  |
| Two Years Prior To Last Calendar Year<br>January - December | 2009                       | <input type="text"/>               | <input type="text"/>  |

Year: Prior Calendar Year Jan. - Dec.

Total Number Of Employees: Total Number Of Employees employed during the calendar year. (Averaged over 12 calendar Months)

Total Number of Employees Injured or became ill: All Employees Injured or Became ill as a result of events or/and exposure occurring in the work environment.

Save and Suspend Save and Continue Cancel



# Section 3: Applying for Workplace Safety Committee Certification

## Initial Application for Certification (Section 13)

The Acknowledgements and Agreements section requires employer representatives to acknowledge that the information provided is true and correct, and to provide information on the individual completing the application. The email address is requested for future email alerts.

The screenshot shows a web browser window displaying the 'Initial Application for Certification (Section 13)' page. The page header includes the 'Hands' logo and navigation links for 'Contact Help Line', 'View Help', 'View Dashboard', and 'Log Out'. The user is identified as 'Rachel Shearer'. The main content area is titled 'Section 13: Acknowledgments And Agreements' and contains the following text:

In consideration of the approval of this application for a Renewal of Certification of a Workplace Safety Committee (Application), the applicant/employer expressly agrees and acknowledges the following:

1. That all information contained in this application is accurate as to all legal entities of the applicant/employer;
2. That the information contained in this application accurately reflects the practices of all of the applicant/employer's workplaces within this commonwealth;
3. To comply with all provisions of the Workers' Compensation Act and the guidelines, rules and regulations that explain or enforce Section 1002 of the Act;
4. That the Safety Committee is continuing in good faith for the purpose of preventing accident and illness in the workplace and to detect and correct hazards in the workplace;
5. That the Safety Committee is permanent and will not be disbanded by the employer except for valid business reasons;
6. That the applicant will immediately notify the Bureau of Workers' Compensation upon disbanding the committee or altering any information contained in this application;
7. That the Department of Labor & Industry (Department) may verify the information contained in this application including pertinent supporting documentation, and may renew any such information for accuracy and sufficiency;
8. That false statements and/or omissions contained on this application may result in revocation of certification, the imposition of sanctions, the assessment of penalties, the loss of the privilege of a self-insurance, the loss of an insurance premium discount, and may result in criminal prosecution;
9. That the Department will notify the Pennsylvania Compensation Rating Bureau and the applicant/employer of the approval of this Application;
10. That final approval of the application is at the Department's discretion and is expressly conditioned upon the applicant's accurate and satisfactory completion of all information required on the application;
11. That certification of the Safety Committee does not constitute a finding by the Department that the employer has complied with applicable labor laws and/or labor agreements in the formation of its committee.

An authorized employee of the applicant/employer must sign this application.

I, the undersigned, verify that the facts set forth in the attached Application for Certification of Workplace Safety Committee are true and correct. This verification is made subject to the penalties of Section 4904 of the Crimes Code, 18 Pa. C.S.A. § 4904, relating to unsworn falsification to authorities.

If this document is being filed electronically, I hereby sign and attest that the facts set forth in the preceding Application are true and correct. By filing electronically and selecting the submit button below, I acknowledge, agree and represent that I am authorized to submit this information as or on behalf of the Applicant. I acknowledge, represent and agree that the act of typing my name below constitutes my lawful signature, which the Department of Labor & Industry will retain for future verification. As an authorized user I acknowledge, represent and agree that I am identified and authenticated by the use of usernames and passwords selected by me. As an authorized user, I acknowledge, represent and agree that I am now and shall remain solely responsible for ensuring that usernames and passwords are provided only to those individuals authorized to act on behalf of the Applicant, that I am now and shall remain solely responsible for verifying the status of authorized users, and that I am now and shall remain solely responsible for updating any of the prior information.

Form fields include:

- Prefix:
- First Name:
- Last Name:
- Email Address:
- Phone Number:
- Date of signature:
- Signature Full Name:
- Title/Position:

Buttons:

## Section 3: Applying for Workplace Safety Committee Certification

### **Applying for Workplace Safety Committee Renewal Certification**

Annual workplace safety committee certification can be renewed by providing the Department of Labor & Industry, Bureau of Workers' Compensation, Health & Safety Division, Certification Section with annual verification that the committee(s) continues to operate according to the established criteria. A certification renewal application will be provided to the employer between 105-15 days before the annual workers' compensation insurance policy renewal date on record. Employers must verify or correct the information on the renewal application and **return it to the bureau between 90-15 days before their annual workers' compensation policy renewal period.** When the renewal application is approved, the employer will be notified in writing of eligibility for a 5 percent discount, which will take effect with the next renewal date of the workers' compensation policy.

### **Certification Approval**

Approval letters will be available on the HandS employer dashboard for electronic filers and mailed to employers who have been granted certification status. A copy of the annual certification approval letter must be maintained in the committee records and provided to the workers' compensation insurance carrier to receive the 5 percent discount.

### **Certification Disapproval**

Employers receiving a disapproval letter from the certification section will also be receive a detailed list of reasons for the disapproval. Depending upon filing times in conjunction to policy renewal date(s), employers will have additional time to provide an explanation or correction for each identified issue. If the response is adequate to satisfy the requirements of the health and safety regulations, certification approval will be granted and an approval letter generated and provided.

If certification disapproval is due to noncompliance with training requirements, assistance is available through the Health & Safety Division. See pages i and ii for contact information.

### **Renewal Certification Filing Procedures**

Employers pursuing workplace safety committee renewal certification can access their renewal application by accessing the HandS online filing system or returning a hard copy renewal application by mail. To file a renewal application online, employers can go to the HandS application ([www.dli.state.pa.us](http://www.dli.state.pa.us). Click on "Workers' Compensation," then "Health & Safety Division," then "HandS System," then "Login to HandS.") If employers do not have an online account established, they must click on the "create a user profile in HandS" link and proceed to populate the fields on the organization registration page and populate the security questions with the first initial and last name of the employer representative who signed the last approved certification document. When employers save this information, they may then login to HandS and access the renewal application for certification by clicking on the "Begin or continue working on a renewal application" link. All fields of the renewal application will be prepopulated, with the exception of: the committee structure and workplace questions in Section 1, workers' compensation policy information in Section 4, yes/no questions in sections 6 and 7, and injury/illness information in Section 8. Employers are required to populate Section 9 (acknowledgements and agreements) before submitting the renewal application. The following screen shots are representative of what employers will be prompted to populate to complete their renewal application online.

# Section 3: Applying for Workplace Safety Committee Certification

## Login to Labor & Industry's Website

Employers filing their safety committee certification renewal can access the HandS online filing application at [www.dli.state.pa.us](http://www.dli.state.pa.us) Click on "Workers' Compensation," then "Health & Safety Division."

The screenshot shows a Windows Internet Explorer browser window displaying the Pennsylvania Department of Labor & Industry website. The address bar shows the URL [http://www.dli.state.pa.us/portal/server.pt/community/lj\\_home/5278](http://www.dli.state.pa.us/portal/server.pt/community/lj_home/5278). The website header features the Pennsylvania Department of Labor & Industry logo and navigation links for PA State Agencies and Online Services. A search bar is also present.

The main content area is titled "Department of Labor & Industry" and includes a welcome message: "Welcome to the Commonwealth of Pennsylvania's Department of Labor & Industry. Our mission is to improve the quality of life and economic security for Pennsylvania workers and businesses, encourage labor-management cooperation and prepare the commonwealth's workforce for the jobs of the future."

On the right side, there is a section for "NEWS & MEDIA" with several news items:

- April 14, 2011**  
**Pennsylvania's Employment Situation: March 2011**  
Pennsylvania's seasonally adjusted unemployment rate was 7.8 percent in March, down from 8.0 percent in February 2011. [Read More](#)
- March 31, 2011**  
**Governor Corbett Completes Cabinet by Naming Julia Hearthway to Lead Department of Labor and Industry**  
Governor Tom Corbett today completed his cabinet by announcing that he intends to nominate Julia K. Hearthway as secretary of the Department of Labor and Industry. [Read More](#)
- March 17, 2011**  
**Pennsylvania's Employment Situation: February 2011**  
Pennsylvania's seasonally adjusted unemployment rate was 8.0 percent in February, down from a revised rate of 8.3 percent in January 2011. [Read More](#)
- March 14, 2011**  
**Improved Unemployment Rate Brings Six-Week Reduction in Benefits**  
Harrisburg – Because Pennsylvania's

The left sidebar contains a navigation menu with the following items: About L&I, Individuals, Employers, Online Services, Downloadable Forms, Publications, Right-to-Know, Safety & Labor-Management Relations, Laws & Regulations, Licenses, Permits & Certifications, Community Services/Volunteerism, and Workers' Compensation.

The bottom of the browser window shows the Windows taskbar with the Start button and several open applications: L&I Home - Windows..., HandS System - Wind..., Safety Manual naste..., and Inbox - Microsoft Out... The system clock shows 3:03 PM.

## Section 3: Applying for Workplace Safety Committee Certification

### Health & Safety Division HandS Online Filing System Home Page

Select "HandS System" from the left navigation bar and then click on "Login to HandS." Employers can also use the additional links for further instructions on using the HandS system.

The screenshot shows a Windows Internet Explorer browser window displaying the HandS System Home Page. The browser's address bar shows the URL: <http://www.portal.state.pa.us/portal/server.pt?open=514&objID=552336&mode=2>. The page features a left-hand navigation menu with the following items: L&I Home, Workers' Compensation, Health & Safety Division, **HandS System** (highlighted), Terms and Definitions, Navigation Tips and Shortcuts, HandS For Insurers and Self-Insured, How to Complete an Online Self-Insurer Annual Report, How to Complete an Online Insurer Annual Report, How to Register for an Online Account Using the HandS System, and Governor's Award for.

The main content area has a breadcrumb trail: [Workers' Compensation](#) > [Health & Safety Division](#). The main heading is "Health & Safety Division Introduces HandS System". Below this, a text block reads: "Take the 'H' in Health, the 'S' in Safety, and put 'and' in the middle: you have HandS." To the right of this text is an image of two hands shaking in front of two computer monitors. Below the text is a [Login to HandS](#) link.

The section "HandS user information:" contains a bulleted list of links:

- [HandS terms and definitions](#)
- [HandS navigation tips and shortcuts](#)
- [HandS FAQs](#)
- [Workplace Safety Committee Certification Program FAQs](#)
- [Learn how HandS will benefit: Self-Insurers / Insurance Carriers](#)

Below the list, a paragraph states: "This Web site is designed to keep our customers and other members of the health and safety community up to date about developments in our new data processing and management system, **HandS**, which was implemented in April 2007. This site will provide revised forms and outline new ways of filing forms and interacting with the Health & Safety Division."

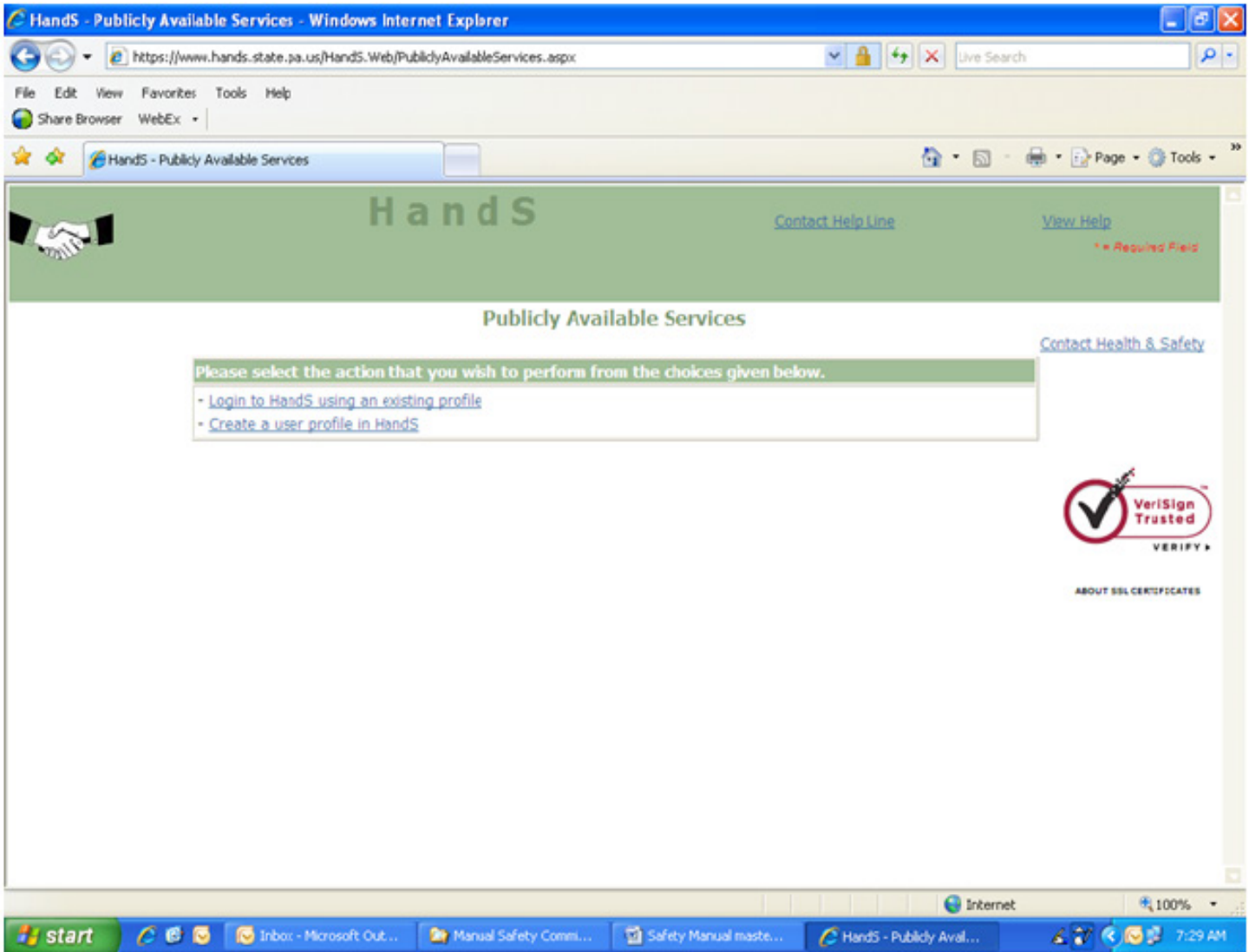
A final paragraph reads: "Our goal is to provide you with as much information as possible so that your interactions with the HandS system will be smooth. We have worked hard over the years to establish solid and productive working relationships with you, and we plan to continue to do the best job we can to serve our customers as we move to new and more efficient ways of processing information and communicating."

The browser's taskbar at the bottom shows the Start button, several open applications including "Inbox - Microsoft Out...", "Manual Safety Commi...", "Safety Manual maste...", and "HandS System - Wind...", and the system clock showing 7:28 AM.

## Section 3: Applying for Workplace Safety Committee Certification

### First Time HandS User Instructions

On the "Publicly Available Services" page, first-time HandS users can click on "Create a user profile in HandS" to register their organization.



# Section 3: Applying for Workplace Safety Committee Certification

## Organization Registration Page

When registering an organization and creating a profile, employers will be prompted to provide information about the employer organization the workplace safety committee represents. After completing this page, employers will login to HandS to begin their initial application.

**Organization Information**

Organization Type\*

Are you a Commonwealth Agency?\*  Agency ID

Are you a School District?  School District AUN

FEDI

Confirm FEDI

HAIC Code

Bureau Code

Organization Name

Address Line 1

Address Line 2

City

State

ZIP  ZIP + 4

**Electronic Notification**

By indicating "yes" in the space below, I request and agree that:

- 1) All communications, notices or documents requested under, required by or otherwise provided pursuant to 34 Pa. Code Chapter 129 (relating to Health and Safety) will be provided to me electronically through the HandS system.
- 2) Communications, notices or documents that require my attention will be provided to me via the HandS system. I will not receive any other indication that these communications, notices or documents require my attention. These Communications, notices or documents will

## Section 3: Applying for Workplace Safety Committee Certification

### Renewal Application Employer Sign and Consent Page

Employer representatives must provide the first initial and last name of the individual from the employer organization who signed the previously approved initial/renewal application. Employer representatives are required to select "Yes" in the Acknowledgement and Agreement section, verifying that they are authorized to represent the organization represented by the workplace safety committee for certification filing purposes.

**HandS** [Contact Help Line](#) [View Help](#) \* = Required Field

### Sign and Consent

| Organization Information       |                            |
|--------------------------------|----------------------------|
| Organization Name              | Joe's Crab Place           |
| Are you a Commonwealth Agency? | <input type="checkbox"/>   |
| Organization Type              | Workplace Safety Committee |
| FEIN                           | 14-7654321                 |

User ID Security Confirmation:

For the Signator information below, you must enter the First Initial and Last Name of the individual from your organization who signed the Acknowledgments and Agreements Section exactly as it appeared on your last approved Initial or Renewal Application.

| Signator | First Initial        | Last Name            |
|----------|----------------------|----------------------|
|          | <input type="text"/> | <input type="text"/> |

Acknowledgement and Agreement

By establishing this profile in the HandS system, I verify that I am authorized to represent the organization named above and to conduct business related to Article X of the Pennsylvania Workers' Compensation Act, Health and Safety regulations.\*

## Section 3: Applying for Workplace Safety Committee Certification

### HandS Employer Login Page

Employers completing the organization registration page will be prompted to login to begin their renewal application for certification.

The screenshot shows a Microsoft Internet Explorer browser window displaying the HandS login page. The browser's address bar shows the URL: <http://www.handstraining.state.pa.us/HandS/Web/Login.aspx>. The page features a green header with the "HandS" logo on the left, a "Contact Help Line" link in the center, and a "View Help" link on the right. A red asterisk indicates a required field. Below the header, the word "Login" is centered. On the right side, there is a link for "Register for an Online Account". The main content area contains a login form with the following fields and buttons:

- User ID\***: A text input field with an asterisk indicating it is a required field.
- Password\***: A text input field with an asterisk indicating it is a required field.
- Login**: A button to submit the login information.
- Forgot Password?**: A button to initiate the password recovery process.

The Windows taskbar at the bottom shows the Start button, several open applications including Microsoft Outlook and Microsoft Word, and the system clock displaying 11:24 AM on 11/24/2008.



## Section 3: Applying for Workplace Safety Committee Certification

### HandS Customer Notification Dashboard

After logging in, employers will see the customer notification dashboard and should click on "Begin a renewal application for certification of a workplace safety committee online."

The screenshot shows a web browser window titled "HandS - Customer Notification Dashboard - Microsoft Internet Explorer". The address bar displays the URL: <https://www.handsatgpn.state.pa.us/hands.web/CustomerNotificationDashboard.aspx>. The page header features the "HandS" logo on the left and navigation links for "Contact Help Line", "View Help", "View Dashboard", and "Log Out" on the right. The user is identified as "User: WSC - 5". A red asterisk indicates a "Required Field".

The main content area is titled "Customer Notification Dashboard" and includes a "Change Password" link. Below this is a "Notifications" section with a table:

| Message | Received On |
|---------|-------------|
|         |             |

Below the table, a message prompts the user to select an action:

Please select the action that you wish to perform from the choices below

- [Begin a Renewal Application for certification of a workplace safety committee online](#)
- [Modify Organization Registration](#)

The Windows taskbar at the bottom shows the Start button, several open applications (Inbox - Microsoft Outlook, RE: Screenshots - Messa..., HandS - Customer Not...), and the system clock showing 2:02 PM.

## Section 3: Applying for Workplace Safety Committee Certification

### Renewal Application for Certification (Sections 1-2)

After employers have logged into the HandS system and clicked on "Begin a Renewal Application for Certification." they will be required to complete page one of the application.

In Sections 1-2, employers will be asked to provide their federal employer identification number, or FEIN, and the North American Industry Classification System, or NAICS, code for their type of business. This code can be obtained from the NAICS website at [www.naics.com](http://www.naics.com) Click on "Click here to find your NAICS Code for free using our NAICS Keyword Search."

Committees that have changed committee structure or changed the number of Pennsylvania workplaces must check "Yes" for the applicable question in Section 1. Employers who indicate changes in committee structure will be prompted to provide updated information in Section 2 (Committee Structure Information).

Once the fields are completed, select "Save and Continue" to proceed to Section 3.

Please note that any time assistance or clarification in completing the application is needed, users should click on "View Help" at the top right of each page, or contact the Bureau of Workers' Compensation, Health & Safety Division at 717-772-1635 or email [RA-LI-BWC-Safety@pa.gov](mailto:RA-LI-BWC-Safety@pa.gov).

Also, any time employers choose to stop completing the renewal application and continue another time, they may click the "Save and Suspend" button and log out of the system. When employers return to their renewal application, all information will have been saved to that point.

The screenshot shows a web browser window displaying the "Renewal Application for Certification (Sections 1-2)" form. The form is divided into several sections:

- Organization Information:** Displays fields for FEIN (03-0343270), NAICS, Applicant/Employer Name (FIBERMARK INCORPORATED), Address Line 1 (145 NORTH 4TH STREET), Address Line 2, City (QUAKERTOWN), State (Pennsylvania), ZIP (19351 - 0000), Contact Person (SCOTT SIMONEAU), E-mail Address, and Phone Number ((215) 536-4600 EXT). A Fax field is also present.
- Section 1, Applicant/Employer Information:** Includes a checkbox for "FEIN (new/amended)", a NAICS dropdown (000000), and input fields for Applicant/Employer Name (SAFE INCORPORATED), Address Line 1 (45 NORTH SAFE STREET), Address Line 2, City (Safe Town), State (Pennsylvania), and ZIP (17104 ZIP + 4 0000). It also features dropdown menus for "Is Applicant/Employer covered by Collective Bargaining?" (Yes), "Is Applicant/Employer Self-insured or a member of a Self-Insurance Group Fund?" (Not Applicable), "Has your committee structure changed?" (No), and "Has the number of workplaces changed?" (No).
- Section 2, Committee Structure Information:** Contains instructions and radio button options for committee structure types: "Single - one workplace within the commonwealth represented by a single workplace safety committee at that workplace.", "Centralized - The safety committee structure is Centralized. The number of workplaces covered by the Central workplace safety committee is:", and "Multiple - The safety committee structure is Multiple. The number of workplaces covered by Multiple (separate and individual) workplace safety committees is:". At the bottom of this section are "Save and Suspend", "Save and Continue", and "Cancel" buttons.

## Section 3: Applying for Workplace Safety Committee Certification

### Renewal Application for Certification (Section 3)

In this section, employer representatives must verify or populate the federal employer identification number(s) for all Pennsylvania workplaces represented by the workplace safety committee(s). To add additional FEIN numbers, click the "Add New FEIN Details" button. If more than one row of details is prepopulated in the renewal application, the employer view will include a "Delete Details Row" button. Employers may use that button to delete FEIN numbers as needed.

Hands - Renewal Application (Section 3) - Microsoft Internet Explorer

Address: <http://www.handstraining.state.pa.us/Hands.Web/Certification/RenewalApplicationPage2.aspx>

Hands

User: UAT 10 - WSC

[Contact Help Line](#) [View Help](#) [View Dashboard](#) [Log Out](#)

Renewal Application for Certification (Section 3)

Section 3

Section 3. FEIN Details

General Instructions: Please document all FEINs in use by the applicant/employer for each of the PA workplaces covered by the safety committee(s). Each FEIN must be listed only once and must show the official Entity Name used by each FEIN.

FEIN Details

| FEIN Number  | Entity Name         |
|--------------|---------------------|
| * 00-0000000 | * SAFE INCORPORATED |

[Add New FEIN Details](#)

[Save and Suspend](#) [Save and Continue](#) [Cancel](#)

## Section 3: Applying for Workplace Safety Committee Certification

### Renewal Application for Certification (Section 4)

The "Current Workers' Compensation Policy Details" section requires employer representatives to populate the workers' compensation policy number, carrier name and policy begin and end dates for the workers' compensation policy(s) in effect at the time of signing, dating and submitting the application. If there is more than one workers' compensation policy for the workplace(s) represented by the workplace safety committee, click the "Add New Details" button to add additional policies. If more than one row of policy details is prepopulated in the renewal application, the employer view will include a "Delete Policy Details Row" button. Employers may use that button to delete a row of policy detail as needed.

Hands - Renewal Application (Section 4) - Microsoft Internet Explorer

Address: <http://www.handsitaining.state.pa.us/Hands/Web/Certification/RenewalApplicatorPage3.aspx>

User: UAT 10 - WSC

Hands

Contact Help Line View Help View Dashboard Log Out

Renewal Application for Certification (Section 4)

Section 4

Section 4. Current Workers' Compensation Insurance Policy Details

General Instructions: Please document all workers' compensation policies in use by the applicant/employer for each PA workplace covered by a safety committee(s). Each policy should be listed only once and must show the **current** carrier name, **current** policy number and the **current** policy period dates.

Policy Details

| Policy Number  | Carrier Name             | Policy Date From | Policy Date To |
|----------------|--------------------------|------------------|----------------|
| * 0000-000-000 | * Safe Insurance Company | * 06/01/2006     | * 06/01/2007   |

Add New Details

Save and Suspend Save and Continue Cancel

Done

Start Inbox - Microsoft Outlook Hands - Renewal Appl... Initial Application Screen ...

Internet

11:41 AM

# Section 3: Applying for Workplace Safety Committee Certification

## Renewal Application for Certification (Section 5)

The Workplace Details section requires employer representatives to match the workplace with the previously provided FEIN number(s) and workers' compensation policy number(s). Employer representatives can click the "Edit Workplace Details" button to populate workplace information. If the workplace has more than one FEIN number or workers' compensation policy number, the employer may click the "Add New FEIN/Policy Row" button to add additional rows of information.

If employers indicate in sections 1 and 2 that the number of workplaces or committees has changed, they will be prompted to delete a workplace by clicking on "Delete a Workplace." link in Section 5. **The reported number of workplaces in Section 2 must match the number of workplaces in Section 5.**

The screenshot shows a web browser window titled "HandsS - Renewal Application - Microsoft Internet Explorer". The address bar shows the URL: <http://www.handstraining.state.pa.us/HandsS/Web/Certification/RenewalApplicationPage6.aspx?wqpl=06wqplIndex=1>. The page header features the "HandsS" logo and navigation links: "Contact Help Line", "View Help", "View Dashboard", and "Log Out". A user identifier "User: UAT 10 - WSC" is visible in the top right corner.

The main content area is titled "Renewal Application for Certification" and contains a section for "Workplace Details". Below this title are general instructions: "General Instructions: For each PA workplace covered by the workplace safety committee(s), please enter workplace details including workplace name, address, and number of employees. Enter at least one FEIN(s) from Section 3 and one workers' compensation policy(s) number from Section 4 that are related to the individual workplace(s). If there are multiple FEINs and policies in place for the workplace, please enter additional FEIN/Policy pairs as necessary."

The form is for "Workplace # 1" and includes the following fields:

- Workplace Name: Safe Incorporated
- Address Line 1: 45 NORTH Safe STREET
- Address Line 2: (empty)
- City: Safe Town
- State: Pennsylvania
- ZIP: 17104 | ZIP + 4: 0000
- # of Employees: 160

Below these fields is a table for "FEIN(s) and Policy(s) for this Workplace":

| FEIN Number | Policy Number |
|-------------|---------------|
| 00-0000000  | 0000-000-000  |

An "Add New FEIN/Policy Row" button is located below the table. At the bottom right of the form are "Save" and "Cancel" buttons.

The Windows taskbar at the bottom shows the Start button, an open Microsoft Outlook window, the current "HandsS - Renewal Appl..." window, and an "Initial Application Screen ..." window. The system tray shows the time as 11:42 AM.

# Section 3: Applying for Workplace Safety Committee Certification

## Renewal Application for Certification (Sections 6-7)

Section 6, Applicant Employer Affirmations, requires employer representatives to confirm that the committee continues to perform the required workplace safety committee functions mandated by the Pennsylvania health and safety regulations to achieve certification renewal. Employers must confirm that requirements have been maintained by selecting "Yes" after each committee duty.

Section 7, Committee Member Training, requires the employer representatives to report the type of trainer used to provide annual committee member training in the three required subjects: safety committee operation, hazard identification and incident investigation (including substance abuse awareness and prevention training), as well as to confirm that all committee members have been trained in the three aforementioned topics by indicating "Yes" after each question. This section also requires employers to affirm that required safety committee training records are maintained as part of the committee recordkeeping procedures.

The screenshot shows a web browser window with the following content:

**Committee responsibilities**

|   |     |
|---|-----|
| A quorum (simple majority) of committee members meets at least monthly.*  | Yes |
| The committee develops and maintains membership lists.*   | Yes |
| Members of the committee are rotated according to the applicant/employers established procedure, which retains a core group of experienced members to serve on the committee at all times.* | Yes |
| The committee develops written agendas for each committee meeting.*   | Yes |
| The committee maintains meeting attendance lists for each committee meeting.*   | Yes |
| The committee takes and maintains minutes of each committee meeting.*   | Yes |
| Minutes of committee meetings are posted or made available for all employees; minutes are sent to each committee member.*   | Yes |
| Committee decisions are made by majority vote.*   | Yes |
| The committee develops operating procedures, such as rules or bylaws, prescribing the committee's duties.*  | Yes |
| Copies of the required documents of the functioning committee are maintained for five years by the applicant/employer.*   | Yes |

**Section 7: Committee Member Training**

All committee members must receive annual training in each of the three required topics from individuals who meet Bureau requirements for accident and illness prevention service providers or are Bureau-recognized qualified safety committee instructors.

Check below if any of the required training was delivered by:\*

- Group Fund Administrator
- Internal/Applicant/Employer
- Insurer
- PA Safety & Health Training Institute
- Third Party Provider
- Bureau of PENNSAFE

Annually required training in the following areas has been delivered for each committee member. New safety committee members shall receive safety committee member training in the three required topics within one-year from being rotated onto the committee.

|   |     |
|---|-----|
| Hazard Detection and Inspection*  | Yes |
| Incident Investigation and Prevention*  | Yes |
| Safety Committee Operation*   | Yes |
| Applicant/employer maintains written records of safety committee training which include:* | Yes |

- Names of committee members trained
- Dates of training
- Training time period
- Training methodology
- Names and credentials of personnel conducting training
- Training location
- Training topics

Buttons: Save and Suspend, Save and Continue, Cancel

# Section 3: Applying for Workplace Safety Committee Certification

## Renewal Application for Certification (Section 8)

Section 8, Effectiveness Measures, asks employers to submit total workplace injury/illness information for Pennsylvania workplaces represented by the workplace safety committee(s). The information will be used to produce reports on the Pennsylvania safety committee certification program. The injury/illness data requested is for the three previous calendar years.

Hands - Renewal Application (Section 8) - Microsoft Internet Explorer

Address: <http://www.handstraining.state.pa.us/Hands/Web/Certification/RenewalApplicationPage5.aspx>

User: UAT 10 - WSC

Renewal Application for Certification (Section 8)

Section 8. Effectiveness Measures

Injury and illness information supplied by employers will provide an indication as to whether certified safety committees contribute to the overall success of Accident and Illness Prevention efforts.

Year: Prior Calendar Year Jan. - Dec.

Total Number Of Employees: Total number of employees employed during the calendar year. (Averaged over 12 calendar Months)

Total Number of Employees Injured or Became Ill: All employees injured or who became ill as a result of events or/and exposure occurring in the work environment.

Years in business: Employers that have not been in business for one calendar year can proceed to Section 9:

Injury and Illness Information

Please provide the following information:

|   | Calendar Year<br>Jan. - Dec. | Total Number Of Employees<br>Employed | Total Number Of Employees Injured or<br>Who Became Ill Due to Work Related<br>Duties and/or Responsibilities |
|---|------------------------------|---------------------------------------|--|
| Prior Calendar Year<br>January - December                   | 2006                         | <input type="text"/>                  | <input type="text"/>   |
| One Year Prior To Last Calendar Year<br>January - December  | 2005                         | <input type="text"/>                  | <input type="text"/>   |
| Two Years Prior To Last Calendar Year<br>January - December | 2004                         | <input type="text"/>                  | <input type="text"/>   |

Save and Suspend Save and Continue Cancel

# Section 3: Applying for Workplace Safety Committee Certification

## Renewal Application for Certification (Section 9)

Section 9, Acknowledgements and Agreements, requires employer representatives to acknowledge that the information provided is true and correct, and to provide information on the individual completing the application. The email address is requested for future email alerts.

The screenshot shows a web browser window with the URL <http://www.hands5training.state.pa.us/Hands5.Web/Certification/RenewalApplicationPage7.aspx>. The page title is "Hands5" and the user is identified as "User: UAT 10 - WSC". The main heading is "Renewal Application for Certification (Section 9)".

**Section 9. Acknowledgements and Agreements**

In consideration of the approval of this Application for Renewal of Certification of a Workplace Safety Committee (Application), the applicant/employer expressly agrees and acknowledges the following:

1. That all information contained in this Application is accurate as to all legal entities of the applicant/employer;
2. That the information contained in this Application accurately reflects the practices of all of the applicant/employer's workplaces within this commonwealth;
3. To comply with all provisions of the Workers' Compensation Act and the guidelines, rules and regulations that explain or enforce Section 1002 of the Act;
4. That the Safety Committee is continuing in good faith for the purpose of preventing accident and illness in the workplace and to detect and correct hazards in the workplace;
5. That the Safety Committee is permanent and will not be disbanded by the employer except for valid business reasons;
6. That the applicant will immediately notify the Bureau of Workers' Compensation upon disbanding the committee or altering any information contained in this application;
7. That the Department of Labor & Industry (Department) may verify the information contained in this application including pertinent supporting documentation, and may review any such information for accuracy and sufficiency;
8. That false statements and/or omissions contained on this application may result in revocation of certification, the imposition of sanctions, the assessment of penalties, the loss of the privilege of a self-insurance, the loss of an insurance premium discount, and may result in criminal prosecution;
9. That the Department will notify the Pennsylvania Compensation Rating Bureau and the applicant/employer of the approval of this Application;
10. That final approval of the application is at the Department's discretion and is expressly conditioned upon the applicant's accurate and satisfactory completion of all information required on the application;
11. That certification of the Safety Committee does not constitute a finding by the Department that the employer has complied with applicable labor laws and/or labor agreements in the formation of its committee.

An authorized employee of the applicant/employer must sign this application.

I, the undersigned, verify that the facts set forth in the attached Application for Certification of Workplace Safety Committee are true and correct. This verification is made subject to the penalties of Section 4904 of the Crimes Code, 18 Pa. C.S.A § 4904, relating to Unsworn falsification to authorities. \*

If this document is being filed electronically, I hereby sign and attest that the facts set forth in the preceding Application are true and correct. By filing electronically and selecting the submit button below, I acknowledge, agree and represent that I am authorized to submit this information as or on behalf of the Applicant. I acknowledge, represent and agree that the act of typing my name below constitutes my lawful signature, which the Department of Labor & Industry will retain for future verification. As an authorized user I acknowledge, represent and agree that I am identified and authenticated by the use of usernames and passwords selected by me. As an authorized user, I acknowledge, represent and agree that I am now and shall remain solely responsible for ensuring that usernames and passwords are provided only to those individuals authorized to act on behalf of the Applicant, that I am now and shall remain solely responsible for verifying the status of authorized users, and that I am now and shall remain solely responsible for updating any of the prior information.

**Prefix**  **First Name\***  **Last Name\***   
**E-mail Address**  **Phone Number\***   
**Date of signature\***  **Signature Full Name\***  **Title/Position**

Please click on the "Submit Application" button below to submit the application. Once you submit the application you will no longer be able to modify the application.



## Section 4: Safety Committee Reference Materials

### Safety Committee Compliance Checklist

- Is the safety committee composed of an equal number of employer and employee representatives?
- Are employee representatives volunteers or were they elected by their peers?
- Are there at least four members on the safety committee?
- Does the safety committee elect the chairperson?
- Are safety committee members compensated at their normal wages during safety committee training and meetings?
- Do employee representatives serve terms that last at least one year?
- Do terms-of-service alternate, or are staggered so that at least one experienced member is serving on the committee?
- Does the committee have written rotation procedures?
- Are reasonable efforts made to ensure that committee members represent the primary functions of the business?
- Does the safety committee hold regular meetings at least once a month?
- Does the safety committee publish and distribute a written agenda to committee members before the monthly meeting?
- Are minutes kept at each meeting?
- Are the minutes distributed to committee members and made available to all employees?
- Are the minutes maintained for at least five years?
- Are all reports, evaluations and recommendations of the safety committee included in the safety committee minutes?
- Has a reasonable time been set within which your employer must respond in writing to safety committee recommendations?
- Has the safety committee established a system for collecting safety-related suggestions, reports of hazards or other information directly from those involved in workplace operations?
- Is such information reviewed during the next safety committee meeting and recorded in the minutes?
- Does the safety committee help the employer evaluate the workplace safety and health program?
- Does the safety committee make written recommendations to improve the workplace safety and health program?
- Has the safety committee established procedures to help the safety committee inspection team find and identify safety and health hazards?
- Does the safety committee conduct workplace inspections? (Inspections are recommended on a monthly basis.)
- Does the safety committee recommend ways for the employer to eliminate or correct hazards and unsafe work practices in the workplace?

## Section 4: Safety Committee Reference Materials

### **Safety Committee Compliance Checklist, Continued**

- Does the safety committee inspection team document, in writing, identify hazards, the location of hazards and any follow up?
- Has the safety committee established written committee bylaws or operating procedures?
- Has the safety committee made recommendations for improving safety and health accountability?
- Has the safety committee established procedures for investigating workplace injury accidents, illnesses and deaths?
- Has the safety committee's purpose and operation been discussed with all safety committee members?
- Have safety committee members received annual safety training in safety committee operation, hazard detection and inspection, accident and illness prevention and investigation (including substance abuse awareness and prevention training) and health and safety concerns specific to the business?

## Section 4: Safety Committee Reference Materials

### Sample Safety Committee Bylaws

To obtain/maintain safety committee certification, your committee is required to develop operating procedures, such as rules or bylaws that prescribe the duties of the committee(s). Bylaws also contribute to a committee's success by documenting how the committee conducts business, and they can be as simple or complex as the committee desires. The following sample document may help develop committee bylaws that conform to your business's specific needs.

### Safety Committee Bylaws

#### Name of Committee

Example: Safety Company Incorporated Safety Committee

#### Purpose

The purpose of (*name of committee*) is to provide an avenue for all (*name of company*) employees to contribute to workplace safety in hope of achieving and maintaining a safe, healthful working environment.

#### Goal

The goal of (*name of committee*) is to eliminate workplace incidents and illnesses by involving employees and managers in identifying hazards and suggesting ways to eliminate and prevent them from occurring. This can be facilitated by reviewing incidents, identifying root causes of incidents and suggesting ways to prevent future incidents.

#### Objectives

The (*name of committee*) has four objectives:

- Provide measures for employee involvement in achieving a safe, healthful working environment.
- Promptly review all safety-related incidents, injuries, accidents, illnesses and deaths.
- Conduct monthly, or as needed, workplace inspections, identify hazards and recommend methods for eliminating or controlling hazards. Establish procedures to ensure follow-up and closure for all reported hazards.
- Annually evaluate the (*name of committee*) workplace safety and health program and recommend improvements to management.

#### Representatives

The (*name of committee*) will have committee members representing employees and employer. The committee will be comprised of at least four committee members at all times and shall not contain more employer representatives than employee representatives at any time. Employee representatives can volunteer for committee service or can be elected by their peers. Employer representatives can be appointed by the employer. Employee representatives will serve a continuous term of at least one year. Employer representatives can be rotated onto the committee as business needs dictate. To ensure at least one experienced representative serves on the committee at all times, it may be advisable to stagger the terms of the members.

#### Committee Chair and Vice-Chair

The committee should elect a committee chair and vice-chair. Committee officers can rotate on an annual basis.

#### Duties of the Committee Chair

- Schedule monthly committee meetings.
- Develop and distribute written agendas for committee meetings.
- Conduct committee meetings.
- Present committee correspondence and reports for committee approval.
- Ensure the preparation and distribution of committee meeting minutes.

## Section 4: Safety Committee Reference Materials

### Duties of the Committee Vice-Chair

- In the absence of the committee chair, assume the duties of the chair.
- Perform other duties as directed by the chair.

### Election of Committee Chair and Vice-Chair

The election of the committee chair and vice-chair will be held during the monthly committee meeting the month before the incumbent's term expires. If the chair or vice-chair leave office before the term expires, an election will be held during the next scheduled safety committee meeting. The elected officer will serve for the remainder of the term.

### Committee Member Training

All committee members will be trained annually during (*name of company*) annual workers' compensation policy period in the topics of safety committee operation, hazard detection and inspection, accident and illness prevention and investigation (including substance abuse awareness and prevention training) and health and safety concerns specific to the business. Additional committee/employee training topics will be determined by any identified anticipated workplace hazard and exposure. The committee will submit a copy of the training records to the (*name of company*) personnel office, and the personnel office will retain the training records for five years.

### Meeting Agenda

The agenda will prescribe the order in which the (*name of committee*) conducts its business. The agenda will also include the following, when applicable:

- A review of new safety and health concerns.
- A status report of employee safety and health concerns under review.
- A review of all workplace near-miss incidents, accidents, illnesses, or deaths occurring since the last committee meeting.

### Safety Committee Meetings

Monthly schedule: The (*name of committee*) will meet on (regularly scheduled day and time) of each month. A quorum of committee members, being one more than half of official committee members, must be present to conduct the meeting. If, for reasons beyond the control of the committee, the meeting must be canceled, the committee will reschedule at a later date in the same month.

### Meeting Attendance

Each representative will attend the monthly safety committee meeting and participate in monthly hazard identification inspections, as well as other committee functions as requested.

### Meeting Minutes

Minutes will be recorded at each committee meeting and distributed to each committee member. Minutes of each committee meeting will be made available to all employees by (*method of distribution. Examples: email, interoffice mail, posting, payroll stuffers*). The committee will submit a copy of the meeting minutes, agenda and attendance list to the (*name of company*) personnel office. The personnel office will retain the committee records for five years. All reports, evaluations and recommendations of the committee will be included in the minutes. The minutes will also identify committee members who were in attendance and who were absent from each committee meeting.

### Employee Involvement

The (*name of committee*) will encourage employees to identify health and safety concerns and hazards in the workplace. Concerns raised by employees will be presented to the committee, recorded in the meeting minutes, documented in the safety log and reviewed by the committee.

### Voting

The committee shall make decisions by virtue of a majority vote of regular committee members.

## Section 4: Safety Committee Reference Materials

### **Safety Log**

The committee will maintain a log of all employee concerns, including the date received, the date recommendations were made to management, management responses and the date the concern was resolved.

### **Identified Concern/Issue Response**

The committee will respond to employee concerns in writing and work with management representatives to resolve them. The committee will present written recommendations for concern/issue resolution to management. It is suggested that within 30 days of receiving the written recommendations, management respond in writing to the committee indicating acceptance, rejection or modification to the proposed resolution.

### **Incident and Accident Investigation**

The *(name of committee)* will review all safety and health-related incidents at the next regularly scheduled meeting following the reported incident. Safety-related incidents include: work-related near-miss incidents, injuries, illnesses and deaths. A determination of the root cause of the reviewed incidents will be the focus of the investigations. Resolution of identified issues will be presented to management representatives.

### **Workplace Inspections**

Members of the *(name of committee)* will conduct monthly workplace inspections of all company facilities. Committee members are encouraged to include all employees in discussion relating to safety concerns in their respective work areas. The committee will provide a written report/form to the committee and management that documents the location of all health or safety hazards identified during the inspection. The report will recommend options for eliminating or controlling hazards. It is suggested that within 30 days of receiving the written recommendations, management respond in writing to the committee indicating acceptance, rejection or modification to the proposed resolution.

### **Committee Goals and Objectives**

It is suggested that the *(name of committee)* develop a five-year safety strategic plan that will include the committee's annual safety goals and objectives. The safety strategic plan will detail the existing status of the employer safety program and the committee's vision on the status of the program in five years. The plan will outline how to reach the future status, timelines, goals and objectives in support of the safety strategic plan.

## Section 4: Safety Committee Reference Materials

### Sample Safety Policy Statement

#### Company Safety and Health Policy

**Company policy:** It is the policy of this company to ensure a safe, healthful workplace for all its employees. Injury and illness losses from incidents are costly and preventable. This company will employ an effective accident and illness prevention program that involves all its employees in the effort to eliminate workplace hazards.

**Management:** Management is accountable for preventing workplace incidents, injuries and illnesses. Management will provide top-level support of safety program initiatives. Management will consider all employee suggestions for achieving a safer, healthier workplace. Management also will keep informed about workplace safety and health hazards, and it will regularly review the company safety and health program.

**Supervision:** Supervisors are responsible for supervising and training workers in safe work practices. Supervisors must enforce company safety rules and work to eliminate hazardous conditions. Supervisors shall lead safety efforts by example.

**Safety Committee:** The safety committee includes employer and employee representatives who are responsible for recommending safety and health improvements in the workplace. The committee is also responsible for identifying hazards and unsafe work practices, removing obstacles to incident prevention and helping the company evaluate the accident and illness prevention program.

**Employees:** All employees are expected and encouraged to participate in safety and health program activities including the following: reporting hazards, unsafe work practices and accidents immediately to their supervisors or a safety committee representative; wearing required personal protective equipment; and participating in and supporting safety committee activities.

**SIGNED BY:** \_\_\_\_\_

**SENIOR MANAGEMENT**

## Section 4: Safety Committee Reference Materials

### Sample Safety Committee Meeting Agenda

#### Safety Committee Meeting Agenda

**Date:**

**ROLE CALL:**

**Review Minutes from Previous Meeting:**

**Review Incident Report(s):**

**Committee Report(s):**

**Old Business:**

**New Business:**

**Schedule Next Meeting Date:**

**Adjourn:**

## Section 4: Safety Committee Reference Materials

### Sample Safety Committee Meeting Minutes

#### Safety Committee Meeting Minutes

Recorder:

Members Present:

Members Absent:

Guests:

Call To Order:

Review and Approve Agenda:

Review of meeting minutes from previous month:

Review Incident Reports:

|  |
|--|
|  |
|--|

Committee Reports:

|  |
|--|
|  |
|--|

Old Business:

|  |
|--|
|  |
|--|

New Business:

|  |
|--|
|  |
|--|

Schedule Next Meeting Date:

Adjourn:



## Section 4: Safety Committee Reference Materials

### Sample Safety Committee Training Documentation

(Committee records must be maintained for a period of five years.)

- **Names of committee members trained in safety committee operation, hazard identification and incident investigation** (including substance abuse awareness and prevention training): All official committee members must receive annual training in the three aforementioned topics.
- **Dates of training:**
- **Training time period:**
- **Training methodology:**
- **Names and credentials of personnel conducting the training:**  
(Applicant-employers are responsible for providing verification of a trainer's qualifications to the bureau and supplying, as necessary, documentation supporting individual trainer qualifications when requested. Employers should obtain a copy of the trainer's qualifications before scheduling training.)
- **Names of training organizations sponsoring the training, if applicable:**  
(example: insurer name, Bureau of Workers' Compensation, name of consulting firm)
- **Training location:**
- **Training topics conducted:**

## Section 4: Safety Committee Reference Materials

### Sample Incident Investigation Report

Company: \_\_\_\_\_

Report number: \_\_\_\_\_

Operation: \_\_\_\_\_

Investigator: \_\_\_\_\_

Incident victim name: \_\_\_\_\_

Job title: \_\_\_\_\_

How long is employee with this company? \_\_\_\_\_

How long is employee on this job? (Attach this information for each additional person injured.)

\_\_\_\_\_

Witnesses' names: \_\_\_\_\_

When did the incident occur? \_\_\_\_\_

Date: \_\_\_\_\_ Time: \_\_\_\_\_ Shift: \_\_\_\_\_

Where did the incident occur? \_\_\_\_\_

Department: \_\_\_\_\_ Location: \_\_\_\_\_

What happened? \_\_\_\_\_

*Describe sequence of events and extent of injury, attach separate page, if needed.*

\_\_\_\_\_

\_\_\_\_\_

Had a similar incident occurred?  Yes  No

What caused the incident?

*List all causes and contributing factors, such as lack of supervision, inadequate training, poor equipment maintenance and inadequate policy.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Section 4: Safety Committee Reference Materials

How will the incident be prevented in the future?

List corrective actions already taken. Who did it and why was it done?

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List corrective actions to be taken.

Who will do it and when will it be done?

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Attach photographs, sketches of the scene or other relevant information.

Prepared by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Prepared by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

Prepared by: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_

## Section 4: Safety Committee Reference Materials

### **Personal Protective Equipment**

It is a good business practice to implement a proactive accident and illness prevention program to reduce injuries and illnesses in the workplace. While the preferred methods to protect employees from workplace hazards (such as machines, work procedures and hazardous substances that can cause injury and illness) are engineering and work practice controls to eliminate and reduce the hazards, many employers use a personal protective equipment, or PPE, program to reduce employee exposures to hazardous conditions. Employers are encouraged to assess the workplace to determine if hazards are present, or are likely to be present, to see if a PPE program would be beneficial. The information provided below will help employers assess and establish a workplace PPE program.

### **Exposure Control Examples:**

#### Engineering Controls

- Initial design specifications
- Ventilation
- Substitution with less harmful material
- Enclosure of process
- Isolation of process
- Change the process

#### Work Practice Controls

- Job rotation of workers
- Wet methods
- Personal hygiene
- Housekeeping and maintenance

#### Examples of PPE

- Eyes - safety glasses, goggles
- Faces - face shields
- Heads - hard hats
- Feet - safety shoes
- Hands and arms - gloves
- Bodies - vests
- Hearing - ear plugs, earmuffs

## Section 4: Safety Committee Reference Materials

### Checklist for Establishing a PPE Program

Identify steps taken to assess potential hazards in every employee's work space and in workplace operating procedures.

Identify appropriate PPE selection criteria.

Identify how you will train employees on the use of PPE, including:

- What PPE is necessary
- When PPE is necessary
- How to properly inspect PPE for wear or damage
- How to properly put on and adjust the fit of PPE
- How to properly take off PPE
- Limitations of the PPE
- How to properly care for and store PPE

Identify how you will assess employee understanding of PPE training

Identify how you will enforce proper PPE use

Identify how you will provide for any required medical examinations

Identify how and when to evaluate the PPE program

## Section 4: Safety Committee Reference Materials

### Checklist on Need for PPE

| Suggested Questions  | Typical Operations of Concern  | Yes | No |
|--|--|-----|----|
| <b>Eyes</b>  |  |     |    |
| Do your employees perform tasks, or work near employees who perform tasks, that might produce airborne dust or flying particles? | Sawing, cutting, drilling, sanding, grinding, hammering, chopping, abrasive blasting, punch press operations, etc.   |     |    |
| Do your employees handle, or work near employees who handle, hazardous liquid chemicals or encounter blood splashes?             | Pouring, mixing, painting, cleaning, siphoning, dip tank operations, dental and health care services, etc.   |     |    |
| Are your employees' eyes exposed to other potential physical or chemical irritants?  | Are your employees' faces exposed to extreme heat?   |     |    |
| Are your employees exposed to intense light or lasers?   | Welding, cutting, laser operations, etc.   |     |    |
| <b>Face</b>  |  |     |    |
| Do your employees handle, or work near employees who handle, hazardous liquid chemicals?   | Pouring, mixing, painting, cleaning, siphoning, dip tank operations, etc.  |     |    |
| Battery charging, installing fiber-glass insulation, compressed air or gas operations, etc.                                      | Welding, pouring molten metal, smithing, baking, cooking, drying, etc.   |     |    |
| Are your employees' faces exposed to other potential irritants?  | Cutting, sanding, grinding, hammering, chopping, pouring, mixing, painting, cleaning, siphoning, etc.  |     |    |
| <b>Head</b>  |  |     |    |
| Might tools or other objects fall from above and strike your employees on the head?  | Work stations or traffic routes located under catwalks or conveyor belts, construction, trenching, utility work, etc.  |     |    |
| Are your employees' heads, when they stand or bend, near exposed beams, machine parts, pipes, etc.?                              | Construction, confined space operations, building maintenance, etc.  |     |    |
| Do your employees work with or near exposed electrical wiring or components?   | Building maintenance; utility work; construction; wiring; working on or near communications, computer, or other high tech equipment; arc or resistance welding; etc. |     |    |
| <b>Feet</b>  |  |     |    |
| Might tools, heavy equipment or other objects roll, fall onto or strike your employees' feet?                                    | Construction, plumbing, smithing, building maintenance, trenching, utility work, grass cutting, etc.   |     |    |
| Do your employees work with or near exposed electrical wiring or components?   | Building maintenance; utility work; construction; wiring; working on or near communications, computer or other high-tech equipment; arc or resistance welding; etc.  |     |    |

## Section 4: Safety Committee Reference Materials

|   |   |  |  |
|---|---|--|--|
| Do your employees handle, or work near employees who handle, molten metal?              | Welding, foundry work, casting, smithing, etc.  |  |  |
| Do your employees work with explosives or in explosive atmospheres?                     | Demolition, explosives manufacturing, grain milling, spray painting, abrasive blasting, working with highly flammable materials, etc.   |  |  |
| <b>Body</b>   |   |  |  |
| Are your employees' hands and arms placed near exposed electrical wiring or components? | Building maintenance; utility work; construction; wiring; working on or near communications, computer or other high-tech equipment; arc or resistance welding; etc.   |  |  |
| Are your employees' bodies exposed to irritating dust or chemical splashes?             | Pouring, mixing, painting, cleaning, siphoning, dip tank operations, machining, sawing, battery charging, installing fiberglass insulation, compressed air or gas operations, etc.  |  |  |
| Are your employees' bodies exposed to sharp or rough surfaces?                          | Cutting, grinding, sanding, sawing, glazing, material handling, etc.  |  |  |
| <b>Hearing</b>  |   |  |  |
| Are your employees exposed to loud noise from machines, tools, music systems, etc.?     | Machining, grinding, sanding, working near conveyors, pneumatic equipment, generators, ventilation fans, motors, punch and brake presses, etc.  |  |  |
| Is a raised voice needed to communicate with someone about one meter away?              | Does any equipment have manufacturer's noise information (including labels) that indicate noise levels equal or greater than any of the following: (a) 80 dB (b) Does the noise in any part of the workplace sound as loud as or louder than 85 decibels using the scale Decibel Levels of Common Sounds? |  |  |
| Have there been any workers' compensation claims for noise-induced hearing loss?        | Building maintenance; utility work; construction; wiring; working on or near communications, computer, or other high tech equipment; arc or resistance welding; etc.  |  |  |

## Section 4: Safety Committee Reference Materials

### Checklist for Training Employees to Use and Care for Eye and Face Protection

Train your employees to know:

- Why eye protection is necessary, i.e., the workplace hazards that threaten their eyes
- How the eye protection will protect them
- When they must wear the eye protection
- How to put the protective eyewear on properly
- How to adjust straps and other parts for a comfortable and effective fit
- How the protective eyewear fits over or contains an employee's corrective lenses
- How to identify signs of wear, such as:
  - Chipped, scratched or scraped lenses
  - Loss of elasticity or fraying of head bands
- How to clean and disinfect the safety eyewear



## Section 4: Safety Committee Reference Materials

### Checklist for Training Employees to Use and Care for Head Protection

Train your employees to know:

- Why head protection is necessary, i.e., the workplace hazards that threaten their heads
- How the head protection will protect them
- Limitations of the head protection
- When they must wear the head protection
- How to wear the protective head gear properly
- How to adjust straps and other parts for a comfortable and effective fit
- How to identify signs of wear, such as:
  - Cracked, torn, frayed or otherwise deteriorated suspension systems
  - Deformed, cracked or perforated brims or shells
- How to clean and disinfect hard hats

## Section 4: Safety Committee Reference Materials

### Checklist for Training Employees to Use and Care for Hand and Arm Protection

Train your employees to know:

- Why hand and arm protection is necessary, i.e., the workplace hazards that threaten their hands and arms
- How the protective gloves and sleeves will protect them
- Limitations of the protective equipment you've supplied
- When they must wear the gloves and sleeves
- How to properly put on the gloves and sleeves
- How to ensure a comfortable and effective fit
- How to identify signs of wear, such as:
  - Cracks, scrapes or lacerations
  - Thinning or discoloration
  - Break-through to the skin
- How to clean and disinfect the nondisposable protective gloves and sleeves

## Section 4: Safety Committee Reference Materials

### Checklist for Training Employees to Use and Care for Hearing Protection

Train your employees to know:

- Why hearing protection is necessary, i.e., the workplace hazards that threaten their hearing
- How the ear plugs or earmuffs will protect them
- Limitations of the hearing protection
- When they must insert or wear the hearing protectors
- How to adjust earmuff parts for a comfortable and effective fit or form the ear plugs to fit their ears
- How special earmuffs fit over an employee's corrective lenses
- How to clean and disinfect the hearing protection

## Section 4: Safety Committee Reference Materials

### Workplace Inspection Checklist

| <b>Entrances and Exits</b>   | <b>Yes</b> | <b>No</b> | <b>N/A</b> |
|--|------------|-----------|------------|
| Are entrances and exits to and from work areas free from obstructions?   |            |           |            |
| Are exit doors clearly marked?   |            |           |            |
| <b>Walkways, Floors and Stairs</b>   | <b>Yes</b> | <b>No</b> | <b>N/A</b> |
| Are stairs and walkways kept clear of boxes, equipment, cables and other obstacles?                                  |            |           |            |
| Is the tread on stairs in good condition and adequate to minimize slipping?  |            |           |            |
| Is the foot space on each stair adequate?  |            |           |            |
| Are handrails adequate and in a good state of repair?  |            |           |            |
| Are stairs in a good state of repair?  |            |           |            |
| Do stairs have anti-slip materials where warranted?  |            |           |            |
| Are floors clear of slip and trip hazards, e.g., extension cords, torn carpet, uneven surfaces, cracks, holes, etc.? |            |           |            |
| Are walkways clear of trip hazards such as open drawers, boxes, etc.?  |            |           |            |
| Are walkways and stairs wide enough?   |            |           |            |
| Are walkways free of oil and grease?   |            |           |            |
| Are walkways adequately lit and clearly marked?  |            |           |            |
| Do walkways have unobstructed vision at intersections?   |            |           |            |
| <b>Storage Facilities</b>  | <b>Yes</b> | <b>No</b> | <b>N/A</b> |
| Are materials stored in bins whenever possible?  |            |           |            |
| Is sufficient storage provided?  |            |           |            |
| Are heavy items stored between mid-thigh and shoulder height?  |            |           |            |
| Is there a safe means of accessing high shelves?   |            |           |            |
| Is storage equipment in good condition and not overloaded?   |            |           |            |
| Is stored material secured to prevent shifting/falling?  |            |           |            |
| Are storage areas free from rubbish?   |            |           |            |
| Are shelf units properly attached to walls and are cabinets/cupboards stable?  |            |           |            |
| Are racks and pallets in good condition?   |            |           |            |

## Section 4: Safety Committee Reference Materials

| <b>Lighting, Ventilation and Temperature</b>   | <b>Yes</b> | <b>No</b> | <b>N/A</b> |
|--|------------|-----------|------------|
| Does the lighting in the work area allow staff to see their work easily?   |            |           |            |
| Are all light fittings in good working order? No flickering lights, etc.?  |            |           |            |
| Are glare and excessive brightness minimized in the work area?   |            |           |            |
| Is temperature maintained at a comfortable level?  |            |           |            |
| Is there adequate ventilation throughout the work area?  |            |           |            |
| Are all light bulbs, tubes and lighting covers adequately cleaned?   |            |           |            |
| Are ventilation ducts kept clean and unobstructed?   |            |           |            |
| Is general indoor air quality acceptable for the majority of occupants, i.e., temperature, humidity, air flow, etc.? |            |           |            |
| <b>Equipment</b>   | <b>Yes</b> | <b>No</b> | <b>N/A</b> |
| Is equipment clean and working properly?   |            |           |            |
| Are photocopiers located away from workstations to reduce noise and exposure to fumes?                               |            |           |            |
| Is all lifting or moving equipment in good condition?  |            |           |            |
| Are fax machines, printers, binders, laminators and other office equipment in good condition?                        |            |           |            |
| Are procedures for safely operating equipment accessible to staff?   |            |           |            |
| Are lockout/tagout procedures used?  |            |           |            |
| Are there clear indications when equipment is switched on?   |            |           |            |
| Are there procedures to report faulty equipment?   |            |           |            |
| Are equipment guards in place?   |            |           |            |
| Are noise levels controlled and is hearing protection being used?  |            |           |            |
| <b>Hazardous Substances</b>  | <b>Yes</b> | <b>No</b> | <b>N/A</b> |
| Are hazardous substances properly labeled?   |            |           |            |
| Are hazardous substances properly stored?  |            |           |            |
| Do procedures exist for the safe use and disposal of hazardous substances?   |            |           |            |
| Are material safety data sheets available for all chemicals?   |            |           |            |
| Is there a register of hazardous substances?   |            |           |            |
| Are all containers labeled?  |            |           |            |
| Are eye wash stations readily available and easily accessible to employees?  |            |           |            |

## Section 4: Safety Committee Reference Materials

| <b>Electrical</b>   | <b>Yes</b> | <b>No</b> | <b>N/A</b> |
|---|------------|-----------|------------|
| Are all cords, plugs and sockets in good condition, i.e., not frayed, exposed, cracked, etc.?                   |            |           |            |
| Has electrical equipment been inspected, tested and tagged in accordance with company policies and regulations? |            |           |            |
| Are portable power tools in good condition?   |            |           |            |
| Are all electrical items in good condition?   |            |           |            |
| Have switches and circuits/circuit breakers been identified and are they in working condition?                  |            |           |            |
| Are battery chargers marked and well ventilated?  |            |           |            |
| <b>Staff Amenities</b>  | <b>Yes</b> | <b>No</b> | <b>N/A</b> |
| Are staff toilets and bathroom facilities in good condition?  |            |           |            |
| Are toilets and bathroom facilities cleaned regularly?  |            |           |            |
| Is kitchen equipment in good working order?   |            |           |            |
| Are hot water taps appropriately marked?  |            |           |            |
| Is kitchen and bathroom rubbish removed regularly?  |            |           |            |
| Are surfaces in bathrooms and kitchen areas slip free?  |            |           |            |
| Do kitchens contain fire extinguishers that are serviceable and accessible?                                     |            |           |            |
| Are microwaves, refrigerators, etc., cleaned regularly to reduce risks of infection and fire?                   |            |           |            |
| <b>Emergency Procedures</b>   | <b>Yes</b> | <b>No</b> | <b>N/A</b> |
| Can emergency signals and alarms be clearly heard?  |            |           |            |
| Are emergency exits clearly marked, easy to open and functional?  |            |           |            |
| Are alarms and signals tested on a regular basis?   |            |           |            |
| Are emergency exit lights operational?  |            |           |            |
| Has there been an evacuation drill in the last 12 months?   |            |           |            |
| Are evacuation drills reviewed and documented?  |            |           |            |
| Have floor wardens been appointed?  |            |           |            |
| Are the names and details of office/floor wardens and emergency procedures displayed?                           |            |           |            |
| Is an evacuation plan displayed?  |            |           |            |
| Are fire extinguishers easily identified and located?   |            |           |            |
| Have fire extinguishers been inspected and tagged within the last six months?                                   |            |           |            |

## Section 4: Safety Committee Reference Materials

| <b>Emergency Procedures (Continued)</b>  | <b>Yes</b> | <b>No</b> | <b>N/A</b> |
|--|------------|-----------|------------|
| Are fire hoses conveniently located in major corridors?  |            |           |            |
| Are sprinkler systems and smoke detectors operational?   |            |           |            |
| Have re-entry procedures following an evacuation been developed and displayed?                       |            |           |            |
| Has emergency evacuation training been provided to all employees?                                    |            |           |            |
| <b>First Aid</b>   | <b>Yes</b> | <b>No</b> | <b>N/A</b> |
| Have first aid responders' names been communicated to all employees?                                 |            |           |            |
| Are the names and contact details of first aid responders and locations of first aid kits displayed? |            |           |            |
| Are there adequate numbers of currently-trained first responders in or near work areas?              |            |           |            |
| Are first aid kits clearly labeled?  |            |           |            |
| Are first aid kits easily accessible?  |            |           |            |
| Are first aid kits regularly maintained and stocked?   |            |           |            |
| Are emergency telephone numbers clearly displayed?   |            |           |            |
| Are storage areas for AED devices communicated to personnel?   |            |           |            |
| <b>Security</b>  | <b>Yes</b> | <b>No</b> | <b>N/A</b> |
| Are premises secure while employees are at work, e.g., during minimum staff shifts?                  |            |           |            |
| Are security doors operational?  |            |           |            |
| Are there procedures for managing suspicious mail and threats?                                       |            |           |            |
| Have employees been trained in workplace violence procedures?  |            |           |            |
| <b>Desks/Workstations</b>  | <b>Yes</b> | <b>No</b> | <b>N/A</b> |
| If desks are adjustable, can the adjustments be easily made?   |            |           |            |
| Is there enough space on each desk for the work required?  |            |           |            |
| Is the height of desks appropriate for the main tasks performed, e.g., keyboarding?                  |            |           |            |
| Are items in constant use within easy reach?   |            |           |            |
| Are workstations/desks stable and undamaged?   |            |           |            |
| Do workstations have adequate storage?   |            |           |            |
| Are waste bins emptied regularly?  |            |           |            |
| Is there sufficient space around workstations to provide safe access?                                |            |           |            |

## Section 4: Safety Committee Reference Materials

| <b>Desks/Workstations (Continued)</b>  | <b>Yes</b> | <b>No</b> | <b>N/A</b> |
|--|------------|-----------|------------|
| Have staff been provided with information on how to optimize their workstation, where applicable? Provide comment:   |            |           |            |
| Have aids been provided for computer workstations (for example, foot rests and document holders)?  |            |           |            |
| <b>Personal Computers</b>  | <b>Yes</b> | <b>No</b> | <b>N/A</b> |
| Are monitor screens located approximately an arm's length away?  |            |           |            |
| Are the tops of screens located just below eye level?  |            |           |            |
| Can the height and angle of the monitor be adjusted?   |            |           |            |
| Are characters displayed on screens legible and stable?  |            |           |            |
| Is screen glare minimized?   |            |           |            |
| Is the mouse situated in a convenient position so that the user does not have to reach or stretch?   |            |           |            |
| Is the mouse easy to move?   |            |           |            |
| <b>Chairs (Used for working at personal computers)</b>   | <b>Yes</b> | <b>No</b> | <b>N/A</b> |
| Can the height of chairs be adjusted according to the tasks being undertaken?  |            |           |            |
| Can the height of back rests be adjusted to provide appropriate lumbar support?  |            |           |            |
| Can the angle of the back rests be adjusted so that users are sitting upright when using a personal computer?  |            |           |            |
| Can the chairs be moved close to the workstation without being obstructed by arm rests?  |            |           |            |
| Are chairs stable and undamaged?   |            |           |            |
| <b>Training</b>  | <b>Yes</b> | <b>No</b> | <b>N/A</b> |
| Are new employees provided safety training during employee orientation?  |            |           |            |
| Is job-specific training held for employees on a regular basis?  |            |           |            |
| Is training provided on the safe use of common equipment?  |            |           |            |
| Are personnel familiar with applicable material safety data sheets?  |            |           |            |
| Are all personnel familiar with the emergency evacuation plan?   |            |           |            |
| Is all training documentation current and accessible?  |            |           |            |
| Have all personnel been trained in work-alone procedures?  |            |           |            |
| Have personnel been trained in the use of personal protective equipment (gloves, respirators, hearing protection, safety glasses, lab coats, hard hats) and is PPE provided where necessary? |            |           |            |



## Section 4: Safety Committee Reference Materials

| <b>Safe Lifting</b>   | <b>Yes</b> | <b>No</b> | <b>N/A</b> |
|---|------------|-----------|------------|
| Have workers been trained on, and are they using, safe lifting techniques?            |            |           |            |
| Are employees avoiding heavy loads (splitting into smaller loads or asking for help)? |            |           |            |
| When lifting, do employees bend their knees to take pressure off their backs?         |            |           |            |

## Section 4: Safety Committee Reference Materials

### Workplace Inspection Committee Action Sheet

| <b>Response to Identified Inspection Issue</b> | <b>Action Required</b> | <b>Person Responsible/<br/>Target Completion Date</b> | <b>Verified Completion<br/>Date/Signature</b> |
|--|------------------------|---|---|
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## Section 4: Safety Committee Reference Materials

### **New Employee Safety Orientation**

A detailed safety orientation program is one of the most important elements of any safety program, and will help shape a new employee's perspective on safety throughout their employment. In addition to standard orientation subject matter, employers should conduct safety training for all new employees and job transfers. Do not assume a new employee knows how to perform a job safely because of prior work experience. Treat all new employees as if they know nothing about safety on the job.

New employee orientation, at minimum, should include: a review of safety policies, incident reporting, emergency evacuation, general safe work practices, safety suggestion program, department-specific safety programs and job-specific safe work procedures. Each supervisor should have a procedure for educating employees in their area. Cross-training is recommended if your employees are often temporarily transferred to other jobs. New employees should be provided an invitation to sit in on the first safety committee meeting conducted after their start date. This encourages employee participation in the workplace safety program and demonstrates employer commitment to workplace safety.

Employers in search of real business advantages provided by safety in the workplace are encouraged to demonstrate a commitment to ensuring the safety of everyone in the workplace. The employee accident and illness prevention program must be developed to familiarize each employee with the workplace safety standards that they are expected to follow. A standardized employee safety orientation program will accomplish this goal. Employee involvement in the safety program should always stress avenues to involve employees, especially new employees. Simple measures like safety poster contests, contests to determine which employee can report the most correctable hazards, employee involvement in safety newsletters and participating in a safety survey/inspection can contribute to establishing a concrete safety culture in the workplace and keeping safety on the forefront.

Included on the following pages is a sample "New Employee Safety Orientation Checklist" that can be revised by employers to reflect their business needs and employee exposures. This list has been provided to help employers with this important safety program element. Also attached is a brief "Orientation Skills Test" that can be revised by employers to reflect their business needs and employee exposures. This test is beneficial in determining employee comprehension and identifying areas of the safety program that must be re-emphasized. Both tools are instrumental elements of the employer accident and illness prevention program that will establish the foundation for a safer workplace for all employees.

## Section 4: Safety Committee Reference Materials

### New Employee Safety Orientation Checklist

|                                 |                    |                    |
|---------------------------------|--------------------|--------------------|
| <b>Employee Name:</b>           | <b>Department:</b> | <b>Shift:</b>      |
| <b>Employer Representative:</b> | <b>Date:</b>       | <b>Start Date:</b> |

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| Emergency Response  | Date Trained | Trainee's Initials | Trainer's Initials |
|---|--------------|--------------------|--------------------|
| Facility emergency numbers are posted on telephones. (When reporting facility emergencies, always provide location of incident and details.)  |              |                    |                    |
| Facility emergency responders' names are posted and visible to all employees. Emergency responders are identified to all new employees.   |              |                    |                    |
| New employees are instructed that when the emergency alarm sounds, all building occupants must evacuate the building and proceed to the designated assembly area. An "all clear" signal will be issued when it is safe to return. |              |                    |                    |
| New employees are informed and familiar with their primary and secondary evacuation routes.   |              |                    |                    |
| Employees are instructed that in the case of fire or smoke in their area, they should pull the fire alarm and evacuate to a designated assembly area.   |              |                    |                    |
| Employees are instructed that only trained individuals are permitted to use fire extinguishers.   |              |                    |                    |
| Employees are instructed to evacuate to a designated assembly area in the event of a chemical spill emergency or hazardous release.   |              |                    |                    |
| Employees are instructed that all emergency exits and doorways must be free from obstruction at all times.  |              |                    |                    |
| Employees are informed of company policies and procedures relating to workplace violence.   |              |                    |                    |
| Injury/Illness Incident Reporting   | Date Trained | Trainee's Initials | Trainer's Initials |
| All injuries, illnesses and incidents, no matter how minor, must be reported to employee's supervisor immediately.  |              |                    |                    |
| Call 911 to report all serious injuries and notify supervisor or employer representative immediately.   |              |                    |                    |

## Section 4: Safety Committee Reference Materials

| <b>Injury/Illness Incident Reporting (Continued)</b>  | <b>Date Trained</b> | <b>Trainee's Initials</b> | <b>Trainer's Initials</b> |
|---|---------------------|---------------------------|---------------------------|
| Employee is instructed to report all near-miss incidents.   |                     |                           |                           |
| Employee is provided with a copy of the incident reporting form and instructed on how to file the report.   |                     |                           |                           |
| <b>Personal Protective Equipment (PPE)</b>  | <b>Date Trained</b> | <b>Trainee's Initials</b> | <b>Trainer's Initials</b> |
| Employee is instructed on general workplace policies and procedures relating to personal protective equipment and the requirements.                   |                     |                           |                           |
| Employee is instructed on job-specific policies and procedures relating to personal protective equipment and the requirements.                        |                     |                           |                           |
| Employee is provided training relative to personal protective equipment including: safety shoes, safety glasses, face shields and hearing protection. |                     |                           |                           |
| Employee is instructed on where emergency equipment, first aid and eye wash stations are located.   |                     |                           |                           |
| <b>Hazard Identification/Chemical Safety</b>  | <b>Date Trained</b> | <b>Trainee's Initials</b> | <b>Trainer's Initials</b> |
| Employee is instructed on the location of material safety data sheets (including how to use MSDS), hazards of chemicals and protective measures.      |                     |                           |                           |
| Employee is instructed on the use of protective gloves, goggles, face shields, etc., to be used when handling job-required chemicals.                 |                     |                           |                           |
| Employee is instructed on respirator requirements and policies relating to permissible use.   |                     |                           |                           |
| Employee is instructed on the storage of flammable materials and the proper storage locations.  |                     |                           |                           |
| Employee is provided with hazard communication training.  |                     |                           |                           |
| <b>Machine Safety</b>   | <b>Date Trained</b> | <b>Trainee's Initials</b> | <b>Trainer's Initials</b> |
| Employee is instructed hands and body must be kept away from moving parts of machinery and equipment.   |                     |                           |                           |
| Employee is instructed on the location of line stops and emergency stop buttons.  |                     |                           |                           |

## Section 4: Safety Committee Reference Materials

| <b>Machine Safety (Continued)</b>   | <b>Date Trained</b> | <b>Trainee's Initials</b> | <b>Trainer's Initials</b> |
|---|---------------------|---------------------------|---------------------------|
| Employee is instructed on the purpose of machine guarding and interlocks and understands that any defect must be immediately reported to the line operator or supervisor.   |                     |                           |                           |
| Employee is instructed on the proper procedure for clearing machine jams.   |                     |                           |                           |
| Employee is instructed that there will be no climbing over or under equipment and that they are not to reach into equipment when using ladders, stairs or platforms.  |                     |                           |                           |
| Employee is instructed of hazards associated with bumping into equipment, sharp edges and pinch points.   |                     |                           |                           |
| Employee is provided training in lockout/tagout policies and procedures, the purpose of lockout/tagout and consequences if the policy is violated.  |                     |                           |                           |
| <b>Fall Prevention</b>  | <b>Date Trained</b> | <b>Trainee's Initials</b> | <b>Trainer's Initials</b> |
| Employee is instructed that wet floors must be mopped and "wet floor" signs must be used.   |                     |                           |                           |
| Employee is instructed that floors must be free of product (liquid and solid), bottles, caps, cups and debris.  |                     |                           |                           |
| Employee is instructed to hold railings when using ladders.   |                     |                           |                           |
| Employee is instructed that boots or rubbers must be worn over safety shoes when using water to clean floors or when working in a wet environment.  |                     |                           |                           |
| Employee has been instructed on all potential fall hazards, including employee parking areas during inclement weather.  |                     |                           |                           |
| Employee has completed training on preventing slips, trips and falls.   |                     |                           |                           |
| <b>Hand Safety</b>  | <b>Date Trained</b> | <b>Trainee's Initials</b> | <b>Trainer's Initials</b> |
| Employee is instructed that utility knives with self-retracting blades must be kept away from the body, fingers and hands and is trained on proper techniques for using knives (cut away from body).                      |                     |                           |                           |
| Employee is instructed to use the proper type of glove for the task at hand, i.e., knit gloves or nonlatex gloves that provide protection against infectious agents and chemicals during high-risk occupational cleaning. |                     |                           |                           |

## Section 4: Safety Committee Reference Materials

| <b>Ergonomics</b>  | <b>Date Trained</b> | <b>Trainee's Initials</b> | <b>Trainer's Initials</b> |
|--|---------------------|---------------------------|---------------------------|
| Employee is instructed to immediately report any symptoms of discomfort due to job content to supervisor.  |                     |                           |                           |
| Employee is instructed that material-handling equipment must be used for identified job tasks. Examples: roll lifters, drum-handling equipment, drum dumpers, drum dollies, electric pallet jacks and carts.   |                     |                           |                           |
| Employee is instructed on proper lifting techniques. Employees are instructed to ask for assistance if weight of object provides a strain for the employee to lift. When lifting objects weighing more than 30 pounds, employees must seek assistance from a coworker. |                     |                           |                           |
| Employee has completed ergonomics training and has been invited to an ergonomics team committee meeting.   |                     |                           |                           |
| <b>Fork Truck Awareness</b>  | <b>Date Trained</b> | <b>Trainee's Initials</b> | <b>Trainer's Initials</b> |
| Employee is instructed to always perform the required pre-shift fork truck inspection and provide the inspection form to their supervisor as needed for maintenance and recordkeeping.   |                     |                           |                           |
| Employee is instructed on permissible fork truck areas and to stay in fork truck traffic areas at all times.   |                     |                           |                           |
| Employee is instructed to use mirrors in hallways and when exiting rest room, label room, break room and waste areas. Employees walking in the workplace should always be aware of their surroundings.   |                     |                           |                           |
| Employees walking in the workplace should always make eye contact with fork truck drivers.   |                     |                           |                           |
| Employee is instructed to observe all stop signs when operating a fork truck.  |                     |                           |                           |
| Employee is instructed on the proper storage and charging procedures and techniques.   |                     |                           |                           |

## Section 4: Safety Committee Reference Materials

### New Employee Health and Safety Orientation Checklist

|                                 |                    |                    |
|---------------------------------|--------------------|--------------------|
| <b>Employee Name:</b>           | <b>Department:</b> | <b>Shift:</b>      |
| <b>Employer Representative:</b> | <b>Date:</b>       | <b>Start Date:</b> |

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| Skills Testing   | Date Completed | Pass/Fail | Trainer's Initials |
|--|----------------|-----------|--------------------|
| Demonstrates proper way to use utility knife.  |                |           |                    |
| Demonstrates proper lifting technique.   |                |           |                    |
| Demonstrates hands-on use of material-handling devices in work area.   |                |           |                    |
| Identifies required general workplace personal protective equipment.   |                |           |                    |
| Demonstrates the proper technique to lockout/tagout a piece of equipment.  |                |           |                    |
| Identifies the proper extension to call in an emergency and identifies the first responder in the area.                          |                |           |                    |
| Identifies the location of material safety data sheet binder and how to read an MSDS.  |                |           |                    |
| Identifies three potential fall hazards in the workplace.  |                |           |                    |
| Identifies the emergency evacuation route and the designated assembly area. Identifies the secondary emergency evacuation route. |                |           |                    |
| Identifies permissible workplace powered industrial truck areas.   |                |           |                    |
| Identifies two emergency stops or line stops on workplace equipment.   |                |           |                    |
| Describes the workplace incident reporting procedure and near-miss reporting procedure.  |                |           |                    |

\_\_\_\_\_  
Employee Signature

\_\_\_\_\_  
Date



## Section 4: Safety Committee Reference Materials

### Computer Station Ergonomics Checklist

According to the Bureau of Labor Statistics, work-related musculoskeletal disorders (WMSD) are among the most prevalent lost-time injuries in almost every industry. The National Institute of Occupational Safety and Health, or NIOSH, found through their investigations that workers who perform sustained computer tasks at nonadjustable computer workstations have shown evidence of work-related musculoskeletal disorders. Please use the checklist provided to evaluate your employee computer workstations.

| Lighting and Glare   | Yes | No |
|--|-----|----|
| Can you see the reflection of windows or lights on the screen?*  |     |    |
| Is it very bright directly overhead?*  |     |    |
| Is task light available for reading documents?   |     |    |
| Is computer screen clean and free of flickering?   |     |    |
| Do the windows have shades, blinds, shutters, curtains, etc., that can be used to reduce glare?  |     |    |
| Can the monitor be repositioned to eliminate glare?  |     |    |
| Chair  | Yes | No |
| Is chair easily adjustable for seat height (16"-20.5") and angle (+/- 5 degrees)?  |     |    |
| Does the height allow employee to comfortably place feet flat on floor or footrest?  |     |    |
| Can the chair backrest be adjusted up and down?  |     |    |
| Does the chair have a backrest that provides adjustable lumbar support (6"-10" from the seat pan; should have 1"-2" protrusion that is adjustable)?  |     |    |
| Does the chair have seat pan lengths of 15"-17" with a waterfall design?   |     |    |
| Does the seat pan push against the back of the lower leg behind the knee?*   |     |    |
| Do arm rests, if present, allow employee to assume a comfortable position to: <ul style="list-style-type: none"> <li>• relax the shoulders and arms in a position close to the body</li> <li>• operate the keyboard at approximately elbow height</li> <li>• put the hands, wrists and forearms in a straight line approximately parallel to the floor</li> <li>• move as close as desired to the keyboard</li> <li>• easily reach primary work materials and accessories</li> </ul> |     |    |
| Does the chair have five legs and nonslip and moisture-absorbent upholstery?   |     |    |
| Is the chair able to be swiveled?  |     |    |

## Section 4: Safety Committee Reference Materials

| <b>Desk and Table</b>  | <b>Yes</b> | <b>No</b> |
|--|------------|-----------|
| Is the topmost line of the monitor slightly below eye level when in an upright position?   |            |           |
| Is there enough clearance for the feet, knees and legs, relative to the edge of the work surface?  |            |           |
| Is there enough space on the desk to hold all needed input devices (keyboard, mouse, trackball), task materials and related accessories?   |            |           |
| Are the input devices, primary work materials and frequently-used accessories positioned in front of employee on the work surface?   |            |           |
| <b>Keyboard/Keyboard Tray</b>  | <b>Yes</b> | <b>No</b> |
| Does the keyboard rest on a height-adjustable (23"-28") and slope-adjustable tray?   |            |           |
| Is the keyboard at a height so that elbows are at employee's side and the forearms, wrists and hands are in a straight line approximately parallel to the floor?                               |            |           |
| Is the keyboard positioned (angled) so that keystroking can be performed with the wrists, hands, knuckles and fingers in a relaxed, natural (neutral) position?                                |            |           |
| If present, is the keyboard tray high enough so that it does not contact the top of employee's legs when they are sitting at the computer with their feet flat on the floor or on a foot rest? |            |           |
| Are input devices (mouse, trackball, etc.) positioned on the work surface at approximately the same height and distance from the keyboard?   |            |           |
| <b>Keyboard/Keyboard Tray</b>  | <b>Yes</b> | <b>No</b> |
| Is document holder available, if needed?   |            |           |
| Is the document holder positioned so that reading material is at approximately the same height and distance from employee as the computer monitor?   |            |           |
| Is a wrist rest with soft padding available?   |            |           |
| Is a foot rest available?  |            |           |
| If employee's job requires them to answer the telephone frequently, is a telephone headset available?  |            |           |

## Section 4: Safety Committee Reference Materials

| Eye Wear  | Yes | No |
|---|-----|----|
| Are reading glasses the correct prescription for computer work? |     |    |
| Is the monitor placed 18"-24" from employee's eyes?             |     |    |
| Is the image on the monitor clear?                              |     |    |
| Are the words/data on the monitor big enough to be easily read? |     |    |

\* A "Yes" answer is not desirable

# Governor's Award For Safety Excellence



If you are proud of your workplace safety and prevention program for its effect on reducing employee injuries, business financials/costs and other achievements, then you should apply for the Governor's Award for Safety Excellence! The purpose of the award is to recognize outstanding prevention programs and the superior efforts that make these programs so successful. Companies can nominate themselves or be nominated by a third party.

To download a nomination form or for more information, visit [www.dli.state.pa.us](http://www.dli.state.pa.us). Click on "Workers' Compensation," then "Health & Safety Division," then "Governor's Award for Safety Excellence."

All applications must be submitted to:

Bureau of Workers' Compensation  
Health & Safety Division  
1171 South Cameron St.  
Harrisburg, PA 17104

For additional information or assistance call 717-772-1917 or email [RA-LI-BWC-Safety@pa.gov](mailto:RA-LI-BWC-Safety@pa.gov).

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**pennsylvania**  
DEPARTMENT OF LABOR & INDUSTRY