

**Safety Policy**

AAA Tree Service will institute and administer a comprehensive and continuous occupational Injury and Illness Prevention Program (IIPP) for all employees. The health and safety of the individual employee, whether in the field, plant or office takes precedence over all other concerns. AAA Tree Service's goal is to prevent accidents, to reduce personal injury and occupational illness and to comply with all safety and health standards.

Responsibility

Names are responsible for overall management and administration of the Injury and Illness Prevention Program. Each Supervisor is responsible for implementing the IIPP in his/her work area.

Frank Manqueros is responsible to implement this IIPP.

Training

Names or designee shall assure that supervisors receive training to familiarize them with the safety and health hazards to which employees under their immediate direction and control may be exposed. Supervisors are responsible to see that those under their direction receive training on general workplace safety as well as specific instructions with regard to hazards unique to any job assignment.

This training is provided:

To all employees and those given new job assignments for which training has not previously been received. The "New Employee Training Record" and/or the "Employee Safety Training Verification Form" may be used to document training. Whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard; and whenever AAA Tree Service is made aware of a new or previously unrecognized hazard.

Method of Compliance

Our supervisors or designee will observe employees work habits to ensure compliance with safety program. Employees who follow safe and healthy work practices will have this fact recognized and documented on their performance reviews. Employees who are unaware of correct safety and health procedures will be trained or retrained.

Willful violations of safe work rules and practices may result in disciplinary action in accordance with the following policy:

Disciplinary measures are progressive and involve four steps:

1. Should a safety and health violation be noted, the supervisor is to informally discuss the behavior with the employee, stating the potentially dangerous result and outline the correct procedure. If needed, the employee will be retrained to ensure understanding.

2. A second violation should generate either a formal verbal warning or a written warning to the employee, depending on the severity.
3. The third infraction results in a formal written or suspension of the employee.
4. A fourth violation may lead to employee termination.

The AAA Tree Service at their discretion has the right to terminate employees at any time depending on the severity of the hazard.

Safety Meetings and Communication

Matters concerning occupational safety and health will be communicated to employees by written documentation, staff meetings, formal and informal training and posting. Communication from employees and/or the safety representatives about unsafe or unhealthy conditions is encouraged and may be verbal or written, as the employee chooses. The employee may use the "Report of Safety Hazard" form and remain anonymous.

NO EMPLOYEE WILL BE RETALIATED AGAINST FOR REPORTING HAZARDS OR POTENTIAL HAZARDS OR FOR MAKING SUGGESTIONS RELATED TO SAFETY!

The results of the investigations of any employee safety suggestion or report of hazard will be distributed to all employees affected by the hazard or shall be posted on appropriate bulletin boards.

Safety meetings will be held at least every 10 working days and more if possible or when necessary.

Safety Inspections

Each supervisor will conduct a formal inspection/investigation to identify unsafe work conditions and practices once a week in all work areas. Informal inspections will be conducted daily.

Also, whenever new substances, processes, procedures or equipment are introduced into the workplace that represent a new occupational safety and health hazard, each supervisor will conduct an inspection.

In addition, each supervisor will conduct an inspection whenever they are made aware of a new or previously unrecognized hazard.

The "Safety Inspection Form" may be used to document these inspections/investigations.

Correction of Unsafe or Unhealthy Conditions

Whenever an unsafe or unhealthy condition, practice, or procedure is observed, discovered, or reported, the Supervisor will take appropriate corrective measures in a timely manner based upon the severity of the hazard. The "Safety Inspection Form" and/or the "Hazard Abatement

Record" may be used to document hazard corrections. Employees will be informed of the hazard and the interim protective measures taken until the hazard is corrected.

Basic Rules for Accident Investigation

The purpose of an investigation is to find the cause of an accident and prevent further occurrences, not to fix the blame. An unbiased approach is necessary to obtain objective findings.

Visit the accident scene as soon as possible while the facts are fresh and before witnesses forget important details.

If possible, interview the injured worker at the scene of the accident and "walk" him or her through a re-enactment.

All interviews should be conducted as privately as possible. Interview witnesses one at a time. Talk with anyone who has knowledge of the accident, even if they did not actually witness it.

Consider taking signed statements in cases where facts are unclear or there is an element of controversy. Document details graphically. Use sketches, diagrams and photos as needed, and take measurements when appropriate.

Focus on causes and hazards. Develop an analysis of what happened, how it happened and how it could have been prevented. Determine what caused the accident itself, not just the injury. Every investigation should include an action plan. How will you prevent such accidents in the future.

If a third party or defective product contributed to the accident, save any evidence. It could be critical to the recovery of claims costs.

Every AAA Tree Service shall report immediately within 8 hours) by telephone the nearest District Office of the Division of Occupational Safety and Health any serious injury or illness, or death, of an employee occurring in a place of employment or in connection with any employment (see CCR Title 8, Section 342).

INCIDENT REPORT BY SUPERVISOR

Date / Time of Incident:
Project Name / Project No.:
Client Name / Location:
Specific Location of Incident:
Employees Involved in Incident (if applicable):
Detailed Description of Incident:
Primary Cause of Incident:
Contributing Cause(s) of Incident:
Recommendation for Preventing Such Incidents in the Future:
Supervisor Name (print):
Signature:
Date:

INCIDENT STATEMENT BY EMPLOYEE

Employee Name:
Date / Time of Incident:
Project Name / Project No.:
Client Name / Location:
Specific Location of Incident:
Describe What You Were Doing Just Before the Incident:
Detailed Description of How the Incident Occurred:
Names of Witnesses:
Other Relevant Information:
How Can the Likelihood of this Happening Again Be Reduced:
Employee Name (print):
Signature:
Date:

INCIDENT STATEMENT BY WITNESS

Witness Name / Address / Telephone:
Employer / Telephone:
Date / Time of Incident:
Project Name / Project No.:
Client / Location:
Specific Location of Incident:
DETAILED DESCRIPTION OF INCIDENT BASED ON PERSONAL OBSERVATION
Describe where you were and what you were doing just before the incident:
Describe any injuries:
Describe any property damaged:
Describe what was the apparent nature of the injury and/or damage:
Describe what personnel and/or equipment were involved:
Describe what caused the injury and/or damage:
Describe the sequence of events:
List any observed unsafe acts or conditions:
Names of other witnesses:
Witness Name (print):
Signature:
Date:

INJURY AND ILLNESS REPORT

Injured Employee Name:	Date / Time of Injury:
Social Security Number (Last 4 Digits):	Date of Birth / Age:
Sex: M ☐ F ☐	Date of Hire:
Job Title:	Pay Rate:
Home Address:	Home Telephone:
Home Office:	Inj. on Premises: Yes ☐ No ☐
Client / Location:	Injury on Client Premises: Yes ☐ No ☐
Specific Accident Location:	
Nature of Injury:	
Exact Body Part Injured:	
Medical Attention: None ☐ First Aid ☐ Paramedics ☐ Doctor ☐ Hospital ER ☐ Overnight ☐	
Medical Attention Description:	
Hospital / Doctor Name / Telephone:	
Hospital / Doctor Address:	
Date / Time Injury Reported:	
By Whom:	
Time employee began work:	Avg. # of hours worked per week:
Did employee leave work: Yes ☐ No ☐	
When:	
Has employee returned to work: Yes ☐ No ☐	
When:	
Note: Employee must present a return to work release from examining physician before return to work	
Did employee have a work activity restriction: Yes ☐ No ☐	Dates restricted:
Describe:	
Did employee miss a regularly scheduled work shift: Yes ☐ No ☐	Dates missed:
Injury Incident Description:	
What actions have been taken to prevent recurrence:	
What was the employee doing just before the incident occurred?	
Witness Name:	Telephone:
Address:	Statement Attached: Yes ☐ No ☐
INVESTIGATION AND REVIEW (Report to Supervisor within 2 hours of injury)	
Completed by Name (print) / Signature / Date:	
Title / Phone:	
Site Supervisor Name (print) / Signature / Date:	
Project Manager Name (print) / Signature / Date:	
Attached to this report: ☐ Incident Statement by Employee ☐ Incident Report by Supervisor ☐ Incident Statement by Witness ☐ Photographs ☐ Maps/Sketches ☐ Other _____	

EMPLOYEE SAFETY TRAINING VERIFICATION FORM

[illegible]

SAFETY INSPECTION FORM

LOCATION _____

INSPECTION _____

DATE _____

If Unsatisfactory- Prioritize by Severity**U1-immediately U2-within 48 hours U3-within 1 week U4-abatement plan needed**

CHECKLIST	S	U	NA	CORRECTIVE ACTION TAKEN IF UNSATISFACTORY

HAZARD ABATEMENT RECORD

Safety items identified during monthly inspections/investigation will be submitted to AAA Tree Service for review, and an action plan will be developed to resolve each safety item (hazards, needed policies, etc.) by a set completion date and those assigned responsibility. This form will be used to document identified problems, steps to be taken, and completion deadline.

OVERALL ACTION PLAN

Major action steps taken:

_____	_____	_____	_____
_____	_____	_____	_____