

**MOTLOW STATE COMMUNITY COLLEGE
Environmental, Health & Safety Program
Policies and Procedures Manual**

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ENVIRONMENTAL, HEALTH & SAFETY PROGRAM**Appendix 1.1****GUIDELINES FOR ACADEMIC DEPARTMENT CHAIRS****Introduction**

All faculty, staff, students, and administrators should work together to create and maintain a safe working and learning environment. In academic departments, chairs have supervisory responsibilities to provide leadership on safety issues. Faculty and staff who supervise student workers or who work with students in labs, shops, studios, and other places where there are potentially hazardous machines, equipment, substances or materials also have special responsibilities for helping insure the safety of all those involved. Chairs, faculty, and staff must also be concerned with the safety of students in normal classroom situations and in events they sponsor which are attended by the public. In addition, all personnel are required to follow all safety regulations and procedures, and to report immediately to the appropriate personnel all accidents and injuries, and to report potentially dangerous situations which might result in accidents and injuries.

Specific Guidelines for Academic Department Chairs

1. Academic department chairs should read or review the **Employee Safety Handbook** annually and provide departmental leadership to insure a safe learning and working environment.
2. Academic department chairs should ensure faculty annually read or review the **Employee Safety Handbook** thoroughly. The faculty should assist the EHS Coordinator as requested by the academic department chairs, should bring safety issues to the attention of the chair and faculty as needed throughout the year, and should participate in safety training when offered by the EHS Coordinator. The EHS Coordinator, department chair and faculty should work together to ensure that all safety standards and regulations are met and observed.
3. Academic personnel who work in labs, shops, studios and other work places that have potentially hazardous machines, equipment, materials, or substances should read or review the safety manuals annually, conduct regular safety inspections in their work area, take appropriate training when offered by the EHS Coordinator, and take all appropriate and prescribed measures and precautions to insure a safe working environment. Special attention should be given to precautionary procedures and safeguards and to the use of personal protective equipment, and to make certain all personnel in the area follow the safeguards and use the protective equipment.

4. Academic department chairs should address general safety issues each fall with all full-time faculty, adjunct faculty, staff, and secretaries. Procedures for emergency situations should be discussed. Everyone should be aware of the nearest unobstructed building exit for all classrooms and workplaces and should at the first class or group meeting in the semester or term see that all students are aware of those exits. All course syllabi should **contain a request for students with disabilities who would need assistance in an emergency evacuation to self-disclose that need to the instructor no later than the second day of class or second group meeting.** Following the self-disclosure, the **instructor should discreetly secure volunteers from the class or work group to assist in evacuating students who require help.** The instructor should make sure that the volunteers are given proper instructions on methods of evacuating students with disabilities, and particularly those who use motorized and non-motorized wheelchairs. Instruction must include that elevators are not to be used in a fire emergency.

5. Academic department chairs should see that all accidents and injuries within their units are properly reported as soon as possible after they occur and no later than three business days after the occurrence. Departmental clerical personnel and faculty should also help ensure that all accidents and injuries are reported as soon as possible.



Environmental, Health and Safety Policy Statement

“It is the policy of Motlow State Community College to provide its faculty, staff and students with a work place safe from recognized hazards and to protect the natural environment.”

The commitments of the administration and employee involvement are complementary and form the core of any Environmental, Health and Safety program. The administration of Motlow State Community College provides the motivational direction and the resources for organizing and controlling activities within our family environment. We regard safe and healthy campuses as a fundamental value of the organization along with our community focus of protecting our environment through sound practices and resource conservation. Accordingly, our mission is to:

- Develop an Oversight Team to monitor environmental, health and safety practices of our campuses;
- Provide visible involvement in implementing our program(s), so that all of our associates understand that the administration’s commitment is serious;
- Furnish workplaces free from recognized hazards which are likely to cause death, illness, injury and/or property damage;
- Comply fully, as a minimum standard, with all federal and state regulations involving environment, safety and health;
- Establish a Safety Committee representing all functions of the college;
- Train employees in environmental, safety and health procedures and regulations;
- Ensure that working safely and following good environmental practices is a condition of employment;
- Encourage employee participation and support in the identification and elimination of known hazards by developing procedures for reporting unsafe working practices or conditions;
- Monitor progress towards a safer and healthier workplace and environment on a regular basis.

As all of us strive to accomplish our mission of adhering to good environmental, safety and health practices each and every day, MSCC will remain a safe place for our associates to work. Our students will enjoy our campuses and our communities will be free of environmental hazards for future generations to come.

Dr. MaryLou Apple, President
Motlow State Community College
08/10/10



Environmental, Health and Safety Oversight Team

Dr. MaryLou Apple
Dr. Eddie Stone
Dr. Bonny Copenhaver
Jerry Tunstill
Hilda Tunstill
Laura Jent
Larry Pelfrey
Billy Garner

President (Chair)
Vice President Information Technology & Admin. Services
Provost and Vice President Student Affairs
Assistant Vice President Academic Services
Vice President Business Affairs
Executive Director of Human Resources
Director of Advancement
Director of Facilities Services/EHS

Roles and Responsibilities

The Oversight Team at Motlow State Community College will serve as the governing body for development and implementation of environmental, health and safety policies and procedures.

- * Regularly review EHS issues and progress in program development during the meetings
- * Ensure that responsibilities throughout the organization are defined
- * Ensure accountability for EHS commitments and take corrective action when appropriate
- * Support Safety Committee involvement in college wide initiatives to improve safety, health and environmental performance with annual reviews of activities
- * Ensure that issues identified in hazard identification initiatives are mitigated or controlled in accordance with assigned responsibilities and schedules
- * Ensure all direct reports receive appropriate education and training
- * Ensure that direct reports are communicating EHS issues to employees/students
- * Ensure that appropriate EHS rules and procedures are developed and consistently enforced



Environmental, Health & Safety Program

Subject: Reporting Occupational Injuries & Illnesses		Appendix 1.2
Prepared by: David Britton Prepared Date: 2/5/10	Approved by: Dr. Eddie Stone Approved Date: 2/23/10	Reviewed by: Dr. Mary Lou Apple, President Reviewed Date: 2/26/10

1.0 POLICY:

It is the policy of Motlow State Community College (MSCC) to provide a safe and healthy place in which to work, and at all times to comply with applicable regulations.

2.0 OBJECTIVE:

To establish within the Motlow State Community College family the policy for reporting any injury or illness felt to be associated with work responsibilities.

3.0 ACCOUNTABILITY:

The MSCC Oversight Committee has responsibility for the development and implementation of all aspects of injury prevention programs. All MSCC associates are required to report work-related incidents to their immediate supervisor.

4.0 OVERVIEW:

This Policy addresses the responsibility of all Motlow associates and the necessary steps for prevention of injuries from work-related causes. It will take the combined efforts of all departments to effectively manage this policy and keep Motlow injury free.

5.0 PROCEDURE:

5.1 Associate Accidents

You must report all work-related accidents, injuries, or illnesses to your supervisor. If an injury or illness requires medical attention, supervisors must report them to Human Resources on the main campus at ext. 1544.

The supervisor must complete an Incident Investigation Form (Attachment 7.1), which meets the requirements of the OSHA Form 101, Supplementary Revised of Occupational Injury or Illness, and forward it to Human Resources within two working days. Forms are available at Human Resources and Facilities Services.

5.2 Student or Visitor Accidents

Any faculty or staff member who witnesses, is involved in, or is informed of an accident with a student or visitor should report the accident to Human Resources at ext. 1544. Human Resources will determine if an incident investigation should be completed in order to prevent re-occurring types of conditions.

5.3 Automobile Accidents

All accidents involving vehicles being used for college business occurring on or off campus will be reported to their immediate supervisor, who will notify Human Resources and other offices or officials as appropriate. Motlow Policy No: 4:10:07:00 is to be followed for all accidents involving State vehicles and an Accident Information Form (Attachment 7.2) is to be completed.



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5.4. Treatment Guidelines

Injuries must be treated by an authorized physician from the posted panel of physicians or a consulting specialist authorized by Motlow State Community College. Payments will not be made to personal doctors for treatments of occupational injuries unless previously authorized by MSCC, except as otherwise provided by applicable workers' compensation laws.

Unless an imminent danger exists to an associate due to a medical emergency, any associate who leaves the campus during working hours because of an occupational injury must clear it through Human Resources and notify your supervisor.

5.5. Compensation Guidelines

When an associate is injured and has to leave the campus, he or she will be paid a minimum of four hours if less than four hours of the shift have been worked. In the event the associate has worked more than four hours of the shift before the injury occurred, the balance of the time for the shift shall be allowed.

MSCC shall pay for lost time necessary for appointments with physicians for treatment and/or examination of compensable injuries when an associate is required to leave the job for such appointments, provided it is an appointment made by Human Resources or return appointment made by the physician with whom an appointment was previously made by Human Resources. It is understood that this provision does not apply when the associate concerned is not actively working. It is further understood that this provision does not apply for therapy or other similar treatments not involving a physician. Such appointments will continue to be made during off-duty hours, insofar as possible. Associates are required to report all injuries immediately.

6.0 RESPONSIBILITIES

6.1 EH&S Coordinator

All reports of incidents/illnesses should be investigated utilizing the Incident Investigation Form attached to this procedure by the EH&S Coordinator. Where necessary, the incident should be reviewed with the department to ensure corrective actions are completed in a timely manner.

6.2 Human Resources

Human Resources is responsible for ensuring Incident Investigation Forms are readily available as needed. They should coordinate investigations involving students and visitors and seek participation from the appropriate department personnel. Human Resources is responsible for contacting the panel of physicians selection made by the injured associate. Human Resources will review with the EHS Oversight Committee on a periodic basis the incidents occurring on our campuses.



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6.3 Supervisor

Supervision is responsible for completing the Incident Investigation Form while identifying appropriate corrective actions that will prevent a re-occurrence of a similar incident. Once the corrective actions are completed, a final signed copy of the form with completion dates should be sent to Human Resources for filing in the appropriate file.

7.0 ATTACHMENTS:

- 7.1. **Incident Investigation Form**
- 7.2. **Vehicle Accident Information Form**



Environmental, Health & Safety Program

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INCIDENT INVESTIGATION FORM

INJURY <input type="checkbox"/> ILLNESS <input type="checkbox"/> NEAR MISS <input type="checkbox"/> FIRST AID <input type="checkbox"/>		INCIDENT DATE	DATE INCIDENT REPORTED	
PROPERTY DAMAGE <input type="checkbox"/> CHEMICAL SPILL <input type="checkbox"/> VEHICLE INVOLVED <input type="checkbox"/>				
ASSOCIATE NAME (LAST, FIRST, MI)			SOCIAL SECURITY	DATE OF HIRE
DEPT./SHIFT/TIME		JOB TITLE		SUPERVISOR
NATURE OF INJURY/ILLNESS		INJURED BODY PART		BODY SIDE L <input type="checkbox"/> R <input type="checkbox"/> BOTH <input type="checkbox"/>
ASSOCIATE TIME IN JOB <input type="checkbox"/> Permanent Assignment <input type="checkbox"/> Temporary Assignment	CHEMICAL/ AGENT SPILLED/ RELEASED		DAMAGED EQUIPMENT (LIST)	
INCIDENT DESCRIPTION (Detailed account including location, activities and people involved when incident occurred.)				
HAS THERE BEEN A SIMILAR PREVIOUS INCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> (IF "YES", STATE WHEN AND BRIEFLY DESCRIBE.)				
DIRECT CAUSE (S) - (Why #1 Make selection from reverse side)				
DIRECT CAUSE (S) - (Why #2 Make selection from reverse side)				
ROOT CAUSE (S) - (Why #3 Make selection from reverse side)				
ROOT CAUSE (S) - (Why #4 Make selection from reverse side)				
CORRECTIVE ACTIONS:			PERSON RESPONSIBLE	TARGET DATE
HAVE YOU TAKEN THE NECESSARY ACTIONS TO PREVENT A RECURRENCE? YES <input type="checkbox"/> NO <input type="checkbox"/>				
ASSOCIATE: _____	DATE: _____	EHS: _____		DATE: _____
SUPERVISOR: _____		MANAGER: _____		

Copies: Original to Human Resources, Copy to Supervisor, Copy to Dept. Manager

The above corrective actions have been completed: _____ (Supervisor) _____ Date

Direct Causes

(Unsafe workplace conditions or unsafe behaviors of people which cause/contribute to an incident)

Unsafe Conditions	Unsafe Acts
01 Not Secured Against Moving	17 Taking Awkward Position
02 Unguarded/Inadequate Guarding	18 Defeating Safety Devices
03 Defective Tool/Equipment/Structure	19 Failure to De-Energize/Secure
04 Poor Housekeeping/Congestion	20 Failure to Follow Rules/Procedures
05 Awkward Position	21 Not Using as Intended
06 Improper Design of Equipment	22 Operating at Unsafe Speed
07 Sharp Objects	23 Operating without Authorization
08 Natural Disaster	24 Using Improper/Unsafe Equipment
09 Inadequate Lighting	25 Improper Loading/Placement
10 Uncontrolled Health Hazard	26 Exertion Beyond Capacity
11 Fire/Explosion Hazard	27 Failure to Communicate Hazard
12 Repetitive Motion	28 Horseplay/Distracted
13 Unsafe Driving Condition	39 Failure to use/Improper PPE
14 Personal/Medical Condition	30 Other _____ (Describe)
15 Weather	
16 Other _____ (Describe)	

Root Causes

(Deficiencies in the System which cause/contribute to an incident)

01 Hazard Not Recognized/Perceived	11 Rules/Procedures Not Established
02 Hazard Known but Perceived to be Low Risk	12 Rules/Procedures Inadequate to Eliminate Hazard
03 Control Measures Not Prescribed	13 Rules/Procedures Not Enforced
04 Control Measures Inadequate to Prevent Hazard	14 Inspections/Audits Not Performed
05 Control Measures Not Fully/Inadequately Implemented	15 Inspections/Audits Inadequate to Identify Hazards
06 Training Not Performed	16 No Corrective Action Taken
07 Training not Understood	17 Corrective Action Inadequate to Eliminate Hazard
08 Training Not Consistent With Hazard	18 Rules/Procedures Not Followed
09 Hazard Not Communicated	19 Investigations Not Performed
10 Communication Inadequate to Eliminate Hazard	



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Vehicle Accident Information Form

(Fill Out at scene of Accident)

Date:	Time:
Street or Highway Number	
City:	County:

Weather Conditions:
Road Conditions:

Driver of Other Vehicle:
Address of Driver:
License Number & State:
Make & Model of Vehicle:
Damage to other vehicle or property:

Name and Address of Agent and Insurance Company of other vehicle:

Name of Investigating Officer:
Court Citation Given:
Court Citation Number:



Environmental, Health & Safety Program

Subject: Hazard Communication Standard		Appendix 2.1
Prepared by: David Britton Prepared Date: 12/28/08	Approved by: Dr. Eddie Stone Approved Date: 1/12/09	Reviewed by: Dr. MaryLou Apple, President Reviewed Date: 1/19/09

1.0 POLICY:

It is the policy of Motlow State Community College to provide a safe and healthy place in which to work, and at all times to comply with applicable regulations.

2.0 OBJECTIVE:

To establish within the Motlow State Community College (MSCC) family the policy and responsibilities for implementing the Hazard Communication Standard (29 CFR 1910.1200).

2.0 ACCOUNTABILITY:

The MSCC Oversight Committee has responsibility for the development and implementation of all aspects of the Hazard Communication Standard. All MSCC associates will review, understand and implement the policies under the Hazard Communication Program. Motlow administration and instructors shall know the Hazard Communication Program and will assist in the training and orientation of all associates and applicable students. The EHS Coordinator shall assist the Departmental Heads in assigning responsibility relating to the implementation of this requirement.

3.0 OVERVIEW:

This Program addresses the requirements of the OSHA Hazard Communication Standard (29 CFR 1910.1200). It will take the combined efforts of all departments to effectively develop and manage the various aspects of the program.

4.0 PROCEDURE:

- 4.1. All chemicals/materials will be approved for purchase by the EHS Coordinator prior to submitting purchase orders or making individual purchases. (See Attachment 1 – Chemical Approval Process)
- 4.2. Material Safety Data Sheets (MSDS) shall be made available to MSCC personnel upon request.
- 4.3. MSDS can be obtained by any member of the administration by contacting the main office at the McMinnville, Smyrna and Fayetteville campuses. Master manuals are available at the main campus in Facilities Services and the Natural Science Departments for your review. You may request a copy by contacting security at ext. 1579 or beeper number 355-0106 and request the MSDS.
- 4.4. All incoming materials/chemicals shall be properly labeled as described in Attachment 2- Labeling Guideline.
- 4.5. All affected instructors/students shall be trained in the physical and health hazards of chemicals and how to properly handle hazardous materials/chemicals including personal protective equipment.



Environmental, Health & Safety Program

Subject: Hazard Communication Standard		Appendix 2.1
Prepared by: David Britton Prepared Date: 12/28/08	Approved by: Dr. Eddie Stone Approved Date: 1/12/09	Reviewed by: Dr. MaryLou Apple, President Reviewed Date: 1/19/09

- 4.6. Contractors and instructors/students of MSCC engaged in non-routine situations will be informed regarding potential hazards and required personal protective equipment to be worn when handling and identifying hazardous materials/chemicals.
- 4.7. MSDS's of chemicals proposed for use by contractors will be reviewed and approved by the EHS Coordinator with appropriate MSDS's maintained for ready access.

5.0 RESPONSIBILITIES:

5.1 EHS COORDINATOR:

- 5.1.1 Develop and maintain a "Master" hazardous materials chemical list. The list will consist of the following:
 - * Manufacturer name
 - * Product name
- 5.1.2 Review all MSDS's for acceptability of content, intended use and maintain the master MSDS file.
- 5.1.3 Initially compile MSDS's into an MSDS manual cross referenced by manufacturer and product name.
- 5.1.4 Audit program compliance at each campus annually.
- 5.1.5 Specify the format of in-house labels to be provided to designated personnel for labeling requirements.
- 5.1.6 Develop and maintain all training materials.
- 5.1.7 Provide initial training for executive committee, instructors and MSCC personnel, provide training materials for departmental use, and provide support to MSCC personnel on technical issues.
- 5.1.8 Provide consulting services to Facilities Services Group or others bringing in contractors in identifying hazards and protective measures.
- 5.1.9 Establish and maintain a training program for new associates and associates involved in job specific assignments such as spill response, security contractors, etc.

5.2 PURCHASING:

- 5.2.1 Purchasing is an essential point of control in administering the Hazard Communication Program.
- 5.2.2 There shall be **NO** purchase of hazardous materials/chemicals without prior written approval from the EHS Coordinator. The form entitled Chemical Approval/Hazardous Material Review Form will be used for approval purposes (See Attachment 2). The form is not required for chemicals currently on the Master Chemical List provided the same manufacturer is utilized.



Environmental, Health & Safety Program

Subject: Hazard Communication Standard		Appendix 2.1
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5.2.3 Provide EHS Coordinator with MSDS prior to purchase of a product not previously approved.

5.2.4 All purchase orders must specify:

- * MSDS's must be provided.
- * Incoming containers will be properly labeled.
- * A copy of the label will be provided to MSCC upon request.
- * MSCC must be notified in advance of any changes in the current label wording or chemical composition.

5.3 FACILITIES SERVICES GROUP / DEPARTMENTAL DESIGNEES:

5.3.1 Will train associates regarding the hazards associated with materials/chemicals within their job functions work group. Written documentation is required.

5.3.2 Will contact the EHS Coordinator to obtain the necessary information to answer associate right to know requests.

5.3.3 Will review and update materials usage of specified chemicals as identified by the EHS Coordinator. Submit this report to the EHS Coordinator upon request.

5.3.4 Will obtain:

- * Necessary MSDS's from supplier.
- * Complete the Chemical Approval/Hazardous Material Review Form
- * Submit the form and seek approval of the Chemical Approval/Hazardous Material Review Form from the EHS Coordinator.
- * Provide the approved form to purchasing prior to initiating the order process.

5.3.5 Ensure that all containers in his/her areas of responsibility are properly labeled in accordance with Attachment 2.

5.3.6 Will reject any containers not properly labeled.

5.3.7 Will reject any materials which are not on the Master Chemical List or recently approved form.

5.3.8 Forward MSDS's received with shipments to EHS Coordinator.

5.4 HAZARD COMMUNICATION STANDARD INFORMATION & TRAINING:

5.4.1 All affected instructors, associates, and on-site contractors will be informed of:

- * Contents of the standard.
- * Location and availability of this written program.
- * The location and availability of Material Safety Data Sheets.



Environmental, Health & Safety Program

Subject: Hazard Communication Standard		Appendix 2.1
Prepared by: David Britton Prepared Date: 12/28/08	Approved by: Dr. Eddie Stone Approved Date: 1/12/09	Reviewed by: Dr. MaryLou Apple, President Reviewed Date: 1/19/09

- * How to understand a Material Safety Data Sheet.
- * Existence of labels on incoming commodities and the use of the in-house labeling system.
- * The existence of exposure monitoring programs and the availability of results.
- * The existence of training materials.
- * The physical and health hazards of the chemicals in their respective work areas.
- * Proper protective measures including work practices, emergency procedures (where applicable) and personal protective equipment.

5.4.2 All contractors who are selected for a specific project will be informed of:

- * Location and availability of this written program and Material Safety Data Sheets.
- * Container labeling requirements and prior approval of materials to be brought on site.
- * The physical and health hazards of the chemicals in their respective work areas.
- * Proper protective measures including work practices, emergency procedures (where applicable) and personal protective equipment.

5.5 NON-ROUTINE INFORMATION & TRAINING:

5.5.1 Facilities Services/Maintenance or others bringing in contractors will review projects for potential hazards. Contractors will be made aware of the potential hazards and suggested protective measures.

5.5.2 Significant spills are to be reported to the Facilities Services Manager who will initiate the Spill Response Procedure. Only trained personnel are to become involved in the cleanup of significant spills.

5.5.3 The EHS Coordinator is responsible for developing spill response procedures and ensuring that spill team members and their supervisors receive periodic training and practice.

6.0 LABELING INSTRUCTIONS:

All containers housing any chemical on MSCC campuses will be labeled or tagged. The purpose is to provide all associates/students with necessary information regarding the physical and health hazards associated with chemicals within each container. Labeling will follow the following criteria:

6.1. Identity of the hazardous chemical(s) contained.

6.2. Appropriate hazard warnings, or alternatively, words, pictures, symbols or combination thereof.



Environmental, Health & Safety Program

Subject: Hazard Communication Standard		Appendix 2.1
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6.3. Labels and warnings should be legible, in English, and prominently displayed on the container.

6.4. Existing labels or labels on incoming containers will not be removed or defaced.

7.0 ATTACHMENTS:

7.1 Chemical Approval Process (Attachment 1)

7.2 Labeling Guideline (Attachment 2)



Environmental, Health & Safety Program

Subject: Hazard Communication Standard		Appendix 2.1, Attachment 7.1
Prepared by: David Britton Prepared Date: 12/28/08	Approved by: Dr. Eddie Stone Approved Date: 1/12/09	Reviewed by: Dr. MaryLou Apple, President Reviewed Date: 1/19/09

CHEMICAL APPROVAL / HAZARDOUS MATERIALS APPROVAL PROCEDURE

1. PURPOSE

The purpose of this procedure is to provide a method for EHS review and acceptance of new and/or changed chemicals.

2. SCOPE

All new/changed chemicals and associated processes that could present a chemical hazard to Motlow personnel.

3. DEFINITIONS

3.1 *Chemical Samples* – Chemicals which will be tested for potential future use. All samples must be approved through this process. Once conditional EHS approval is granted, samples received should be in small quantities. All un-used chemicals that will not be used at MSCC must be returned to the vendor or arrangements will be made with the EHS Coordinator for disposal as outlined in the EHS Coordinator comment section of the form.

3.2 *Modified Equipment/Processes* - Any substantive change to machines or processes already existing on our campuses. This may include reorientation of equipment, labs, chemical changes in a curriculum, etc.

3.3 *New Process* - Any process not yet approved for and/or installed.

3.4 *Permits* - Environmental licenses to operate. Examples include air permits for painting emissions, water permits for sewer or surface water discharges, and special waste permits for non-hazardous industrial wastes. Permits shall be applied for and received as approved from the regulating authority before operating machines/processes in question. Permits may be issued by country, state and/or local authorities.

4. RESPONSIBILITY

Purchasing/Departmental Designee: required to submit Page 1 of the New/Changed Chemical Approval form to the EHS Coordinator prior to obtaining any new or changed chemicals. This includes re-formulations of current chemicals.

EHS Coordinator: required to review all New/Changed Chemical requests and determine applicable safety, environmental or health impacts and either accept or reject the request.

5. CONTRACTOR CHEMICALS

Project engineers coordinating outside contractor services in association with the use of chemicals must complete the necessary Contract Coordinator Review Form. Contractors are required to submit a copy of all MSDS for chemicals they will be using at MSCC. Approved chemicals used on-site by contractors must be removed from MSCC premises by the contractor upon departure. Any and all waste generated by a contractor from work for MSCC must be identified by the contractor and proper arrangements for disposal coordinated with the Contract Coordinator. Disposal issues should be addressed within the scope of work to be accepted by both parties.

5.1 REFERENCES

6.1. OSHA Hazard Communication Standard, 29 CFR 1910.1200



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Subject: Hazard Communication Standard		Appendix 2.1
Prepared by: David Britton Prepared Date: 12/28/08	Approved by: Dr. Eddie Stone Approved Date: 1/12/09	Reviewed by: Dr. MaryLou Apple, President Reviewed Date: 1/19/09

CHEMICAL APPROVAL / HAZARDOUS MATERIAL REVIEW FORM

Page 1 of 2

Requester:	Phone:	Dept.:	
MSDS Trade Name:			
Manufacture Name:		Phone #:	
Supplier Name:		Phone #:	
Chemical will be used in combination with (Describe):	Replacement for what chemical (Describe):		
New Process:	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Department Affected:	
Process Description			
Will an exhaust stack be used?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Will an emission control device be used?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Will process discharge to water?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Tank size(s) associated with process:	
Will waste be generated?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Describe waste type:	
Is it flammable? Flash point < 140°F	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Is it combustible? Flash point >140 °F & <300 °F	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Is it corrosive? pH >12.5 or <2	<input type="checkbox"/> Yes / <input type="checkbox"/> No		

Describe Use:

Anticipated Usage	<u>Unit</u>	<u>Rate</u>
	<input type="checkbox"/> Gallons <input type="checkbox"/> Lbs <input type="checkbox"/> oz	<input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Semester <input type="checkbox"/> School Year

Storage Method:	Container Size:	Storage Location:	Disposal Method:
<input type="checkbox"/> Refrigerator in Lab <input type="checkbox"/> Bench Top <input type="checkbox"/> Flammable Cabinet <input type="checkbox"/> General Material Storage Cabinet <input type="checkbox"/> Corrosive Chemical Cabinet	<input type="checkbox"/> 55 gal. Drum <input type="checkbox"/> 5 gal pail <input type="checkbox"/> 1 Gallon Can <input type="checkbox"/> Aerosol Can <input type="checkbox"/> < 6 oz bottle <input type="checkbox"/> Other: _____	<input type="checkbox"/> Facilities Services <input type="checkbox"/> Lab Storage Room <input type="checkbox"/> Flammable Cabinet <input type="checkbox"/> Maintenance <input type="checkbox"/> Custodial Closet <input type="checkbox"/> Other: _____	<input type="checkbox"/> Flammable Can <input type="checkbox"/> Oily Waste Can <input type="checkbox"/> 55 Gallon Drum <input type="checkbox"/> Recycling Roll-off <input type="checkbox"/> Trash <input type="checkbox"/>

(SECTION FOR EHS REVIEW "ONLY")

Page 2 of 2

MSDS Rev. Date:		Flash Point:	
VOCs:	<input type="checkbox"/> Yes / <input type="checkbox"/> No Amount:	pH:	
Carcinogens:	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Asbestos:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
SARA 313 (list)?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	HAPs:	<input type="checkbox"/> Yes / <input type="checkbox"/> No

Air Permit Effected	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Stack No.:	
Waste Water Discharge	<input type="checkbox"/> Sanitary <input type="checkbox"/> Storm Sewer <input type="checkbox"/> Special <input type="checkbox"/> None		
Hazardous Waste	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Existing POG # <input type="checkbox"/> New POG <input type="checkbox"/> None	
Profiling required	<input type="checkbox"/> Yes <input type="checkbox"/> No	Waste Code:	
Treatment Method	<input type="checkbox"/> Incineration <input type="checkbox"/> Recycling <input type="checkbox"/> Landfill <input type="checkbox"/> Other		
Secondary Containment Required?	<input type="checkbox"/> Yes / <input type="checkbox"/> No		

Anticipated Waste Generation:

Waste	Quantity	Unit	Rate
		<input type="checkbox"/> Gallons <input type="checkbox"/> Lbs <input type="checkbox"/> oz	<input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Semester <input type="checkbox"/> School Year

EHS Coordinator Comments: The chemical submitted for approval is:

Accepted with the following conditions:

Rejected due to:

APPROVAL SIGNATURE

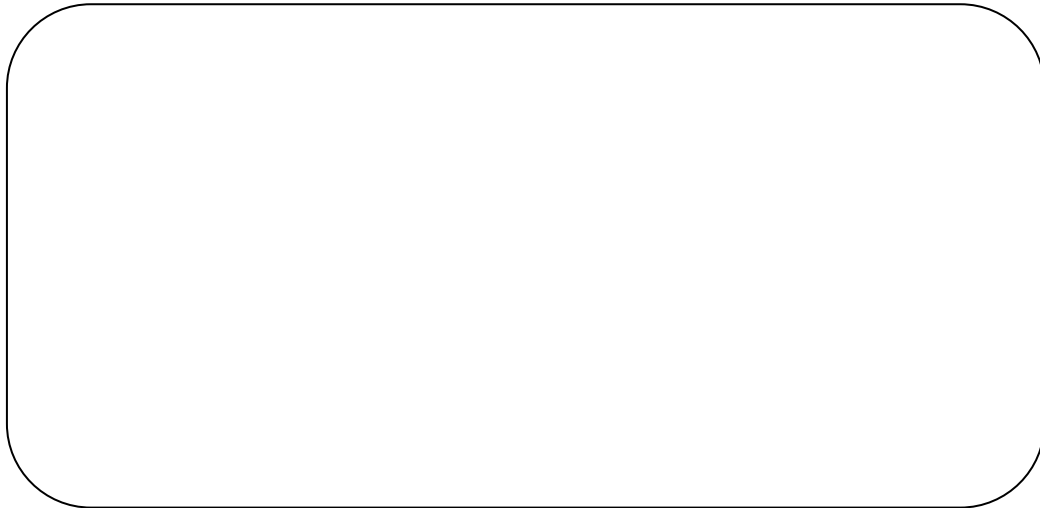
EHS Coordinator: _____ Date: _____



Environmental, Health & Safety Program

Subject: Hazard Communication Standard		Appendix 2.1, Attachment 7.2
Prepared by: David Britton Prepared Date: 12/28/08	Approved by: Dr. Eddie Stone Approved Date: 1/12/09	Reviewed by: Dr. MaryLou Apple, President Reviewed Date: 1/19/09

LABELING GUIDELINES



(Typical Labeling for In-Coming Containers)



(Typical Labeling for In-House Issued Containers)



Environmental, Health & Safety Program

Subject: Chemical Approval Process		Appendix 2.2
Prepared by: David Britton Prepared Date: 2/8/10	Approved by: Dr. Eddie Stone Approved Date: 2/18/10	Reviewed by: Dr. MaryLou Apple, President Reviewed Date: 2/22/10

1. PURPOSE

The purpose of this procedure is to provide a method for EH&S review and acceptance of new and/or changed chemicals.

2. SCOPE

All new/changed chemicals and associated processes that could present a chemical hazard to Motlow personnel.

3. DEFINITIONS

3.5 *Chemical Samples* – Chemicals which will be tested for potential future use. All samples must be approved through this process. Once conditional EHS approval is granted, samples received should be in small quantities. All un-used chemicals that will not be used at MSCC must be returned to the vendor or arrangements will be made with the EHS Coordinator for Disposal as outlined in the EH&S Coordinator Comment Section of the form.

3.6 *Modified Equipment/Processes* - Any substantive change to machines or processes already existing on our campuses. This may include reorientation of equipment, labs, chemical changes in a curriculum, etc.

3.7 *New Process* - Any process not yet approved for and/or installed.

3.8 *Permits* - Environmental licenses to operate. Examples include air permits for painting emissions, water permits for sewer or surface water discharges, and special waste permits for non-hazardous industrial wastes. Permits shall be applied for and received as approved from the regulating authority before operating machines/processes in question. Permits may be issued by country, state and/or local authorities.

4. RESPONSIBILITY

Purchasing / Departmental Designee: required to submit Page 1 of the New/Changed Chemical Approval form to the EHS Coordinator prior to obtaining any new or changed chemicals. This includes re-formulations of current chemicals.

EHS Coordinator: required to review all New/Changed Chemical requests and determine applicable safety, environmental or health impacts and either accept or reject the request.



Environmental, Health & Safety Program

Subject: Chemical Approval Process		Appendix 2.2
Prepared by: David Britton Prepared Date: 2/8/10	Approved by: Dr. Eddie Stone Approved Date: 2/18/10	Reviewed by: Dr. MaryLou Apple, President Reviewed Date: 2/22/10

5. CONTRACTOR CHEMICALS

Project engineers coordinating outside contractor services in association with the use of chemicals must complete the necessary Contract Coordinator Review Form. Contractors are required to submit a copy of all MSDS for chemicals they will be using at MSCC. Approved chemicals used on-site by contractors must be removed from MSCC premises by the contractor upon departure. Any and all waste generated by a contractor from work for MSCC must be identified by the contractor and proper arrangements for disposal coordinated with the Contract Coordinator. Disposal issues should be addressed within the scope of work accepted by both parties.

6. REFERENCES

6.1 OSHA Hazard Communication Standard, 29 CFR 1910.1200



Environmental, Health & Safety Program

Subject: Chemical Approval Process		Appendix 2.2
Prepared by: David Britton Prepared Date: 2/8/10	Approved by: Dr. Eddie Stone Approved Date: 2/18/10	Reviewed by: Dr. MaryLou Apple, President Reviewed Date: 2/22/10

CHEMICAL APPROVAL / HAZARDOUS MATERIAL REVIEW FORM			
Page 1 of 2			
Requester:		Phone:	
MSDS Trade Name:		Dept.:	
Manufacture Name:		Phone #:	
Supplier Name:		Phone #:	
Chemical will be used in combination with (Describe):	Replacement for what chemical (Describe):		
New Process:	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Department Affected:	
Process Description			
Will an exhaust stack be used?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Will an emission control device be used?	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Will process discharge to water?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Tank size(s) associated with process:	
Will waste be generated?	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Describe waste type:	
Is it flammable? Flash point < 140°F	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Is it combustible? Flash point >140°F & <300°F	<input type="checkbox"/> Yes / <input type="checkbox"/> No
Is it corrosive? pH >12.5 or <2	<input type="checkbox"/> Yes / <input type="checkbox"/> No		

Describe Use:

Anticipated Usage	Unit	Rate
	<input type="checkbox"/> Gallons <input type="checkbox"/> Lbs	<input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month

Storage Method:

Container Size:

Storage Location:

Disposal Method:

- | | | | |
|--|--|---|---|
| <input type="checkbox"/> Refrigerator in Lab
<input type="checkbox"/> Bench Top
<input type="checkbox"/> Flammable Cabinet
<input type="checkbox"/> General Material Storage Cabinet
<input type="checkbox"/> Corrosive Chemical Cabinet | <input type="checkbox"/> 55 gal. Drum
<input type="checkbox"/> 5 gal pail
<input type="checkbox"/> 1 Gallon Can
<input type="checkbox"/> Aerosol Can
<input type="checkbox"/> < 6 oz bottle
<input type="checkbox"/> Other: _____ | <input type="checkbox"/> Facilities Services
<input type="checkbox"/> Lab Storage Room
<input type="checkbox"/> Flammable Cabinet
<input type="checkbox"/> Maintenance
<input type="checkbox"/> Janitors Closet
<input type="checkbox"/> Other _____ | <input type="checkbox"/> Flammable Can
<input type="checkbox"/> Oily Waste Can
<input type="checkbox"/> 55 Gallon Drum
<input type="checkbox"/> Recycling Roll-off
<input type="checkbox"/> Trash
<input type="checkbox"/> |
|--|--|---|---|

(SECTION FOR EH&S REVIEW "ONLY")



Environmental, Health & Safety Program

Subject: Chemical Approval Process		Appendix 2.2
Prepared by: David Britton Prepared Date: 2/8/10	Approved by: Dr. Eddie Stone Approved Date: 2/18/10	Reviewed by: Dr. MaryLou Apple, President Reviewed Date: 2/22/10

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MSDS Rev. Date:		Flash Point:	
VOCs:	<input type="checkbox"/> Yes / <input type="checkbox"/> No Amount:	pH:	
Carcinogens:	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Asbestos:	<input type="checkbox"/> Yes / <input type="checkbox"/> No
SARA 313 (list):	<input type="checkbox"/> Yes / <input type="checkbox"/> No	HAPs:	<input type="checkbox"/> Yes / <input type="checkbox"/> No

Air Permit Effected	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Stack No.:	
Waste Water Discharge	<input type="checkbox"/> Sanitary <input type="checkbox"/> Storm Sewer <input type="checkbox"/> Special <input type="checkbox"/> None		
Hazardous Waste	<input type="checkbox"/> Yes / <input type="checkbox"/> No	<input type="checkbox"/> Existing POG #	<input type="checkbox"/> New POG <input type="checkbox"/> None
Profiling required	<input type="checkbox"/> Yes / <input type="checkbox"/> No	Waste Code:	
Treatment Method	<input type="checkbox"/> Incineration <input type="checkbox"/> Recycling <input type="checkbox"/> Landfill <input type="checkbox"/> Other		
Secondary Containment Required?	<input type="checkbox"/> Yes / <input type="checkbox"/> No		

Anticipated Waste Generation:

Waste	Quantity	Unit	Rate
		<input type="checkbox"/> Gallons <input type="checkbox"/> Lbs	<input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Semester <input type="checkbox"/> Year

EH&S Coordinator Comments: The chemical submitted for approval is:

Accepted with the following conditions:

Rejected due to:

APPROVAL SIGNATURE

EHS Coordinator: _____
 Date: _____



Environmental, Health & Safety Program

Subject: Chemical Hygiene – Lab Safety Procedure		Appendix 2.3
Prepared by: David Britton Prepared Date: 7/6/10	Approved by: Dr. Eddie Stone Approved Date: 7/30/10	Reviewed by: Dr. MaryLou Apple, President Reviewed Date: 8/12/10

1. PURPOSE

This plan applies to all employees and students engaged in the laboratory use of hazardous chemicals. Effective implementation requires a written program for job safety and health that is endorsed and advocated by the senior administrative team. This written plan will be communicated to all required personnel. It is designed to establish clear goals, and objectives to provide a safe working environment.

2. SCOPE

All safety and health practices necessary to provide protection for anyone handling chemicals within our lab operations

3. DEFINITIONS

The following terms are used as part of the Chemical Hygiene Program and within Material Safety Data Sheets:

ACUTE - An adverse effect with symptoms of high severity coming quickly to a crisis.

CARCINOGEN - A substance capable of causing cancer.

CHEMICAL AGENTS - A wide variety of fluids that have a high potential for body entry by various means. Some are more toxic than others and require special measures of control for safety and environmental reasons.

CHRONIC - An adverse effect with symptoms that develop slowly over a long period of time or that frequently recur.

COMBUSTIBLE - Able to catch on fire and burn.

DOT - Department of Transportation

EPA - Environmental Protection Agency

FLAMMABLE - Capable of being easily ignited and of burning with extreme rapidity.

INFECTIOUS AGENTS - Sources that cause infections either by inhalation, ingestion, or direct contact with the host material.

LABORATORY SCALE - Work with chemicals that can easily and safely be manipulated by one person excluding the commercial production of chemicals for sale.



Environmental, Health & Safety Program

Subject: Chemical Hygiene – Lab Safety Procedure		Appendix 2.3
Prepared by: David Britton Prepared Date: 7/6/10	Approved by: Dr. Eddie Stone Approved Date: 7/30/10	Reviewed by: Dr. MaryLou Apple, President Reviewed Date: 8/12/10

LABORATORY USE - A workplace where relatively small quantities of hazardous chemicals are used on a non-production basis.

LC 50 - The concentration of a substance in air that causes death in 50% of the animals exposed by inhalation. A measure of acute toxicity.

LD 50 - The dose that causes death in 50% of the animals exposed by swallowing a substance. A measure of acute toxicity.

MSDS - Material Safety Data Sheets

MUTAGEN – Chemicals capable of changing cells in such a way that future cell generations are affected. Mutagenic substances are usually considered suspect carcinogens.

OSHA - Occupational Safety and Health Administration, the regulatory branch of the Department of Labor concerned with employee safety and health.

PEL – (Permissible Exposure Limit) This is the legally allowed concentration in the workplace that is considered a safe level of exposure for an 8-hour shift, 40 hours per week.

pH - A measure of how acidic or caustic a substance is on a scale of 1 to 14. A pH of 1 indicates that a substance is acidic; a pH of 14 indicates that a substance is basic.

PHYSICAL AGENTS - Workplace sources recognized for their potential effects on the body. Heat exposure or excessive noise levels are examples of this risk group.

SENSITIZERS - Agents to repeated exposure over time creating an allergic reaction at some point in time.

STERILITY - Changes made in male or female reproductive systems resulting in inability to reproduce.

TERATOGENS - A substance that causes a deformity in newborns if a significant exposure exists during pregnancy.

TLV – (Threshold Limit Value) The amount of exposure allowable for an employee in an 8-hour day.



Environmental, Health & Safety Program

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4. RESPONSIBILITY

EHS Coordinator: required to monitor the program on an annual basis to ensure key components of the plan are being fulfilled and written program is updated as regulations or practices dictate. Approves chemical requests for purchase and sends approval to department representatives.

Lab Instructor: required to implement all components of this written program with students and other lab participants. Deficiencies should be tracked with corrective actions implemented promptly and communicated to other campuses to eliminate similar situations.

Purchasing / Departmental Designee: required to submit Page 1 of the New/Changed Chemical Approval form to the EHS Coordinator prior to obtaining any new or changed chemicals. This includes re-formulations of current chemicals.

5. PROCUREMENT OF CHEMICAL MATERIALS

Responsible use - Chemicals purchased by this laboratory will be used in a responsible manner through disposal.

Requests for material - Requests for new materials or material quantities in excess of normal usage quantities will be routed through the EHS Coordinator for approval. The "New Material Purchasing Request" form will be used for this purpose. The EHS Coordinator will review the request and if approved, will forward it to the department representative for procurement.

Hazard information - Before the chemical is received for use, a MSDS and any other safety information (and personal protective equipment) must be obtained. Employees will be trained on the hazards and equipment to safely use the material before use.

6. WRITTEN PROGRAM. Motlow College will review and evaluate this plan on an annual basis, or when the following conditions are met:

- When regulatory changes occur that prompt revision of this plan.
- When facility operational changes occur that require a revision of this document.
- Anytime there is question concerning the validity of this plan.

7. CHEMICAL INVENTORY. A chemical inventory will be performed on an annual basis. The inventory will compile a listing all hazardous chemicals in the laboratory. Chemicals listed are those classified as hazardous by the Department of Transportation (DOT), the Environmental Protection Agency (EPA), or displaying a 2 or greater number in any section of the National Fire Protection Association (NFPA) diamond (DOT and EPA classifications are in Appendices A and B).



Environmental, Health & Safety Program

Subject: Chemical Hygiene – Lab Safety Procedure		Appendix 2.3
Prepared by: David Britton Prepared Date: 7/6/10	Approved by: Dr. Eddie Stone Approved Date: 7/30/10	Reviewed by: Dr. MaryLou Apple, President Reviewed Date: 8/12/10

- 8. LABELING REQUIREMENTS:** 29 CFR 1910.1450 contains specific labeling requirements. Labels must be affixed to all hazardous chemicals containers that are shipped and used in the workplace. Labels must not be removed or defaced.

8.1 Containers being shipped: Containers containing hazardous chemicals leaving this workplace will be labeled, tagged, or marked with the following information:

- 8.1.1 Identity of the hazardous chemical
- 8.1.2 Appropriate hazard warnings
- 8.1.3 Name and address of the manufacturer.
- 8.1.4 MSDS will also be included.

8.2 Containers used in-house (Facility): Each hazardous chemical used within the laboratory that is not in its original container must also be labeled. These workplace labels must contain:

- 8.2.1 Identity of the hazardous chemical per MSDS.
- 8.2.2 Route of entry (e.g., eyes, nose, mouth, skin).
- 8.2.3 Health hazard.
- 8.2.4 Physical hazard.
- 8.2.5 Target organ affected.
- 8.2.6 Name, address, and phone # of the manufacturer.

An example of a label is shown below:

LOCATION USED: LABORATORY
MSDS TITLE: ACETIC ACID
Route of Entry: Eyes, Skin, Nose
Health Hazard: (2) Moderate (HMIS) Poison
Flammability Hazard: (2) Moderate (HMIS)
Reactivity Hazard: (1) Slight (HMIS)
Physical Hazard: Corrosive
Target Organ: Skin and Lungs

Red Bird Service, P.O. Box 155 Osgood, IN 47037
 1-(800)-428-3502



Environmental, Health & Safety Program

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9.0 INSPECTIONS

Exhaust Hoods - face velocity will be maintained between 75 and 125 feet per minute. Any hood not passing inspection will be "Locked-Out" of service immediately and not used until the hood has passed inspection.

Eyewash fountains - Eyewash fountains will be inspected every 3 months and records maintained ON THE EYEWASH.

Safety showers - Safety showers will be inspected, tested, and flushed annually and records maintained by Facilities Services.

Fire extinguishers - Fire extinguishers will be inspected annually and records maintained by Facilities Services.

10.0 SPILL CONTAINMENT

Spill containment - Spill containment kits are located OUTSIDE THE CHEMICAL STORAGE ROOM BETWEEN THE TWO LABS. Chemical spills will be contained using the Think C.L.E.A.N.E.R. principle:

- * Contain the spill.
- * Leave the area.
- * Emergency Decontamination: Eye wash, shower, medical care.
- * Access MSDS for follow-on emergency procedures.
- * Notify supervisory staff of incident.
- * Emergency Response Notification (9-911).
- * Report. Gather information for spill report.

11. REFERENCES

- 6.2 OSHA Hazard Communication Standard, 29 CFR 1910.1200
- 6.3 OSHA Chemical Hygiene Plan Standard, 29 CFR 1910.1450



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Chemistry Laboratory Safety Rules

Please note: your laboratory instructor will reduce your lab grade and/or ask you to leave the lab if the safety rules are not followed!

1. NO FOOD or DRINK in the lab, to avoid possible contamination.
2. ABSOLUTELY NO CELL PHONE USE in the laboratory.
3. Follow all instructions as given in the lab briefing by your instructor at the beginning of each lab.
4. DO NOT be late to lab! If you miss the lab briefing given by your instructor, you cannot participate in the lab! You will be given a **zero** for the work conducted during that day.
5. DO NOT touch any materials/chemicals/instruments in the lab either before or after the lab unless you have permission from the lab instructor. Wait at your assigned lab station until given instructions during the lab briefing.
6. DO NOT mix any chemicals together or heat any combination of chemicals unless called for directly by the lab procedures in use. Doing so will get you dismissed from the chemistry laboratory for the rest of the semester and the lab portion of your grade will be **zero**!
7. Keep your hands away from your face, while working.
8. Wash your hands as often as possible, especially before leaving the lab.
9. Keep your workstation neat and clean.
10. DO NOT leave the lab until your lab station has been checked by your lab instructor!
11. NEVER put trash in the any lab station cubby hole!!!
12. NEVER put solid waste or trash in the laboratory sinks!!!
13. If you are unsure what to do with any materials used during the lab, **ask** your instructor.
14. Be well prepared before you come to the lab. If your laboratory instructor has handouts for you, read them thoroughly before you begin the lab procedures. If you have ANY questions, ASK your laboratory instructor before you do anything!
15. Know what to do in case of emergency.



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LABORATORY Dress Code

If you come to the lab dressed inappropriately you will be asked to leave and you will receive a grade of "0" for the day's work.

1. Wear splash-proof goggles or safety glasses at all times.

State and Federal law require the use of safety eyewear by anyone working in a chemical laboratory. The Department has approved splash-proof goggles or safety glasses with side shields for this purpose. Safety goggles are available for sale in the MSCC Bookstore if you wish to have your own pair.

2. Tie back long hair.

Long hair can accidentally fall into flames or chemicals. Many hair sprays, gels, mousses, etc. are flammable! Think about this! Loose, long hair can also block your vision, which can lead to accidents.

3. Do not wear clothing which is loose enough to knock over containers on the work bench or drag or dip into flames or chemicals.

4. Wear clothing (shirt, blouse, or dress) which covers and protects your chest, belly, sides, back, shoulders and upper arms.

No cutouts or cutoffs, tank tops, tube tops, muscle shirts, etc. The skin of your torso must not be exposed at any time in the lab.

5. Wear clothing (pants, long skirt or long dress) which covers and protects your body from the waist all the way down to and including your ankles.

No shorts are allowed. No short or mid-length skirts are allowed.

6. Wear shoes which cover and protect your feet completely.

No sandals, flip-flops, open-toed shoes, or shoes with open sides or heels. And no slippers - the top of your foot must be covered!



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Lab Dress Recommendations

1. Wear comfortable shoes.

Hours of walking and standing on a hard tile floor can leave your feet very tired and sore if you wear uncomfortable shoes.

2. Wear socks.

They offer added padding for your feet, and extra protection to your ankles.

3. Wear clothing which "breathes."

The lab can sometimes get very warm. Wear cotton or another natural fiber to keep from overheating yourself in the lab.

4. Wear clothing which you don't care too much about.

Tiny splatters or droplets of chemical are very likely to get on your clothing. You might not even know that the droplets are there. But the chemical can stain your clothes or weaken the fibers of the clothing so that the next time you do the laundry your clothes will come out of the dryer with little, fuzzy holes in them.

5. Come prepared to change clothes.

If you do not want to spend the entire day dressed in your lab clothes, then put your lab clothes in your book bag. Before lab class begins, you can go to a nearby rest room and change from your regular clothes to your lab clothes. It is also a good idea to have some spare clothes in case of an emergency.

6. Do not wear valuable jewelry while working in the lab.

Chemicals which are harmless to your body may be capable of damaging jewelry. Take your jewelry off and store it in your purse or book bag before beginning any experiment.



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Safety Equipment and How to Use It

1. First Aid kit

One first aid kit is located in the laboratory, located to the left of the sink on the far wall. It contains gauze squares, small, adhesive bandages and antibiotic ointment. If any injury occurs which cannot be handled with these supplies, then the student can be escorted to the Student Services office to receive treatment from the health care professionals there, or can wait in the lab for the local Emergency Medical Service (EMS) team if the injury is severe.

2. Broom and Dust Pan

In the Chemistry lab we use a lot of glassware. Glassware usually winds up getting broken some time during the semester. When that happens, it is unsafe to pick up the broken glass with your hands. Instead, you should use a broom and dust pan to collect the broken glass. The broken glass should then be disposed of in the specially marked container provided. There is a little broom for sweeping the bench top, and a big broom for sweeping the floor.

3. Fume Hoods

The chemical fume hood is a large cabinet which has a sliding glass sash in front. Fume hoods are used to protect you from harmful fumes, gases and odors. The fume hood has an air duct in its ceiling which is attached to a powerful fan. When the fan is turned on, the air in the fume hood is pulled up through the duct, carrying away any harmful fumes or smoke. Any time your experiment will produce harmful or bad-smelling gases or smoke, you will perform the experiment in the fume hood. Our fume hood is on at all times, and can only be turned off by authorized personnel.

4. Sinks

While the sink is used for cleaning glassware and many other tasks, it is also a part of our safety equipment. If you happen to get chemicals onto your hands or forearms, you must move quickly to the sink to rinse the chemicals off. The treatment for any chemicals which get on the body is to rinse the affected body area for 15 minutes under cold running water (or as long as you can stand it).

When you are in the lab, if you notice that you have a mysterious itch on your arm which just won't go away, assume that it is a chemical on your skin and wash with soap and plenty of water.

5. Safety shower and eye wash station

The chemistry lab is equipped with a Safety showers and eye wash station. When you are in the lab, make sure you locate the safety shower and eye wash station. You should know where they are and how they operate *before* an accident happens.

The treatment for any chemicals which get on the body is to rinse the affected body area for 15 minutes under cold running water (or as long as you can stand it).

If chemicals are splashed into your face they should not reach your eyes because you will be wearing safety goggles! If this sort of accident happens, *leave your goggles on* while you go to the eye-wash station. There you should wash your face with the goggles still on until you are reasonably sure most of the chemical is gone from your face. Then you should remove your goggles and wash your face again.

If chemicals get into your eyes, you should call out for help. If you cannot see, someone will guide you to the eye wash station, where you should wash out your eyes thoroughly. You should blink continuously and rapidly while washing your eyes to aid the flushing action of the water.

If chemicals get onto your body, you should quickly remove any contaminated clothing and rinse yourself off in the safety shower.

6. Fire extinguishers

There are fire extinguishers in each laboratory. While you are in the laboratory, please look carefully at the fire extinguishers. Notice how they are attached to the wall, and what you would have to do to get them off of the wall. Read the instructions on the side of the fire extinguisher so you will be familiar with their use. If you ever need to use a fire extinguisher, remember the following (A) pull the pin, (B) aim to the side at first, (C) depress the handle, (D) sweep the spray from side to side across the BASE of the fire (where the fire meets the fuel), not just at the flames! When the fire is out, report the incident to your instructor and then clean up the area!

Note: Never spray a person with a fire extinguisher. The chemicals in the fire extinguisher can be harmful.

7. Fire alarm: If a fire alarm sounds you must evacuate the building!

MSCC will prosecute anyone for setting off false alarms.

8. Gas shutoff valve

Make absolutely certain that each gas valve at your laboratory station is shut completely off before you leave your lab station each day. Each lab has a master valve which shuts off the gas supply to the entire lab. DO NOT play with the gas valves at the lab stations. These are not toys!!! Open the gas valves ONLY directly before lighting the burners as called for by the lab experiment and instructors guidance.

10. EMERGENCY Telephone

There is a limited access, emergencies-only telephone in the Chemical Preparations Room located on top of the refrigerator. This room is only accessible by Chemistry instructors and staff. If someone asks you to call for help, find a lab instructor (in the neighboring labs), professor or staff member and ask them to call 911. They will then call for an Emergency Medical Service (EMS) team. Be sure to stay with that person until you have given all the necessary information (building, room number, what happened, etc.).



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What to Do in Case of an Accident

Always tell your instructor about all accidents immediately!!!

1. **Broken glass.**

Do not pick up broken glass with your fingers! Get a broom and dust pan. Sweep the broken glass into the dust pan and dump it into the specially marked containers provided in the lab.

2. **Small chemical spill.**

Wipe up liquid spills with paper towels and dispose of them as your instructor suggests. Solids should be dissolved in water, if possible, and wiped up. Otherwise, sweep them up with a broom and a dust pan and dispose of them wherever your instructor tells you. In all cases, after the chemical spill has been wiped up, rinse the area with enough water to make sure that all residual chemicals have been removed.

3. **Large chemical spill.**

Move away from the area of the spill. Warn the people around you LOUDLY. Call your instructor! Let the expert handle the clean-up!

4. **Chemical splash in your face, goggles on.**

If the goggles have protected your eyes, DON'T TAKE YOUR GOGGLES OFF! Yell for help. Go to the eye wash station and rinse your face quickly with the goggles still on. Then remove the goggles and rinse your face again.

5. **Chemical splash or broken glass in your face, goggles off.**

If this sort of accident happens, you may not be able to see well enough to go to the eye wash station on your own. YELL LOUDLY FOR HELP and cooperate with anyone who comes to your aid. Since your goggles are to be worn at all times while in the chemistry lab, this should NEVER happen! Remember, most of these accidents happen during laboratory clean-up after you have finished the laboratory procedures!

6. **Large splash of dangerous chemical on your clothing and/or body.**

Quickly follow this procedure while continuously **YELLING FOR HELP**:

A. Move away from the area where the spill occurred (you don't want to get more chemical on you).

B. CALL LOUDLY FOR HELP and to warn others to stay away from the spill!

C. Remove any contaminated clothing.

D. Use the safety shower. (The treatment for chemical exposure is 15 minutes under cold running water, or as long as you can stand it.)

7. **Small, confined fire.**

If you have a small fire in a container, (for instance, a small beaker full of alcohol has caught fire) find something you can use as a lid for the container. When the container is covered, the fire will quickly burn itself out. Call the instructor for help.

8. **Small, open fire**

If you have a small fire which is not in a container, move away from the fire and **SHOUT FOR HELP!** You can use a fire extinguisher to put the fire out. If you ever need to use a fire extinguisher, remember the following (A) pull the pin, (B) aim to the side at first, (C) depress the handle, (D) sweep the spray from side to side across the **BASE** of the fire (where the fire meets the fuel), not just at the flames! When the fire is out, clean up the area!

9. **Large fire**

SHOUT FOR HELP and leave the area immediately! The fire alarm will probably sound. When it does, evacuate the building and **TELL EVERYONE YOU CAN**, where the fire is.

10. **Your clothing on fire**

Don't run! It will only fan the flames and make the fire worse! Instead, you should **STOP** moving, **DROP** to the ground (lie down!), and **ROLL** on the ground to squash out the flames! **YELL** continuously! Know the location of the **fire blanket**. This can be used to wrap your body in an emergency.

Note: If you want to help a person who is in this sort of trouble, don't use a fire extinguisher! Use the fire blanket instead. You must never use a fire extinguisher on a human being. The chemicals in the extinguisher can be harmful!

11. Fire Alarm

If a fire alarm sounds you must evacuate the building immediately!

To evacuate properly, you should quickly and calmly do the following:

A. Turn off all flames and unplug any hot plates or other electric equipment you are using.

B. Get your stuff.

Take your book bag, purse, car keys, etc. with you. We never know whether the evacuation will last for 5 minutes or 5 hours. You don't want to become stranded on campus!

C. Walk calmly out the door, down the hall, down the *stairs* (elevators should not be used during an emergency unless you are handicapped), out the door and away from the building.

Your instructor should escort the class out of the building. Try to stay together as a class, and stay near to your instructor. If your class is allowed back into the building, you should finish your experiment, or at least clean up what you have left on the work bench. If the evacuation lasts beyond the end of the class period, then you are free to go.



Environmental, Health & Safety Program

Subject: Chemical Hygiene – Lab Safety Procedure		Appendix 2.3
Prepared by: David Britton Prepared Date: 7/6/10	Approved by: Dr. Eddie Stone Approved Date: 7/30/10	Reviewed by: Dr. MaryLou Apple, President Reviewed Date: 8/12/10

What to Do in Case of an Injury or Illness

REPORT ALL injuries and/or illnesses to your instructor!!!

1. Small cut

Tell your instructor, and let your instructor look at the injury. Wash the injury thoroughly with water. If the injury is minor, you may use the first aid kit in the laboratory. (The first aid kit contains triple antibiotic ointment and adhesive bandages.) If your injury still hurts so badly that you can't finish the experiment, then you may be sent or taken for appropriate medical attention.

2. Large cut

Tell your instructor, and let your instructor look at the injury. To stop or slow down bleeding, apply pressure to the wound. If the wound is very large or there is glass or other foreign matter in the wound, then apply pressure around the arm or leg (between the body's torso and the injury) to slow the bleeding. In all cases, a large cut must be attended to by a medical professional! If you can walk, you may be escorted or taken for appropriate medical attention. You may wait while an Emergency Medical Service (EMS) team is called.

3. Small burn

Tell your instructor, and let your instructor look at the injury. Chemical burns and heat burns should both be treated with lots of cold running water. *Never put anything except cold water on a burn!* Doctors often have to remove ointments because they retard healing! After this treatment, if the burn still hurts badly enough that you cannot complete the experiment then you will be escorted or taken for appropriate medical attention.

4. Large burn

In all cases, a large burn must be attended to by medical professionals! Tell your instructor, and let your instructor look at the injury. Then you may be escorted or taken for appropriate medical attention or you may wait while an Emergency Medical Service (EMS) team is called.

5. Fainting

In all cases, an Emergency Medical Services team will be called! If you feel like you might faint, please ask for medical assistance and a decision will be made regarding the necessity for emergency medical assistance.

6. Breathing difficulties

The student will be escorted to a location where they can sit comfortably while emergency medical services are contacted!

TARGET ORGAN LIST. A list of target organ effects shall be posted in a central location for access by all employees as follows:

HEPATOTOXINS	Chemicals that produce liver damage	Signs and Symptoms Jaundice; liver enlargement
Chemicals	Carbon tetrachloride; nitrosamines	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
NEPHROTOXINS	Chemicals that produce kidney damage	Signs and Symptoms Edema; proteinuria
Chemicals	Halogenated hydrocarbons; uranium	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
NEUROTOXINS	Chemicals that produce their primary toxic effects on the nervous system	Signs and Symptoms Narcosis; behavioral changes; decrease in motor functions
Chemicals	Mercury; carbon disulfide	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
_____	_____	
AGENTS THAT ACT ON THE BLOOD OR HEMATOPOIETIC SYSTEM	Decrease hemoglobin function; deprive body tissues of oxygen	Signs and Symptoms Cyanosis; loss of consciousness
Chemicals	Carbon monoxide; cyanides	

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

AGENTS THAT DAMAGE THE LUNG

Chemicals that irritate or damage the pulmonary tissue

Signs and Symptoms
Cough; tightness in chest; shortness of breath

Chemicals

Silica; asbestos

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

REPRODUCTIVE TOXINS

Chemicals that affect the reproductive capabilities including chromosomal damage (mutations) and effects on fetuses (teratogenesis)

Signs and Symptoms
Birth defects; sterility

Chemicals

Lead

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

CUTANEOUS HAZARDS

Chemicals that affect the dermal layer of the body

Signs and Symptoms
Defatting of the skin; rashes; irritation

Chemicals

Ketones; chlorinated compounds

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

EYE HAZARDS

Chemicals that affect the eye or visual capacity

Signs and Symptoms
Conjunctivitis; corneal damage

Chemicals

Organic solvents; acids

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____



Environmental, Health & Safety Program

Subject: Lockout/Tagout Written Procedure		Appendix 2.4
Prepared by: David Britton Prepared Date: 2/15/10	Approved by: Dr. Eddie Stone Approved Date: 2/23/10	Reviewed by: Dr. Mary Lou Apple, President Reviewed Date: 2/26/10

1. POLICY:

It is the policy of Motlow State Community College to provide a safe and healthy place in which to work, and at all times to comply with applicable regulations.

2. OBJECTIVE:

To establish within the Motlow State Community College (MSCC) family the policy for minimizing the risk of injury from electrical hazards and any source(s) with stored energy.

3. ACCOUNTABILITY:

The MSCC Oversight Committee has responsibility for the development and implementation of all aspects of injury prevention programs. All MSCC associates are required to follow each step of this procedure. Any deviation from the required steps must be reviewed with their immediate supervisor and the EHS Coordinator for MSCC prior to modifying the procedure.

4. OVERVIEW:

This Program addresses the responsibility of all Motlow associates and the necessary steps for prevention of injuries from work-related electrical and mechanical sources where stored energy is available. The unexpected energization or start up of machines and equipment, or release of stored energy during service, repair, maintenance, operation presents hazards to our associates and the specific steps of this procedure is designed to minimize those risks. It will take the combined efforts of all departments to effectively manage this program and keep Motlow injury free. This program applies to all associates and outside contractors. These are minimum requirements only and are not to be considered all encompassing.

Lockout/Tagout is required when:

- 4.1. The energizing of a piece of equipment poses an associate to a hazard when they are working on or near that piece of equipment (i.e. guards are removed, safety devices are bypassed and / or any part of the body is to be in the point of operation)
- 4.2. The operation of a piece of equipment may cause damage to that equipment
- 4.3. It is necessary to prevent the unauthorized use of equipment.

5. DEFINITIONS:

- 5.1. Associate - Any member of the Motlow community including students, faculty, administration and staff.
- 5.2. Lockout – the term that shall mean the locking of the energy source of a piece of equipment in such a way that the equipment can not operate without the lock being removed.
 - 5.2.1. Electrical Lockout – means disconnecting the electrical power from the equipment



Environmental, Health & Safety Program

Subject: Lockout/Tagout Written Procedure		Appendix 2.4
Prepared by: David Britton Prepared Date: 2/15/10	Approved by: Dr. Eddie Stone Approved Date: 2/23/10	Reviewed by: Dr. Mary Lou Apple, President Reviewed Date: 2/26/10

- 5.2.2. Equipment powered by other energy means shall be locked out in the following manner as appropriate:
 - 5.2.2.a. Close the supply valve
 - 5.2.2.b. Bleed the line or lines and disconnect or blank the line
 - 5.2.2.c. Insert a blocking device and tag-it. (As described in Tagout Procedures)

5.3. Tagout – the placement of a Tagout device on an energy isolating device to indicate that the energy isolating device and the equipment being controlled may not be operated until the Tagout device is removed. All tags must contain the following information:

5.3.1. Do Not Start; Do Not Energize; Do Not Operate; etc.

5.3.2. Tag attached by _____

5.3.3. Date & Time

5.3.4. What supervisor approved the Tagout tag

5.3.5. Reason tag is attached

5.4. Authorized – the person who has completed the classroom training for Lockout and who has been certified to perform lockout of equipment in their work area.

5.5. Affected – the person or groups of people who are in the area where lockout is being performed by an authorized operator and could be affected.

5.6. Energy Source – any source of electrical, mechanical, hydraulic, pneumatic, chemical, thermal, or other energy

6.0 PROCEDURE:

The preferred method for securing any piece of equipment is Lockout of ALL energy sources. If the “Authorized” associate deems it necessary to use Tagout as the securing method, the process must be reviewed with the area supervisor.

6.1. Locking Out or Tagging Out ANY Equipment:

- 6.1.1. Before starting work on any piece of equipment requiring a Lockout / Tagout, the individual involved must notify their supervisor that they are going to Lockout a piece of equipment. If proper lockout sequence is in question, check with the supervisor responsible for the piece of equipment prior to proceeding.
- 6.1.2. Equipment must be shut-off at the appropriate energy source(s) and any process line(s) bled if necessary. This will ensure that the proper equipment is de-energized.
- 6.1.3. The lockout shall be made at the energy source(s) by the individual performing the work who is “authorized” to perform lockout.



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6.2. Verification of Successful Lockout:

- 6.2.1. After locking out the piece of equipment, the person locking out the equipment **should attempt to operate the equipment** before attempting to work on the equipment.
- 6.2.2. Push the "STOP" button before determining to start work on the equipment.
- 6.2.3. If the work requires the "authorized" associate to go inside electrical boxes for repairs, etc., they should use a voltage meter and verify a "zero energy" state has been accomplished.

6.3. Removal of locks or tags:

- 6.3.1. Each person working on a piece of equipment is required to remove his/her own lock or tag. ***The removal of another person's Lockout or Tagout will result in disciplinary action up to and including termination.***
- 6.3.2. When an associate has left their lock or tag on for an unknown reason (abandoned locks) and it has to be removed, the following procedure shall be adhered to:
 - 6.3.2.a. Every effort should be made to verify that the associate is not still on the premises.
 - 6.3.2.b. If the associate has left the building, every effort shall be made to contact them to determine the reason for leaving the lock/tag in place.

6.4. Departmental/Group Lock Procedure:

When the servicing and/or maintenance of an energized system or equipment will be performed by more than one person, an authorized associate will be assigned the responsibility to coordinate lockout/tagout under the protection of a group lockout (Multi-hasp) or master tagout device. A master tag is a personal tagout device if each associate personally signs on and signs off on it and if the tag clearly identifies each authorized associate who is being protected by it. The responsible authorized associate will monitor the status of individual group members concerning the lockout or tagout of the machine or equipment. Tagout will only be used when there is not a physical means to apply a lockout device and the situation has been reviewed with the EHS Coordinator.

When more than one crew, craft, or department is involved, an authorized associate will be assigned the responsibility to coordinate all the affected workforces and ensure continuity of protection.

6.4.1 Group Procedures:

- 6.4.1.a Before any machine or equipment is shut down, each authorized associate involved during the servicing or maintenance operation will be made aware of the type, magnitude, and hazards related to the energy to be controlled and of the method or means to control the energy. In the event that the machine or equipment is already shut down, the authorized associate will be made aware of these elements before beginning his or her work.



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- 6.4.1.b.** An orderly shutdown of the machine or equipment will be conducted which will not create hazards.
- 6.4.1.c** All energy-isolating devices needed to isolate the machine or equipment will be positioned and/or installed.
- 6.4.1.d** Each authorized associate will place his or her own lock to the multi-hasp or tag to the control panel energization point when he or she begins work and will remove those devices when he or she stops working on the machine or equipment being serviced or maintained at each energy-isolating source. No associate may affix a personal lockout/tagout device for another associate.
- 6.4.1.e** Following the application of locks or tags, all potentially hazardous stored energy or residual energy will be relieved, disconnected, restrained, and otherwise rendered safe.
- 6.4.1.f** Verification of energy isolation will be monitored as frequently as necessary if there is a possibility of re-accumulation of stored energy. Monitoring may be accomplished, for example, by observation or with the aid of a monitoring device that will sound an alarm if a hazardous energy level is being approached.
- 6.4.1.g** Authorized associates will verify that isolation and deenergization have been effectively accomplished before starting servicing/maintenance work. Verification is also necessary by each group of workers before starting work at shift changes.
- 6.4.1.h** When the servicing or maintenance is completed and the machine or equipment is ready to return to normal operating condition, each authorized associate will remove his or her own lock from the multi-hasp and verify that all tools are clear from the equipment and that no affected personnel are in the area. After verification of “all clear,” the designated “authorized” associate will re-engage the equipment following normal start-up procedures.

6.5. Abandoned Lock Removal Procedure:

- 6.5.1.** If the associate cannot be located within the building or by attempts outside the building, please use the following procedures:
 - 6.5.1.a.** The department supervisor along with another associate from the same department as the associate who locked out the equipment, must check out the equipment and make sure it is safe to remove the lock or tag.
 - 6.5.1.b.** The department supervisor must then request the “Master” key from the Facility Services Directors office in order to remove the lock.



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- 6.5.1.c.** The department supervisor must complete an “incident investigation” form and corrective actions should be addressed through the incident investigation procedures
- 6.5.1.d.** The EHS Coordinator must review the piece of equipment in a final attempt to verify the safety of the equipment before the lock is removed.

6.6. Procedures for Equipment That Cannot Be “Physically” Locked Out

Due to the age and design of some equipment in the physical buildings, it may not be possible to “physically” lock out some equipment. Every effort should be made to attach a device to these systems so they can be “physically” locked out. The lockout points should be identified on each piece of equipment.

For switches/valves, etc. where special provisions will be required for lockout, check with facilities services on lockout accessories to check out or follow the recommended Tagout steps when special devices are not available.

NOTE: After October 31, 1989, whenever major replacement, repair, renovation or modification of machines or equipment is performed, and whenever new machinery or equipment is installed, energy isolating devices for such machinery or equipment shall be designed to accept a lockout device.

6.6.1. Electrical Equipment:

- 6.6.1.a.** Breakers shall be placed in the “open” position, pulled from cell when necessary, and then tagged by the individual performing the work
- 6.6.1.b.** Knife switches shall be pulled to open the circuit and tagged. Access to the switch shall be restricted by a barrier or enclosure.
- 6.6.1.c.** Tags (retrieved from the crib) must be filled out and placed on all open breakers and at other strategic locations (machine start buttons, etc.) by the individuals involved, notifying all people in the area that the equipment is being repaired.
- 6.6.1.d.** A Tag used without a Lock must be supplemented by at least 1 additional safety measure that provides a level of safety equivalent to that obtained by the use of a lock. Examples of additional measures include the removal of an isolating circuit element, blocking of a control element, or opening of an extra disconnecting device.
- 6.6.1.e.** A qualified person shall use test equipment to test the “circuit elements and electrical parts” of equipment to which associates will be exposed and shall verify that the circuit elements and equipment are deenergized. The test shall also determine if any energized conditions exist as a result



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of “inadvertently induced voltage or unrelated voltage backfeed” even though specified parts of the circuit have been deenergized and presumed safe. **If the circuit to be tested is over 600 volts nominal, a Qualified High Voltage Maintenance Electrician should conduct the test.**

6.6.2. Other Safeguarding Methods:

6.6.2.a. Blanks in the process lines

6.6.2.b. “Break” lines and drop out a section on all sides of work being performed

6.6.2.c. Physically disconnect and tag the energy supply for the equipment to be repaired

6.6.2.d. Release or physically block any device with stored or potentially stored energy in the equipment

6.6.2.e. Place an associate of the same group that is working on the equipment (who is properly instructed) at the disconnect as a “safety person” to ensure that the equipment is not inadvertently energized.

6.6.3. Exceptions:

6.6.3.a. Lockout is not required if work on cord and plug-connected electrical equipment for which exposure to the hazards of unexpected energization or start-up of the equipment is controlled by the unplugging of the equipment from the energy source and by the plug being under the exclusive control of the associate performing the service or maintenance.

6.6.3.b. Hot tap operations involving transmission and distribution systems for substances such as gas, steam, water or petroleum products when they are performed on pressurized pipelines, provided that the employer demonstrates that

6.6.3.b.1. Continuity of service is essential;

6.6.3.b.2. Shutdown of the system is impractical; and

6.6.3.b.3. Documented procedures are followed, and special equipment is used that will provide proven, effective protection for associates.

7.0 MACHINE SPECIFIC WRITTEN PROCEDURES

All equipment will have machine specific Lockout/Tagout procedures when they are equipped with more than one energy source and/or their energy isolating device is not readily identifiable to the piece of equipment. The EHS Coordinator will assist with identifying those required pieces of equipment.

8.0 TRAINING REQUIREMENTS

8.1. Initial training will be conducted with all associates who may perform electrical work or be in close proximity of equipment containing energy sources. The training will be



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Subject: Lockout/Tagout Written Procedure		Appendix 2.4
Prepared by: David Britton Prepared Date: 2/15/10	Approved by: Dr. Eddie Stone Approved Date: 2/23/10	Reviewed by: Dr. Mary Lou Apple, President Reviewed Date: 2/26/10

offered in two groups with “affected” and “authorized” receiving different levels of training.

- 8.2. Refresher training will be conducted either annually or as conditions warrant. Conditions that will warrant training will include an incident, new equipment, new responsibilities, etc. All training records will be maintained in the EHS Coordinator files in Facilities Services.

9.0 RESPONSIBILITIES

9.1. EHS Coordinator

- 9.1.1. Training will be conducted on an annual basis with the “authorized” associates who will be conducting Lockout of equipment.
- 9.1.2. The EHS Coordinator will coordinate annual verification audits of all authorized personnel and all documentation will be filed in appropriate training records.
- 9.1.3. If an incident investigation is warranted, the EHS Coordinator will facilitate the investigation with appropriate corrective actions communicated to the affected departments and the Oversight committee.

9.2. Supervisor

- 9.2.1. Supervision is responsible for ensuring their associates attend annual training of Lockout/Tagout and ensure day-to-day practices include following lockout guidelines when job tasks require energy isolation.
- 9.2.2. Supervision is responsible for conducting the annual verification audit and send records to the EHS Coordinator for maintaining.
- 9.2.3. If there is an incident, supervision is to complete the Incident Investigation Form while identifying appropriate corrective actions that will prevent a re-occurrence of a similar incident. Once the corrective actions are completed, a final signed copy of the form with completion dates should be sent to Human Resources for filing in the appropriate file.

10.0 ATTACHMENTS:

- 10.1. Incident Investigation Form
- 10.2. Lockout Verification Audit Form



Environmental, Health & Safety Program

Subject: Lockout/Tagout Written Procedure		Appendix 2.4, Attachment 10.1
Prepared by: David Britton	Approved by: Dr. Eddie Stone	Reviewed by: Dr. Mary Lou Apple, President
Prepared Date: 2/15/10	Approved Date: 2/23/10	Reviewed Date: 2/26/10

INCIDENT INVESTIGATION FORM

INJURY <input type="checkbox"/> ILLNESS <input type="checkbox"/> NEAR MISS <input type="checkbox"/> FIRST AID <input type="checkbox"/>				INCIDENT DATE		DATE INCIDENT REPORTED	
PROPERTY DAMAGE <input type="checkbox"/> CHEMICAL SPILL <input type="checkbox"/> VEHICLE INVOLVED <input type="checkbox"/>							
ASSOCIATE NAME (LAST, FIRST, MI)			SOCIAL SECURITY		DATE OF HIRE		
DEPT./SHIFT/TIME		JOB TITLE			SUPERVISOR		
NATURE OF INJURY/ ILLNESS			INJURED BODY PART		BODY SIDE L <input type="checkbox"/> R <input type="checkbox"/> BOTH <input type="checkbox"/>		
ASSOCIATE TIME IN JOB <input type="checkbox"/> Permanent Assignment <input type="checkbox"/> Temporary Assignment		CHEMICAL/ AGENT SPILLED/ RELEASED		DAMAGED EQUIPMENT (LIST)			
INCIDENT DESCRIPTION (Detailed account including location, activities and people involved when incident occurred.)							
HAS THERE BEEN A SIMILAR PREVIOUS INCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> (IF "YES", STATE WHEN AND BRIEFLY DESCRIBE.)							
DIRECT CAUSE (S) - (Why #1 Make selection from reverse side)							
DIRECT CAUSE (S) - (Why #2 Make selection from reverse side)							
ROOT CAUSE (S) - (Why #3 Make selection from reverse side)							
ROOT CAUSE (S) - (Why #4 Make selection from reverse side)							
CORRECTIVE ACTIONS:				PERSON RESPONSIBLE		TARGET DATE	DATE COMP
HAVE YOU TAKEN THE NECESSARY ACTIONS TO PREVENT A RECURRENCE?						YES <input type="checkbox"/>	NO <input type="checkbox"/>
ASSOCIATE: _____		DATE: _____		EHS: _____		DATE: _____	
SUPERVISOR: _____		DATE: _____		MANAGER: _____		DATE: _____	

Copies: Original to Human Resources, Copy to Supervisor, Copy to Dept. Manager

The above corrective actions have been completed: _____
(Supervisor) Date

Direct Causes

(Unsafe workplace conditions or unsafe behaviors of people which cause/contribute to an incident)

Unsafe Conditions		Unsafe Acts	
01	Not Secured Against Moving	17	Taking Awkward Position
02	Unguarded/Inadequate Guarding	18	Defeating Safety Devices
03	Defective Tool/Equipment/Structure	19	Failure to De-Energize/Secure
04	Poor Housekeeping/Congestion	20	Failure to Follow Rules/Procedures
05	Awkward Position	21	Not Using as Intended
06	Improper Design of Equipment	22	Operating at Unsafe Speed
07	Sharp Objects	23	Operating without Authorization
08	Natural Disaster	24	Using Improper/Unsafe Equipment
09	Inadequate Lighting	25	Improper Loading/Placement
10	Uncontrolled Health Hazard	26	Exertion Beyond Capacity
11	Fire/Explosion Hazard	27	Failure to Communicate Hazard
12	Repetitive Motion	28	Horseplay/Distracted
13	Unsafe Driving Condition	39	Failure to use/Improper PPE
14	Personal/Medical Condition	30	Other _____ (Describe)
15	Weather		
16	Other _____ (Describe)		

Root Causes

(Deficiencies in the System which cause/contribute to an incident)

01	Hazard Not Recognized/Perceived	11	Rules/Procedures Not Established
02	Hazard Known but Perceived to be Low Risk	12	Rules/Procedures Inadequate to Eliminate Hazard
03	Control Measures Not Prescribed	13	Rules/Procedures Not Enforced
04	Control Measures Inadequate to Prevent Hazard	14	Inspections/Audits Not Performed
05	Control Measures Not Fully/Inadequately Implemented	15	Inspections/Audits Inadequate to Identify Hazards
06	Training Not Performed	16	No Corrective Action Taken
07	Training not Understood	17	Corrective Action Inadequate to Eliminate Hazard
08	Training Not Consistent With Hazard	18	Rules/Procedures Not Followed
09	Hazard Not Communicated	19	Investigations Not Performed
10	Communication Inadequate to Eliminate Hazard		



Environmental, Health & Safety Program

Subject: Lockout/Tagout Written Procedure		Appendix 2.4, Attachment 10.2
Prepared by: David Britton Prepared Date: 2/15/10	Approved by: Dr. Eddie Stone Approved Date: 2/23/10	Reviewed by: Dr. Mary Lou Apple, President Reviewed Date: 2/26/10

Lockout/Tagout Verification Audit Form

Instructions:

1. Authorized Associate's Supervisor must complete all sections below.
2. Supervisor must ensure that Lockout/Tagout procedures and requirements are being followed.
3. Return this form completed to the EHS Coordinator for filing.

Authorized Associate Reviewed: _____

Operation Verified: _____

Operator knew Lockout Procedures: ____ Yes ____ No

Operator accessed specific Lockout Procedures for Operation: ____ Yes ____ No

Operator Had Required Equipment:

Individual Red American Lock ____ Yes ____ No

Individual Multi-Lock Hasp ____ Yes ____ No

Individual Laminated ID Tag ____ Yes ____ No

Audit Findings:

Deficiencies Noted Other Than Above:

Authorized Associate Signature: _____

Supervisor Signature: _____

Auditor Signature: (if different from Supervisor) _____



Environmental, Health & Safety Program

Subject: Confined Space		Appendix 2.5
Prepared by: David Britton Prepared Date: 2/24/10	Approved by: Dr. Eddie Stone Approved Date: 4/2/10	Reviewed by: Dr. MaryLou Apple, President Reviewed Date: 4/6/10

1. POLICY:

It is the policy of Motlow State Community College (MSCC) to provide a safe and healthy place in which to work, and at all times to comply with applicable regulations.

2. OBJECTIVE:

To establish within the Motlow State Community College family the policy for minimizing the risk of injury from known and unknown hazards.

3. ACCOUNTABILITY:

The MSCC Oversight Committee has responsibility for the development and implementation of all aspects of injury prevention programs. All MSCC associates are required to follow each procedure. Any deviation from the required steps must be reviewed by their immediate supervisor and the EHS Coordinator for MSCC prior to modifying the procedure.

4. OVERVIEW:

Motlow State Community College has adopted a “No Entry” procedure for Permit-Required Confined Spaces. Any work identified on campus as Permit-Required will be quoted to an outside contractor certified in Confined Space entry. MSCC has 3 Non-Permit Confined Spaces (vaults) for electrical and water services. This program applies to all associates and outside contractors. These are minimum requirements only and are not to be considered all encompassing.

This program covers all Associates required to enter Confined Spaces such as manholes, ducts, tanks, vaults, etc., which may potentially contain Hazardous Atmospheres or conditions. There is a distinct difference in procedures from entering a confined space to entering a Permit-Required Confined Space.

5. DEFINITIONS:

5.1. Associate – Any member of the Motlow community including students, faculty, administration and staff.

5.2. Attendant - a Qualified Associate stationed outside of the Permit-Required Confined Space who monitors the authorized entrant(s).

5.3. Confined Space - a space which:

5.3.1. Is large enough and so configured that an associate can enter and perform assigned work and

5.3.2. Has limited or restricted means for entry or exit (some examples are tanks, boilers, manholes) and/or

5.3.3. Is not designed for continuous associate occupancy.

5.4. Non-Permit Confined Space - a Confined Space which does not contain or have the potential to contain a “Hazardous Atmosphere” or any hazard capable of causing death or serious physical harm.

5.5. Permit-Required Confined Space (PRCS):

- 5.5.1. A Confined Space (see definition above) that has one or more of the following characteristics:
 - 5.5.1.a. Contains or has the potential to contain a “Hazardous Atmosphere”
 - 5.5.1.b. Contains a material with the potential for engulfment of an entrant,
 - 5.5.1.c. Has an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls, or a floor which slopes downward and tapers to a smaller cross-section; or
 - 5.5.1.d. Contains any other recognized serious safety or health hazard.
- 5.5.2. Any space meeting the above definition will be entered by permit only.
- 5.6. **Entrant or Authorized Entrant** - a Qualified Associate or contractor who will enter the Confined Space. The entrant is trained on the procedures of the Confined Space and is authorized by MSCC to enter.
- 5.7. **Entry** - the action by which a person passes through an opening into a Permit-Required Confined Space. Entry includes ensuing work activities in that space and is considered to have occurred as soon as any part of the Entrant's body breaks the plane of an opening into the space.
- 5.8. **Entry Permit** - a written authorization to enter a Permit-Required Confined Space. It defines the conditions under which the permit space may be entered. It states the reasons for entering, identifies all hazards and identifies the Entry Supervisor.
- 5.9. **Entry Supervisor** - a Qualified Associate who is responsible for determining if acceptable entry conditions are present at a permit space where entry is planned, authorizes entry, oversees entry operations, and terminates entry when required.
- 5.10. **Hazardous Atmosphere:** An atmosphere that may expose Associates to the risk of death, incapacitation, interfere with an individual's ability to escape unaided from a space, or cause acute illness from one or more of the following causes:
 - 5.10.1. Flammable gas, vapors, or mists in excess of five percent (5%) of its Lower Explosion Limit (LEL).
 - 5.10.2. Atmospheric oxygen concentrations below 19.5% or above 23.5%.
 - 5.10.3. Atmospheric concentrations of any substance that could meet or exceed the permissible exposure limit as prescribed by OSHA standards. Review the MSDS sheets of all known substances contained within a space.
 - 5.10.4. Any other atmospheric condition that is immediately dangerous to life or health (IDLH).
- 5.11. **Isolation** - the process by which a PRCS is removed from service and completely protected against the release of energy and material into the space by such means as:
 - 5.11.1. Blanking or blinding; misaligning or removing sections of lines, pipes, or ducts; a double block and bleed system; lockout/tagout of all sources of energy; or blocking or disconnecting all mechanical linkage.
- 5.12. **Qualified Associate** - an Associate that has been trained on Confined Space entry procedures and the use of Confined Space equipment, air-monitoring equipment, and ventilation equipment.
- 5.13. **Stratified Atmosphere** - an atmosphere where the contents have become "layered". Atmospheric testing may indicate different percentages of oxygen, explosive gasses, and hazardous contaminants at different levels.

6. RESPONSIBILITIES

6.1. Management

- 6.1.1. Shall ensure that personnel under their direction maintain compliance with this program.
- 6.1.2. Shall ensure that only trained associates assume roles and perform work in confined spaces in accordance with this program.
- 6.1.3. Shall ensure that a periodic review of the overall effectiveness of the Confined Space Program/Procedure is completed.

6.2. Supervision

- 6.2.1. Is responsible for initiating and controlling this procedure on their shift.
- 6.2.2. Ensures that the proper procedures for isolating all energy sources have been controlled.
- 6.2.3. Ensures Entry Supervisors are inspecting work in spaces to ensure adherence to procedures.

6.3. Entry Supervisors

- 6.3.1. Be aware of hazards of the space to be entered, and signs, symptoms, and consequences of exposure, and specific space control procedures.
- 6.3.2. Execute all requirements of this instruction before work begins within a Confined Space.
- 6.3.3. Have been trained in air monitoring techniques/decision making with appropriate exposure levels.
- 6.3.4. Authorize entry into a Confined Space when acceptable entry conditions have been met.
- 6.3.5. Ensures that all personnel entering and leaving the Confined Space are accounted for.
- 6.3.6. Terminate entry and cancel the permit if conditions warrant.
- 6.3.7. Verify that rescue services have been identified and that means for summoning them are operable.
- 6.3.8. Remove unauthorized individuals who enter or who attempt to enter the PRCS during entry operations.

6.4. Entrants

- 6.4.1. Know the hazards that may be faced during entry, including information on the mode, signs or symptoms, and consequences of the exposure.
- 6.4.2. Use all equipment as required by this instruction and the specific PRCS entry procedures.
- 6.4.3. Communicate with the Attendant as necessary to enable the Attendant to alert entrants of the need to evacuate the space as required by this instruction and for Attendant to be able to monitor status of Entrants.
- 6.4.4. Alert the Attendant whenever :
 - 6.4.4.a. The Entrant recognizes any warning sign or symptom of exposure to a dangerous situation, or
 - 6.4.4.b. The Entrant detects a prohibited condition.
- 6.4.5. Exit from the Confined Space as quickly as possible whenever:
 - 6.4.5.a. Order to evacuate is given by the Attendant or the entry supervisor.
 - 6.4.5.b. The Entrant recognizes any warning sign or symptom of exposure to a dangerous situation, or the entrant detects a prohibited condition or an evacuation alarm is activated.

6.5. Attendants

- 6.5.1. Know the hazards that may be faced during entry, including information on the mode, signs or symptoms, and consequences of the exposure.
- 6.5.2. Must be aware of the possible behavioral effects of hazard exposure in authorized entrants.
- 6.5.3. Must continuously maintain an accurate count of authorized entrants in the PRCS and ensure that the means used to identify authorized entrants in the permitted under this procedure accurately identifies who is in the permit space.
- 6.5.4. Must remain outside the permit space during entry operations until relieved by another Attendant.

- 6.5.5. Communicate with authorized Entrants as necessary to monitor Entrant status and to alert Entrant of the need to evacuate the space if conditions warrant.
- 6.5.6. Initiate on-site rescue procedures and if necessary, summon additional rescue and other emergency rescue services when self-rescue is not possible.
- 6.5.7. Perform no duties that might interfere with his/her ability to monitor and protect the Authorized Entrants.
- 6.5.8. Monitor activities inside and outside the space to determine if it is safe for Entrants to remain in the space.
- 6.5.9. Warn unauthorized persons to stay away and advise those who may have entered the permit space that they must leave.
- 6.5.10. Inform Authorized Entrants and Entry Supervisor of unauthorized persons.

7.0 GENERAL INFORMATION

7.1. General Rules

- 7.1.1. When practical, all confined spaces shall be identified and permanently marked. A sign shall be installed at each opening of the Permit-Required Confined Space (PRCS). Signs should contain the following text or similar language:
DANGER – PERMIT-REQUIRED CONFINED SPACE - DO NOT ENTER
- 7.1.2. Confined spaces identified to meet the requirements of a Permit-Required Confined Space are listed in Attachment 13.5.
- 7.1.3. Spaces not permanently marked (ex. manholes) shall be posted with a portable sign when access to the spaces is required.
- 7.1.4. All Confined Spaces where there is an opening that can easily be walked into (floor openings, manhole openings, etc.) shall have a physical barrier (guardrail, gate, etc).
- 7.1.5. When required, isolating energy sources to the Confined Space shall be performed in accordance with MSCC's Lockout/Tagout Program.
- 7.1.6. If "hot work" conditions exist, precautions shall be taken in accordance with MSCC's Hot Work Permit (See Attachment 13.4) which is part of this procedure. Cylinders of compressed gas are never permitted in a Confined Space.
- 7.1.7. No combustion engine equipment is to be used within close proximity of the Confined Space.
- 7.1.8. No smoking is permitted in a Confined Space or near the entrance/exit area.
- 7.1.9. Air monitoring is required before entering any PRCS.
- 7.1.10. Portable electrical equipment used in Confined Spaces, which have wet surfaces, shall be supplied power through a ground fault circuit interrupter or be battery powered.

- 7.2. **Confined Space Personnel** - The following individuals are required when entry into a PRCS is necessary. Associates shall receive the appropriate level of training before entry into the Confined Space is permitted. Note: An Attendant can also act as an Entry Supervisor if properly trained.

- 7.2.1. Entry Supervisor
- 7.2.2. Attendant
- 7.2.3. Entrant(s)

8.0 PROCEDURE

8.1. Confined Space Entry Permit

- 8.1.1. Before entry is authorized, the Entry Supervisor shall document the safety measures taken in order to enter the Confined Space by preparing a Confined Space Entry Permit (See Attachment 13.2).

- 8.1.2. Before entry begins, the Entry Supervisor identified on the permit shall complete and sign the entry permit to authorize entry. Acceptable entry conditions must be met in order for entry to be authorized.
 - 8.1.3. The completed permit shall be made available at the time of entry to all Authorized Entrants, by posting it at the entry portal or **by any other equally effective means**; so that the Entrants can confirm that pre-entry preparations have been completed.
 - 8.1.4. The duration of the permit may not exceed the time required to complete the assigned task or job identified on the permit.
 - 8.1.5. The Entry Supervisor shall terminate entry and cancel the Entry Permit when:
 - 8.1.5.a. The entry operations covered by the Entry Permit have been completed or
 - 8.1.5.b. A condition that is not allowed under the Entry Permit arises in or near the permit space.
 - 8.1.6. Canceled Entry Permits shall be retained for at least one year to facilitate the review of the Confined Space program. Any problems encountered during an entry operation shall be noted on the pertinent permit so that appropriate revisions to the program can be made.
- 8.2. **Air Testing (Permit-Required Confined Space)**
- 8.2.1. The atmosphere within the space will be tested to determine whether dangerous air contamination and/or oxygen deficiencies exist. Direct reading instruments, detector tubes, alarm only gas monitors and explosion meters are examples of monitoring equipment that may be used to test confined space atmospheres. Associates who have successfully completed air-monitoring training for the type of monitor they will use shall perform the air testing. Air testing equipment shall be calibrated and certified according to the manufacturer's recommendations. Calibration records shall be kept in the EHS Coordinators records.
 - 8.2.2. The minimum parameters to be monitored are oxygen deficiency, LEL and, if applicable, contaminants that may be present which are over OSHA's PEL's. When testing for atmospheric hazards, first test for oxygen content, then for flammable gases or vapors and lastly for toxic gases or vapors. The initial air readings shall be recorded on the Permit and kept at the work site for the duration of the job. The Associates shall be able to review the testing results.
 - 8.2.3. Air Testing Procedures.
 - 8.2.3.a. Prior to atmospheric testing, check air readings outside of the Confined Space to ensure proper operation of the instrument and that air readings are within normal ranges. Record Air test readings on the Permit.
 - 8.2.3.b. Air testing for Confined Spaces having a top entrance (manholes, tanks, etc.):
 - 8.2.3.b.1. From each entrance, drop the sampling probe of the Meter to the bottom of the space. Additionally, use other available openings, which would facilitate air testing for that Confined Space.
 - 8.2.3.b.2. Slowly raise the sampling probe, stopping at intervals of two feet to ensure that the atmosphere is not stratified. The rate of sampling shall be slowed to accommodate detector response due to the length of the sampling line and probe.
 - 8.2.3.b.3. Record air testing data on the Confined Space Entry Permit.
 - 8.2.3.c. Air testing for Confined Spaces having a side or bottom man way (ducts, tanks, etc.):

- 8.2.3.c.1. From each entrance, move the sampling probe of the Meter to the opposite side of the space. Use rods, poles or other means to extend the probe to the opposite side of the space.
 - 8.2.3.c.2. Slowly test all areas inside the Confined Space. The rate of sampling shall be slowed to accommodate detector response due to the length of the sampling line and probe.
 - 8.2.3.c.3. Record air testing data on the Confined Space Entry Permit.
 - 8.2.4.** Upon initial entry, all areas that could not be tested from the man way shall be tested. Slowly test the areas with the sampling probe out in front of you, checking all areas that were missed.
 - 8.2.5.** If there are no non-atmospheric hazards present and if the pre-entry tests show there are no dangerous air contamination and/or oxygen deficiency within the space, entry into and work within the space may proceed.
 - 8.2.6.** The atmosphere within the space shall be periodically tested as necessary to ensure no accumulation of a Hazardous Atmosphere. If conditions exist that could change the atmosphere of the Permit-Required Confined Space, it will be necessary to monitor the atmosphere continuously during occupancy. Air monitoring shall be performed at the actual work location in the Confined Space. The results of this monitoring shall be documented on the Permit-Required Confined Space Entry Permit, at a frequency established by the Entry Supervisor.
 - 8.2.7.** The workers will immediately leave the permit space and notify Environmental Health and Safety (EHS) (ext. 1575) when any of the gas monitor's alarm set points are reached as defined. After a suitable ventilating period, repeat the testing. Entry may not begin until testing has demonstrated that the Hazardous Atmosphere has been eliminated and Supervision reviews and approves.
- 8.3. Entry Procedures**
- 8.3.1.** Each PRCS to be entered shall have specific procedures developed to ensure the safety of all affected personnel, including, but not limited to, the following:
 - 8.3.1.a.** Specifying acceptable entry conditions,
 - 8.3.1.b.** Isolating the permit space,
 - 8.3.1.c.** Purging, flushing, or ventilating the permit space as necessary to eliminate or control atmospheric hazards,
 - 8.3.1.d.** Providing pedestrian, vehicle, or other barriers as necessary to protect entrants from external hazards and
 - 8.3.1.e.** Verifying that conditions in the permit space are acceptable for entry throughout the duration of an authorized entry.
 - 8.3.1.f.** Retrieval and rescue equipment is required for entry into Permit-Required Confined Spaces. The use of a harness is not required if it will create a greater hazard to the wearer.
- 8.4. Alternative Procedures**
- 8.4.1.** Alternative entry procedures may be used in the following circumstances:
 - 8.4.1.a.** The only hazard posed by the permit space is an actual or potential Hazardous Atmosphere.
 - 8.4.1.b.** The employer can demonstrate that continuous forced air ventilation alone is sufficient to maintain the permit space safe for entry. Air levels must be below 50% of established permissible exposure levels.
 - 8.4.1.c.** The employer develops monitoring and inspection data that supports the demonstration that continuous forced air ventilation alone is sufficient to maintain the permit space safe for entry.

- 8.4.1.d. The atmosphere within the space shall be continuously monitored to ensure that forced air ventilation is preventing the accumulation of a Hazardous Atmosphere.
- 8.4.1.e. Training shall be provided to the Associates who enter permitted spaces under the alternative procedures and to the employer's representatives who verify that permit spaces are safe for entry under the alternative procedures.
- 8.4.1.f. The Attendant and Entry Supervisor as well as retrieval and rescue equipment are not required under Alternative Procedures since the space has been determined to not contain a Hazardous Atmosphere.
- 8.4.1.g. The Entry Supervisor is responsible for documenting the basis for determining that all atmospheric hazards in the permit space have been eliminated or controlled through a certification that contains the date, the location of the space, any air sampling data to support this and the signature of the Entry Supervisor making the determination. This certification shall be made available to all Associates involved.

8.5. Reclassifying a Permit-Required Confined Space

- 8.5.1. A space classified as a PRCS may be reclassified as a Non-Permit Confined Space under the following procedures:
 - 8.5.1.a. If the PRCS poses no actual or potential atmospheric hazards or if all hazards within the space are eliminated without entry into the space and without the use of forced ventilation, the permit space may be reclassified as a Non-Permit Confined Space for as long as the non-atmospheric hazards remain eliminated.
- 8.5.2. If it is necessary to enter a PRCS to eliminate a hazard or to test for atmospheric hazards, such entry shall be completed under a Permit-Required Confined Space permit.
- 8.5.3. Once the space is reclassified, it may be treated as a Non-Permit Confined Space for the duration of the work being performed. The permit is no longer required as well as an Attendant, supervisor, retrieval and rescue equipment. **Air monitoring should be conducted each day before entering the non-permitted space.** Once a job is complete, the space reverts to a PRCS as identified.
- 8.5.4. The Entry Supervisor is responsible for documenting the basis for determining that all hazards in the permit space have been eliminated through a certification that contains the date, the location of the space, any air sampling data to support this and the signature of the Entry Supervisor making the determination (the use of a confined space entry permit will meet this requirement). The Supervisor will sign on the permit that the space has been reclassified, as non-permit required. This certification shall be made available to all Associates involved.

8.6. Contractors

- 8.6.1. At a minimum, Contractors must follow the requirements of MSCC's Confined Space Program.
- 8.6.2. MSCC will provide Contractors: information on all PRCS('s) to be entered, hazards associated with the Confined Space(s) and a copy of this Confined Space Program.
- 8.6.3. Contractor Associates must be trained in Confined Space Entry. Contractors that are required to enter a Confined Space must show certification that their Associates have been trained in accordance with 29 CFR 1910.146.
- 8.6.4. Additionally, the Contractor Associates will be trained on MSCC's Confined Space Program. MSCC's Contractor Representative will communicate to the Contractor the requirements of this program and potential hazards they may

encounter inside the Confined Space and the surrounding area. Contractor Training should be documented and files maintained with the EH&S Coordinator. .

9.0 CONFINED SPACE RESCUE

- 9.1.** In the event of an emergency of any type in the Confined Space, Entrants in the space shall evacuate as quickly as possible. Injured Associates are encouraged to use self-rescue when applicable.
- 9.2.** If rescue from within the Confined Space is required, the Attendant should immediately call **911**. Inform the **911** Operator that rescue is needed from a Confined Space. Give the emergency service the building name and physical location, the type of Confined Space, and the hazards associated with the space.

10.0 TRAINING

- 10.1.** All personnel involved with Confined Space activities shall receive training consistent with their duties. Associates will receive training in order to acquire the understanding, knowledge and skills necessary for the safe performance of the duties assigned under this program.
- 10.2.** Training shall be provided to each affected Associate that may be designated as a Supervisor, Entrant or Attendant:
 - 10.2.1.** Before the Associate is first assigned duties,
 - 10.2.2.** Before there is a change in assigned duties,
 - 10.2.3.** Whenever there is a change in confined space operations which presents a hazard to an Associate who has not been previously trained and
 - 10.2.4.** Whenever the employer has reason to believe that there are deviations from the Confined Space Entry procedures or that there are inadequacies in the Associate's knowledge or use of these procedures.
- 10.3.** The training shall establish Associate proficiency in the duties required and shall introduce new or revised procedures, as necessary, for compliance.
- 10.4.** Training content shall include:
 - 10.4.1.** Duties of Entry Supervisor, Entrant and Attendants
 - 10.4.2.** MSCC's Confined Space Program and other procedures relating to Confined Space Entry (Lockout/Tagout, Hot Work, etc.)
 - 10.4.3.** Hazards of Confined Spaces
 - 10.4.4.** Use of air monitoring equipment
 - 10.4.5.** Use of ventilation equipment
 - 10.4.6.** Emergency Action & Rescue Procedures
 - 10.4.7.** Confined Space Entry Equipment, including personal protective equipment
 - 10.4.8.** Requirements of 29 CFR 1910.146 Permit-Required Confined Spaces

11.0 DOCUMENTATION

- 11.1.** The EHS Coordinator shall retain each canceled Entry Permit for at least one year to facilitate the review of the PRCS program. The Facilities Services Director or designee will conduct and document this review.
- 11.2.** Training documentation shall be kept for all affected Associates. Training rosters shall indicate the Associate's name, date, level of training (Supervisor, Entrant, and/or Attendant) and the instructor who performed the training. The EHS Coordinator shall maintain all training rosters. The most current training record shall be kept for each affected Associate.
- 11.3.** Calibration and/or certification of air monitoring instruments shall be conducted in accordance with the manufacturer's recommendations. The EHS Coordinator shall maintain the calibration records. The Department Supervisor shall periodically inspect the calibration records to ensure completion.

12.0 REFERENCES

- 12.1. 29 CFR 1910.146 Permit-Required Confined Spaces
- 12.2. MSCC Lockout/Tagout Procedure

13.0 ATTACHMENTS

- 13.1. Incident Investigation Form
- 13.2. Permit-Required Confined Space Decision Flowchart
- 13.3. Confined Space Entry Permit
- 13.4. Hot Work Permit
- 13.5. Confined Space List and Location



Environmental, Health & Safety Program

Subject: Confined Space		Appendix 2.5, Attachment 13.1	
Prepared by: David Britton Prepared Date: 2/24/10	Approved by: Dr. Eddie Stone Approved Date: 4/2/10	Reviewed by: Dr. MaryLou Apple, President Reviewed Date: 4/6/10	

INJURY <input type="checkbox"/> ILLNESS <input type="checkbox"/> NEAR MISS <input type="checkbox"/> FIRST AID <input type="checkbox"/>		INCIDENT DATE	DATE INCIDENT REPORTED
PROPERTY DAMAGE <input type="checkbox"/> CHEMICAL SPILL <input type="checkbox"/> VEHICLE INVOLVED <input type="checkbox"/>			
ASSOCIATE NAME (LAST, FIRST, MI)		SOCIAL SECURITY	DATE OF HIRE
DEPT./SHIFT/TIME		JOB TITLE	SUPERVISOR
NATURE OF INJURY/ ILLNESS		INJURED BODY PART	BODY SIDE L <input type="checkbox"/> R <input type="checkbox"/> BOTH <input type="checkbox"/>
ASSOCIATE TIME IN JOB <input type="checkbox"/> Permanent Assignment <input type="checkbox"/> Temporary Assignment	CHEMICAL/ AGENT SPILLED/ RELEASED	DAMAGED EQUIPMENT (LIST)	
INCIDENT DESCRIPTION (Detailed account including location, activities and people involved when incident occurred.)			
HAS THERE BEEN A SIMILAR PREVIOUS INCIDENT? YES <input type="checkbox"/> NO <input type="checkbox"/> (IF "YES", STATE WHEN AND BRIEFLY DESCRIBE.)			
DIRECT CAUSE (S) - (Why #1 Make selection from reverse side)			
DIRECT CAUSE (S) - (Why #2 Make selection from reverse side)			
ROOT CAUSE (S) - (Why #3 Make selection from reverse side)			
ROOT CAUSE (S) - (Why #4 Make selection from reverse side)			
CORRECTIVE ACTIONS:		PERSON RESPONSIBLE	TARGET DATE
			DATE COMP
HAVE YOU TAKEN THE NECESSARY ACTIONS TO PREVENT A RECURRENCE?			YES <input type="checkbox"/> NO <input type="checkbox"/>
ASSOCIATE: _____	DATE _____	EHS: _____	DATE _____
SUPERVISOR: _____	_____	MANAGER: _____	_____

Copies: Original to Human Resources, Copy to Supervisor, Copy to Dept. Manager

The above corrective actions have been completed: _____
(Supervisor) Date

Direct Causes

(Unsafe workplace conditions or unsafe behaviors of people which cause/contribute to an incident)

Unsafe Conditions		Unsafe Acts	
01	Not Secured Against Moving	17	Taking Awkward Position
02	Unguarded/Inadequate Guarding	18	Defeating Safety Devices
03	Defective Tool/Equipment/Structure	19	Failure to De-Energize/Secure
04	Poor Housekeeping/Congestion	20	Failure to Follow Rules/Procedures
05	Awkward Position	21	Not Using as Intended
06	Improper Design of Equipment	22	Operating at Unsafe Speed
07	Sharp Objects	23	Operating Without Authorization
08	Natural Disaster	24	Using Improper/Unsafe Equipment
09	Inadequate Lighting	25	Improper Loading/Placement
10	Uncontrolled Health Hazard	26	Exertion Beyond Capacity
11	Fire/Explosion Hazard	27	Failure to Communicate Hazard
12	Repetitive Motion	28	Horseplay/Distraction
13	Unsafe Driving Condition	39	Failure to Use/Improper PPE
14	Personal/Medical Condition	30	Other _____ (Describe)
15	Weather		
16	Other _____ (Describe)		

Root Causes

(Deficiencies in the System which cause/contribute to an incident)

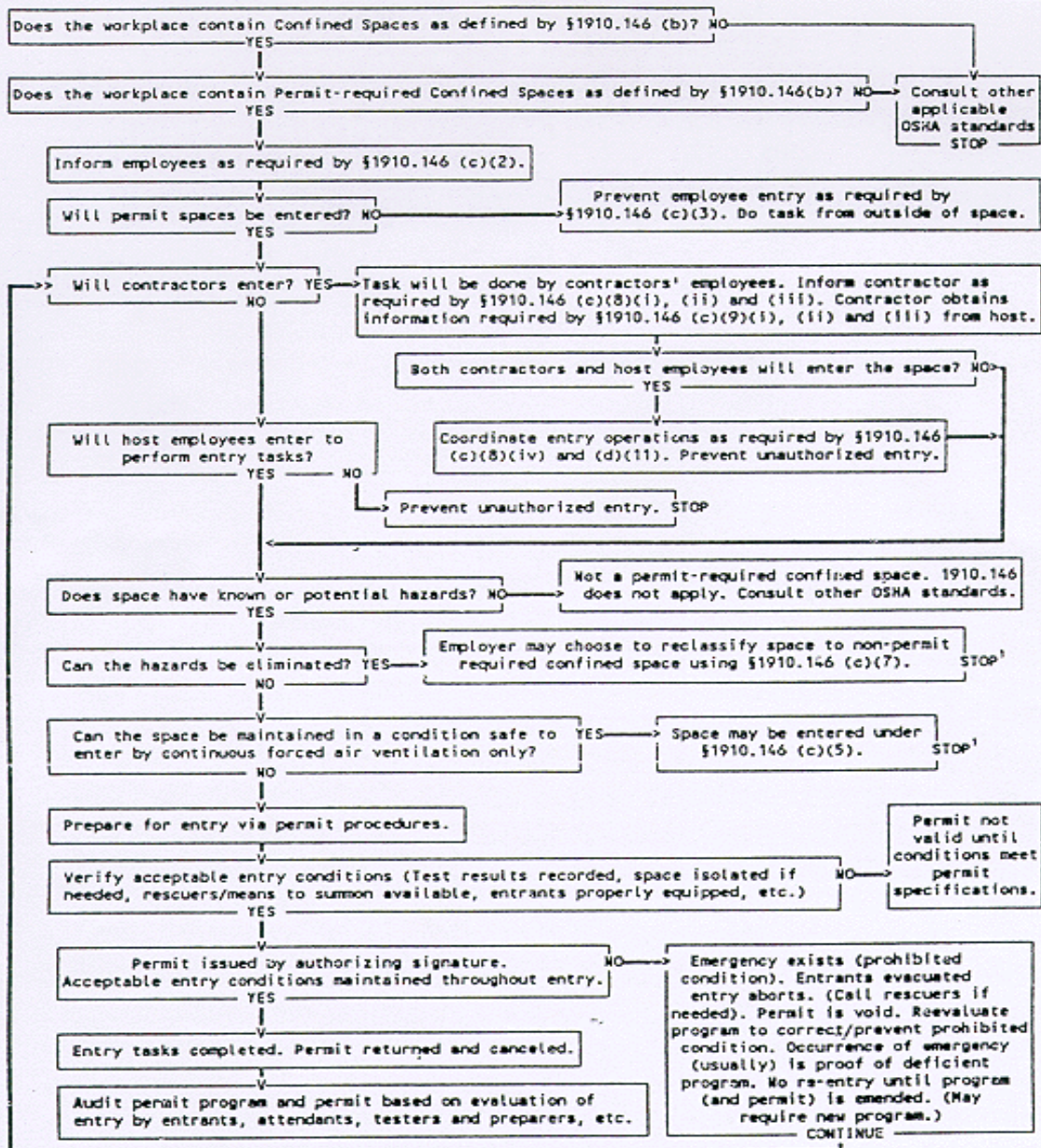
01	Hazard Not Recognized/Perceived	11	Rules/Procedures Not Established
02	Hazard Known but Perceived to be Low Risk	12	Rules/Procedures Inadequate to Eliminate Hazard
03	Control Measures Not Prescribed	13	Rules/Procedures Not Enforced
04	Control Measures Inadequate to Prevent Hazard	14	Inspections/Audits Not Performed
05	Control Measures Not Fully/Inadequately Implemented	15	Inspections/Audits Inadequate to Identify Hazards
06	Training Not Performed	16	No Corrective Action Taken
07	Training Not Understood	17	Corrective Action Inadequate to Eliminate Hazard
08	Training Not Consistent With Hazard	18	Rules/Procedures Not Followed
09	Hazard Not Communicated	19	Investigations Not Performed
10	Communication Inadequate to Eliminate Hazard		



Environmental, Health & Safety Program

Subject: Confined Space		Appendix 2.5, Attachment 13.2
Prepared by: David Britton Prepared Date: 2/24/10	Approved by: Dr. Eddie Stone Approved Date: 4/2/10	Reviewed by: Dr. MaryLou Apple, President Reviewed Date: 4/6/10

APPENDIX A TO §1910.146—PERMIT-REQUIRED CONFINED SPACE DECISION FLOW CHART





Environmental, Health & Safety Program

Subject: Confined Space		Appendix 2.5, Attachment 13.3
Prepared by: David Britton Prepared Date: 2/24/10	Approved by: Dr. Eddie Stone Approved Date: 4/2/10	Reviewed by: Dr. MaryLou Apple, President Reviewed Date: 4/6/10

Appendix D to §1910.146 -- Confined Space Entry Permit

Date and Time Issued: _____ Date and Time Expires: _____
 Job Site/Space I.D.: _____ Job Supervisor: _____
 Equipment to be worked on: _____ Work to be performed: _____

Entry Personnel: _____,
 _____,

Stand-by Personnel: _____,

1. Atmospheric Checks: Time _____
 Oxygen _____%
 Explosive _____% L.E.L.
 Toxic _____PPM

2. Tester's Signature: _____

3. Source Isolation (No Entry): N/A Yes No
 Pumps or lines blinded, () () ()
 disconnected, or blocked () () ()

4. Ventilation Modification: N/A Yes No
 Mechanical () () ()
 Natural Ventilation only () () ()

5. Atmospheric Check after Isolation and Ventilation:
 Oxygen _____% > 19.5 %
 Explosive _____% L.F.L. < 10 %
 Toxic _____PPM < 10 PPM H(2)S
 Time _____
 Testers Signature: _____

6. Communication Procedures: _____

7. Rescue Procedures: _____

8. Entry, standby, and back up persons: Yes No
 Successfully completed required training?
 Is it current? () ()

9. Equipment:	N/A	Yes	No
Direct reading gas monitor - tested	()	()	()
Safety harnesses and lifelines for entry and standby persons	()	()	()
Hoisting equipment	()	()	()
Powered communications	()	()	()
SCBA's for entry and standby persons	()	()	()
Protective clothing	()	()	()
All electric equipment listed Class I, Division I, Group D and Non-sparking tools	()	()	()

10. Periodic atmospheric tests during entry:

Oxygen	___%	Time	___	Oxygen	___%	Time	___
Oxygen	___%	Time	___	Oxygen	___%	Time	___
Explosive	___%	Time	___	Explosive	___%	Time	___
Explosive	___%	Time	___	Explosive	___%	Time	___
Toxic	___%	Time	___	Toxic	___%	Time	___
Toxic	___%	Time	___	Toxic	___%	Time	___

We have reviewed the work authorized by this permit and the information contained here in. Written instructions and safety procedures have been received and are understood. Entry cannot be approved if any squares are marked in the "No" column. This permit is not valid unless all appropriate items are completed.

Permit Prepared By: (Supervisor) _____
Approved By: (Department Manager) _____ YES _____ NO

(Printed Name) (Signature)

This permit to be kept at job site. Return job site copy to EHS Coordinators office at Facilities Services following job completion.

Copies: White Original (EHS Office)
Hard (Job site)



Environmental, Health & Safety Program

Subject: Confined Space		Appendix 2.5, Attachment 13.4
Prepared by: David Britton Prepared Date: 2/24/10	Approved by: Dr. Eddie Stone Approved Date: 4/2/10	Reviewed by: Dr. MaryLou Apple, President Reviewed Date: 4/6/10

MSCC HOT WORK PERMIT

**DANGER: BEFORE INITIATING HOT WORK, CAN THIS JOB BE AVOIDED?
IS THERE A SAFER WAY?**

CHECKLIST -- Precautions to prevent fires

IMPORTANT -- Do Not cut or weld until the following precautions have been taken:

- The work area has been personally examined.
- The Sprinkler system is in operation.
- There are no flammable liquids or unpurged tanks in the area.
- The job will be confined to the area described on the permit.
- The Floors are clean.
- All combustibles have been located 35 feet from the job area and/or protected.
- All floor and wall openings within 35 feet have been covered tightly.
- Fire watchers have been assigned to the area and know how to give the alarm.
- Ample extinguishing equipment for immediate use has been provided.
- All equipment is in good repair.

PERMIT -- FOR CUTTING AND WELDING

IMPORTANT -- Follow precautions listed above

Date _____ Time started _____ Completed _____
 Building _____ Operator(s) _____
 Department _____ Floor _____ Room # _____
 Work to be done _____

ALL ITEMS HAVE BEEN CHECKED AND PERMISSION IS AUTHORIZED FOR THIS WORK!

 SIGNED _____ TITLE _____
 PERMIT EXPIRES _____

FINAL CHECK-UP: The work area was observed for at least 30 minutes after work was completed and found fire safe. _____

 SIGNED _____ TITLE _____



Environmental, Health & Safety Program

Subject: Confined Space		Appendix 2.5, Attachment 13.5
Prepared by: David Britton Prepared Date: 2/24/10	Approved by: Dr. Eddie Stone Approved Date: 4/2/10	Reviewed by: Dr. MaryLou Apple, President Reviewed Date: 4/6/10

Confined Space and Permit-Required Confined Space List

(Under Development)

Permit-Required Confined Space

**Sanitary Sewer Vaults-Manhole Access
Cleaver Brooks Boilers**

Confined Space

**Electrical Vault-Manhole Access
Lift Station for Waste Water Discharge
HVAC Vault for Piping System**



Environmental, Health & Safety Program

Subject: Bloodborne Pathogen Standard		Appendix 2.6
Prepared by: David Britton Prepared Date: 3/11/10	Approved by: Dr. Eddie Stone Approved Date: 3/15/10	Reviewed by: Dr. Mary Lou Apple, President Reviewed Date: 3/19/10

1.0 POLICY:

It is the policy of Motlow State Community College to provide a safe and healthy place in which to work, and at all times to comply with applicable regulations.

2.0 OBJECTIVE:

The objective of this procedure is to provide policy and guidance to the Motlow State Community College (MSCC) family for potential exposure to Bloodborne Pathogens. This procedure will serve as the Bloodborne Pathogen Control Plan as required by OSHA 1910.1030.

3.0 ACCOUNTABILITY:

The MSCC Oversight Committee has responsibility for the development and implementation of all aspects of the Bloodborne Pathogen Standard. All MSCC associates will review, understand and implement the policies under the Bloodborne Pathogen Standard. Motlow administration and instructors shall know the Exposure Control Plan (ECP) and will assist in the training and orientation of all associates and applicable students. The EHS Coordinator shall assist the Departmental Heads in assigning responsibility relating to the implementation of this requirement.

4.0 OVERVIEW:

This Program addresses the requirements of the OSHA Bloodborne Pathogens Standard (29 CFR 1910.1030). It will take the combined efforts of all departments to effectively manage the various aspects of the program.

5.0 DEFINITIONS:

- 5.1. "Associate" means any member of the Motlow community including students, faculty, administration and staff.
- 5.2. "Bloodborne Pathogens" means pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to Hepatitis B Virus (HBV) and Human Immunodeficiency Virus (HIV)
- 5.2. "Contaminated" means the presence or the reasonable anticipated presence of blood or other infectious materials on an item or surface.
- 5.3. "Exposure Incident" means a specific eye, mouth, other mucus membrane, non-intact skin, or parenteral contact with blood or other potentially infectious materials that result from the performance of an associate's duties.
- 5.4. "Occupational Exposure" means reasonably anticipated skin, eye, mucus membrane, or parenteral contact with blood or other potentially infectious materials that may result from performance of an associate's duties.

- 5.5. "Other Potentially Infectious Materials" means (1) The following human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva in dental procedures, and body fluid that is visibly contaminated with blood, and all body fluids where it is difficult or impossible to differentiate between body fluids; (2) Any unfixed tissue or organ from a human; (3) HIV-containing cell or tissue cultures, organ cultures.
- 5.6. "Universal Precautions" is an approach to infection control. According to the concept of Universal Precautions, all human blood and certain human body fluids are treated as if known to be infectious for HIV, HBV, and other Bloodborne pathogens.

6.0 PROCEDURE:

- 6.1 Exposure Determination – An exposure determination must contain the following:
 - 6.1.1. All associates in the following job classifications potentially perform tasks which may result in exposure to Bloodborne Pathogens:
 - 6.1.1.a. Custodial
 - 6.1.1.b. Certified AED Responders
 - 6.1.1.c. Watch Keepers
 - 6.1.2. Some associates in the following job classifications potentially perform tasks which may result in exposure to Bloodborne pathogens:
 - 6.1.2.a. Maintenance
 - 6.1.2.b. Instructors
 - 6.1.2.c. EHS Coordinator
 - 6.1.3. The following tasks are performed by associates which may result in Occupational Exposure to Bloodborne Pathogens:
 - 6.1.3.a. First Aid Treatment of injured Associates
 - 6.1.3.b. Cleaning and Disinfecting Equipment and Facilities following an injury.
- 6.2. Methods of Compliance – Universal Precautions must be observed to prevent contact with blood or other potentially infectious materials.
 - 6.2.1. Personal Protective Equipment (PPE) such as Gloves, Face Shields, Eye Protections, Mouthpieces, and Pocket Masks must be made available and used as appropriate by associates who respond to occupational incidents.
 - 6.2.2. PPE will be provided at no cost to associates.
 - 6.2.3. PPE must be readily accessible to associates.
 - 6.2.4. Disposable Latex Gloves are located in facility services.
 - 6.2.5. A Pocket Mask for CPR is available with each AED.
 - 6.2.6. Associates must wear Safety Goggles when decontaminating equipment or facilities. These can be obtained at Facilities Services.
 - 6.2.7. Associates must wash hands immediately or as soon as possible after removal of gloves.
 - 6.2.8. PPE must be repaired or replaced as needed to maintain its effectiveness.

- 6.2.9.** Disposable gloves such as surgical or examination gloves must be replaced as soon as practical when contaminated, torn or punctured.
 - 6.2.10.** All equipment and working surfaces must be cleaned and decontaminated after contact with blood or other potentially infectious materials.
 - 6.2.11.** Blood Contaminated waste must be placed into containers which will close and prevent any leakage during handling, storage or transportation. The container must be labeled "BIOHAZARD". A red "Biohazard" bag can be found in Facility Services.
 - 6.2.12.** Blood Contaminated Waste must only be disposed of through properly licensed Hazardous Waste Vendors in accordance with the Waste Management Policy. Contact Gay at ext. 1575, to determine what to do with contaminated waste.
- 6.3.** Hepatitis B Vaccinations
 - 6.3.1.** Hepatitis B Vaccination will be offered at no cost to all associates who have occupational exposure to Bloodborne Pathogens.
 - 6.3.2.** The EHS Coordinator will coordinate with the selected healthcare clinic for the Hepatitis B vaccinations.
 - 6.3.3.** Hepatitis B Vaccination will be made available after associate has received training on Bloodborne Pathogens.
 - 6.3.4.** Any associate who declines the Hepatitis B Vaccination must sign the Statement of Declination required by OSHA. (Attached)
- 6.4.** Post-Exposure Evaluation and Follow-up:
 - 6.4.1.** Post Exposure follow-up in accordance with OSHA 1910.1030 (f) will be provided to associates at no cost and be performed by Licensed Health Care Professionals.
 - 6.4.2.** Post Exposure Evaluation and Follow-up must be made available immediately following a report of an Exposure Event. A copy of the OSHA 1910.1030 must be provided to the Health Care Professional along with the other information specified in the OSHA standard. A Written Opinion from the Health Care Professional must be obtained and a copy provided to the associate within 15 days of the evaluation.
- 6.5.** Communication of Hazards to Associates:
 - 6.5.1.** Warning Labels with the word "BIOHAZARD" must be attached to containers of Blood Contaminated Waste.
 - 6.5.2.** Blood Contaminated waste must be placed in Red containers.
- 6.6.** Information and Training:
 - 6.6.1.** Associates with Occupational Exposure must be provided Bloodborne Pathogen training during work hours and at no cost.
 - 6.6.2.** The training must be provided upon initial assignment to a job with potential exposure.
 - 6.6.3.** Refresher training must be provided at least annually.
 - 6.6.4.** The Training Material must be appropriate in content to the vocabulary level, education, literacy, and language of the associates.
 - 6.6.5.** The training program must contain the following elements:

- 6.6.5.a.** An accessible copy of the OSHA 1910.1030 Standard
 - 6.6.5.b.** A general explanation of the epidemiology and symptoms of Bloodborne diseases
 - 6.6.5.c.** An explanation of the modes of transmission of Bloodborne pathogens
 - 6.6.5.d.** An explanation of the Exposure control plan and means by which the associate can obtain a copy of the written plan.
 - 6.6.5.e.** An explanation of the appropriate methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
 - 6.6.5.f.** An explanation of the use and limitations of methods that will prevent or reduce exposure including appropriate engineering controls, work practices, and personal protective equipment.
 - 6.6.5.g.** Information on the types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
 - 6.6.5.h.** An explanation of the basis for selection of personal protective equipment.
 - 6.6.5.i.** Information on the Hepatitis B vaccine, including information on its efficacy, safe method of administration, the benefits of being vaccinated in addition to the vaccination being offered free of charge.
 - 6.6.5.j.** Information on the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials.
 - 6.6.5.k.** An explanation of the procedure to follow if an exposure incident occurs, including the method of reporting the incident and the required follow-up that will be made available.
 - 6.6.5.l.** Information on the post-exposure evaluation and follow-up that the employer is required to provide for the associate following an exposure incident.
 - 6.6.5.m.** An explanation of the signs, labels and color-coding which will be used.
 - 6.6.5.n.** An opportunity for interactive questions and answers with the person conducting the training session.
 - 6.6.5.o.** Training must be conducted by a person knowledgeable in the subject matter as it relates to the workplace.
- 6.7.** Procedure for Evaluating Exposure Incidents
- 6.7.1.** Associates should report any Bloodborne Exposure incident to the EHS Coordinator or Site Manager.
 - 6.7.2.** The circumstances surrounding the exposure incident will be documented in writing. This will include all pertinent information such as persons involved, location of blood onto associate, PPE, time until washing etc.
 - 6.7.3.** Identification and documentation of the source individual.
 - 6.7.4.** Referral to a healthcare professional for confidential follow-up and counseling
 - 6.7.5.** Coordination of testing of source individuals blood (with consent)

6.7.6. Collection and testing of exposed associate's blood for HBV and HIV serological status.

6.7.7. All elements of the evaluation must be kept medically confidential.

6.8. Recordkeeping:

6.8.1. Medical Records - A medical record meeting the requirements of OSHA 1910.1030 (h) must be kept for each associate with occupational exposure. The records must be kept as Medical Confidential and Retained in accordance with OSHA 1910.1020.

6.8.2. A record for each associate with Occupational Exposure containing the following information:

6.8.2.a. The Name and Social Security Number of the Associate

6.8.2.b. A copy of the associate's Hepatitis B vaccination status including the dates of all the Hepatitis B vaccinations and any medical record relative to the associates ability to receive vaccinations.

6.8.2.c. A copy of all results of examinations, medical testing, and follow-up procedures as required by OSHA 1910.1030.

6.8.2.d. A copy of the healthcare professionals' written opinion for any exposure incident.

6.8.2.e. A copy of the information provided to the healthcare professional.

6.8.2.f. The medical records must be kept confidential and must not be disclosed or reported without the associate's expressed written consent to any person within or outside the workplace except as required by OSHA 1910.1030.

6.8.2.g. The medical records must be retained for 30 years beyond the duration of employment.

6.8.3. Training Records - Training records must be kept in accordance with OSHA 1910.1030(h).

6.8.3.a. Training record must contain at least the following:

7.8.3.a.1. Dates of the training sessions

7.8.3.a.2. Contents or a summary of the training sessions

7.8.3.a.3. Names and qualifications of the persons conducting the training

7.8.3.a.4. Names and job titles of all persons attending the training sessions

6.8.3.b. Training records must be retained for at least 3 years from the date of training.

6.8.3.c. Availability – Associates have the right to see and copy all records upon request. Associates must submit a written request to the EHS Coordinator. Records will be made available within 3 workdays.

6.8.3.d. Availability of Procedure: A copy of this procedure and the OSHA 1910.1030 shall be available to associates upon request. Associate may request a copy of the procedure or OSHA Standard from the EHS Coordinator.

6.9. This procedure will be reviewed and reaffirmed or revised at least annually. The EHS Coordinator is responsible to coordinate the review.

7.0 FAILURE TO FOLLOW PROCEDURE

Failure to follow this procedure may result in associate exposure to Bloodborne Pathogens and risk of disease including Hepatitis or HIV. In addition failure to follow this procedure may result in disciplinary action in accordance with existing policy.

8.0 RESPONSIBILITIES:

- 8.1** Management Team: It is the Oversight Team's responsibility to establish a work environment which provides for the safety of associates, including providing for protection against Bloodborne Pathogens for Associates. It is also the Oversight Team's responsibility to assure that associates are provided the Responsibility, Accountability, Training, Equipment, and Means to follow this procedure.
- 8.2** Each Supervisor: It is the responsibility of each Supervisor to assure that associates within their responsibility who may contact Blood or other Bodily Fluids are Aware, Responsible and Accountable for following this procedure. Supervisors are also responsible to assure all blood, which had been spilled due to a workplace accident is promptly cleaned up and disinfected.
- 8.3** EHS Coordinator: It is the responsibility of the EHS Coordinator to assure that appropriate personnel are trained in Bloodborne Pathogens, and are provided as appropriate with Hepatitis B vaccinations. It is also the responsibility of the EHS Coordinator to assure supervisors are aware of the provisions of this procedure, coordinate training, and retain documentation of training. In addition, it is the EHS Coordinator's responsibility to Audit and Monitor activities and to make the management team aware of deficiencies in the Bloodborne Pathogen Procedure.
- 8.4** Human Resources Representative: The Human Resources Representative is responsible for ensuring the associates who have had an occupational exposure incident are provided access to a licensed practitioner to provide guidance on appropriate Bloodborne Pathogen Training and Counseling.
- 8.5** Associate: It is each associate's responsibility to follow the provisions of this procedure and the work practices it creates. It is also the responsibility to inform their supervisor and the EHS Coordinator of deficiencies in the Bloodborne Pathogen Control Plan.

9.0 ATTACHMENTS:

- 9.1 Hepatitis B Declination Form



Environmental, Health & Safety Program

Subject: Bloodborne Pathogen Standard		Appendix 2.6, Attachment 9.1
Prepared by: David Britton	Approved by: Dr. Eddie Stone	Reviewed by: Dr. Mary Lou Apple, President
Prepared Date: 3/11/10	Approved Date: 3/15/10	Reviewed Date: 3/19/10

Hepatitis B Vaccination Declination Form

(Required by OSHA 29 CFR 1910.1030)

Associate Name: _____

I understand that due to my occupational exposure to blood or other potentially infectious materials, I may be at risk of acquiring the Hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with Hepatitis B vaccine at no charge to myself. However, I decline the Hepatitis B vaccination at this time. I understand that by declining this vaccine I continue to be at risk of acquiring Hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with Hepatitis B vaccine, I can request the Hepatitis vaccination series at no cost to me.

Signed: _____

Date: _____

The original of this memo is to be placed in the associate’s Medical File, a copy in the Personal File and a copy provided to the Associate.