WHAT? Safety Committee Meeting

WHO? Safety Committee Members
New Employees
Injured Employees
Other Interested Employees

WHEN? ______/_____/_____

at _________AM PM

WHERE? __________________________

WHY? To discuss workplace health and safety topics. Some items we may cover:

____________________________________

____________________________________

____________________________________

____________________________________

____________________________________

____________________________________

This notice to be posted one week prior to the date of the meeting.
Employee Safety Committee Agenda

Month/Year: May, 2013

Company Name: ____________________________________________

Location: __________________________________________________

Employee Safety Committee Agenda for _____________, 20__

Month  Day  Year

Company Safety Policy:

Ageia Health Services believes safety is a cardinal responsibility and is committed to providing a safe workplace for all employees and has developed this manual to integrate safety and health practices into every job task to prevent occupational injuries and illnesses. This will be accomplished through the cooperative efforts of managers, supervisors and employees to identify and eliminate hazards that may develop during our work process.

1. Call to Order

2. Roll Call (new hires and injured workers attend 3 meetings)

3. Review Minutes of Previous Meeting (see attached)

4. Committee Report:
   a. Incident Investigation Committee
      i. Review of incidents for current month
      ii. Identification of corrective measures
      iii. Implementation of corrective measures

5. Old Business
   a. Inspections & Corrections
      i. Last month’s policy review results
         1. Safety Committee and Elections (policy review)
   b. Other Items

6. New Business
   a. Quarterly Inspection
   b. Monthly PPE Audit
   c. Committee Members and non-members concerns
   d. Training Topic: Solvents In The Workplace

7. Next meeting date & time

8. Adjournment
Employee Safety Committee Minutes

Date: ____________________________________________

Location: __________________________________________

Start Time: ____________ A.M. / P.M. (please circle)

Roll Call (members and non-members present-indicate new hires and injured workers)

_________________________________________________

_________________________________________________

_________________________________________________

_________________________________________________

_________________________________________________

Review Minutes of Previous Meeting (see attached)

Comments:

_________________________________________________

_________________________________________________

Monthly Safety Training Topic (briefly describe actual training covered)

_________________________________________________

_________________________________________________

_________________________________________________

Incident Review Report: Evaluate the investigations conducted since the last meeting to determine if the cause(s) of the unsafe situation was identified and corrected

_________________________________________________

_________________________________________________

_________________________________________________
Follow-Up on Old Business: Inspections & Corrections

New Business: ___ Quarterly Inspection or ___ Policy Review
Comment on inspection results or list the policy reviewed and note any comments, revisions, recommendations, addendums, etc.

New Business: Safety and health issues discussed, hazards reported, committee reports.

Action Plan: Recommendations for correcting hazards and reasonable deadlines for management to respond.

Name of the person(s) who will follow up on the recommendations:

Date of next safety committee meeting: _________________
Notes taken by: _________________
Signature: _________________

End Time: ____________ A.M. / P.M. (please circle)
<table>
<thead>
<tr>
<th>Area/Section</th>
<th>Details</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Parking Lot/Perimeter of Building</strong></td>
<td>Sidewalks are in good condition</td>
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<tr>
<td></td>
<td>Landscaping is trimmed &amp; does not create a slip/trip/fall hazard</td>
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<tr>
<td></td>
<td>Parking lot is in good condition &amp; free of potholes</td>
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<td>Hoses used for watering are not stretched across walkways</td>
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<td></td>
<td>Area outside Exit doors is free of debris and allows for easy egress</td>
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<td></td>
<td>Signs/awnings/building/roofing is in good condition</td>
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<tr>
<td><strong>Lobby/Front Entry</strong></td>
<td>Power-assisted doors are in good working condition</td>
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<td></td>
<td>Mats &amp; wet floor cones are available for non-carpeted areas</td>
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<td></td>
<td>Floor coverings are in good repair</td>
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<td></td>
<td>Furniture is in good repair</td>
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<td></td>
<td>Proper receptacles are available &amp; used to extinguish smoking materials</td>
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<tr>
<td><strong>Reception Area/Offices</strong></td>
<td>Floor coverings are in good repair</td>
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<td></td>
<td>MSDS book is available and updated</td>
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<td></td>
<td>Desks and chairs are in good repair</td>
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<td></td>
<td>Area is free of clutter and tripping hazards</td>
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<tr>
<td><strong>Halls/Living Areas</strong></td>
<td>Floor coverings are in good repair</td>
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<td>Handrails are firmly attached to the walls &amp; in good repair</td>
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<td>Smoking &amp; No Smoking areas are clearly posted &amp; observed</td>
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<td>Housekeeping carts, when in use, are kept on one side of the hall to keep the hall clear</td>
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<td></td>
<td>“Wet Floor” signs are appropriately placed when floors are wet or being mopped</td>
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<tr>
<td></td>
<td>Hallways are free of clutter and tripping hazards</td>
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<tr>
<td><strong>Public Restrooms</strong></td>
<td>Floors are free of water and other slip/trip &amp; fall hazards</td>
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<td></td>
<td>Good housekeeping &amp; free of debris</td>
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<td></td>
<td>Grab bars are properly secured</td>
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<td>Lighting is adequate</td>
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</table>
Dining Area
Floor coverings are in good repair .................................................................☐ Yes ☐ No
Mats are used where necessary to prevent slips & falls ...............................☐ Yes ☐ No
Chairs & tables are in good repair ...............................................................☐ Yes ☐ No
Walkers are positioned to avoid causing a trip hazard ..................................☐ Yes ☐ No

Kitchen
Mats are available where necessary to prevent slips & falls & for foot fatigue ..........☐ Yes ☐ No
Potholders are available around ranges and steamers ....................................☐ Yes ☐ No
Cut-resistant gloves are available for cleaning the slicer ...............................☐ Yes ☐ No
Knives are stored properly ............................................................................☐ Yes ☐ No
Electrical appliances are unplugged before cleaning .....................................☐ Yes ☐ No
Entry/exit handles on walk-in cooler are in good repair ..................................☐ Yes ☐ No
Lights in walk-in coolers have protective covers ..........................................☐ Yes ☐ No
Ventilation hood and Ansul system cover all cooking equipment .................☐ Yes ☐ No
Ansul System above cooking equipment is serviced every six months .............☐ Yes ☐ No
Ansul System emergency pull handle is clearly accessible.............................☐ Yes ☐ No
Removable vent screens in hood are cleaned weekly ......................................☐ Yes ☐ No
Hood & flue are cleaned every six months as indicated by sticker on hood .........☐ Yes ☐ No
40 BC Fire extinguisher is available, (Class K extinguisher if cooking with grease) ☐ Yes ☐ No
Doors are in good working condition ..........................................................☐ Yes ☐ No

Laundry
Floor coverings are in good repair .................................................................☐ Yes ☐ No
Floor is free of water and other slip/trip & fall hazards ..................................☐ Yes ☐ No
Dryer lint vents are cleaned after each use ...................................................☐ Yes ☐ No

Medication Room
Syringes are not recapped & are placed in SHARPS containers immediately after use ..............................................................................................☐ Yes ☐ No
Lancets are placed in SHARPS containers immediately after use .................☐ Yes ☐ No
Full SHARPS containers are properly disposed of & are not stored on property ..............................................................................................☐ Yes ☐ No

Maintenance Room
Paints/Chemicals stored properly ...................................................................☐ Yes ☐ No
Room is locked to prevent general access .......................................................☐ Yes ☐ No
All tools/appliances are in good repair ..........................................................☐ Yes ☐ No

Housekeeping Room
Gloves/Goggles and other PPE for mixing chemicals are available ..................☐ Yes ☐ No
Eye wash station is available and functioning ...............................................☐ Yes ☐ No
All tools/appliances are in good repair ..........................................................☐ Yes ☐ No
Break/Lunch Room
Safety bulletin board is present ........................................................................... □ Yes □ No
Safety Committee meeting minutes are posted ........................................................ □ Yes □ No
Required postings are present ............................................................................ □ Yes □ No
Room is clean and free of debris and clutter ........................................................... □ Yes □ No

Activity Room
Room is clean & free of debris and clutter ............................................................... □ Yes □ No
Floor coverings are in good repair ........................................................................ □ Yes □ No
Furniture is in good repair ..................................................................................... □ Yes □ No

Fire Systems/Protection
Community sprinkler system is serviced annually ............................................... □ Yes □ No
Community sprinkler riser area/room is free of clutter & debris ...................... □ Yes □ No
Fire sprinkler heads throughout facility are unblocked & have at least 18" clearance □ Yes □ No
Fire extinguishers are all charged, identified & serviced annually .................. □ Yes □ No

Electrical
No extension cords are being used throughout the Community ....................... □ Yes □ No
A 36" path is clear in front of all breaker panels ................................................... □ Yes □ No
Breaker panel doors are closed ............................................................................ □ Yes □ No
Breakers are individually identified ..................................................................... □ Yes □ No
Missing breakers have blank plugs ..................................................................... □ Yes □ No
Cords on all machinery & equipment are in good condition and not patched or taped □ Yes □ No

Egress
Exit doors are not obstructed ................................................................................ □ Yes □ No
Stairways are not obstructed .............................................................................. □ Yes □ No
Fire doors are all functioning & not blocked ....................................................... □ Yes □ No
Exits are identified & marked with signs ............................................................. □ Yes □ No
Automatic doors are functioning properly & do not close prematurely ........... □ Yes □ No

Elevators
Cars level properly (within ½" of landing) ............................................................... □ Yes □ No
Cars are provided with some type of car-door leading edge protection .......... □ Yes □ No
Alarm bell functions ............................................................................................ □ Yes □ No
Inspection certificates are up-to-date .................................................................. □ Yes □ No
General car interior is adequate & does not present hazards ......................... □ Yes □ No
Elevator Maintenance Guide or logs are available & up-to-date ...................... □ Yes □ No

Universal Precautions
Gloves are readily available for use with each resident ..................................... □ Yes □ No
Gloves are used for pericare, oral care & changing garments/diapers ............. □ Yes □ No
Gloves are used for injections & blood testing........................................ Yes □ No □
Needles are not recappped................................................................. Yes □ No □
SHARPS containers are adequate & available for use.......................... Yes □ No □
Gloves are used for emptying bedpans/catheter bags......................... Yes □ No □
Gloves are used for treatments and/or dressings................................. Yes □ No □
Soiled dressings are disposed of in a separate bag................................ Yes □ No □
Hands are washed before & after resident care.................................. Yes □ No □

**Bath and Shower Areas**
Bathtubs & showers are clean.......................................................... Yes □ No □
Grab bars are secure................................................................. Yes □ No □
Rubber mats are in place, where appropriate................................. Yes □ No □
Rubber gloves are used when cleaning bathtubs & showers.............. Yes □ No □
Showers are in good working order........................................... Yes □ No □
Water temperature does not exceed state maximum....................... Yes □ No □

**Hazardous Communications/Personal Protective Equipment/OSHA**
Material Safety Data Sheets (MSDS') are available for all chemicals....... Yes □ No □
MSDS books are up to date.......................................................... Yes □ No □
Personnel knows the location of the MSDS books.......................... Yes □ No □
Gloves, goggles & other personal protective equipment are available for use with chemicals... Yes □ No □
Eye wash stations are located in close proximity to areas where chemicals are used... Yes □ No □
OSHA Log/Summary up to date................................................ Yes □ No □
Disaster plan accessible to staff............................................... Yes □ No □

Comments:

______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________

**Signatures of each safety committee member participating in the inspection:**

______________________________________________________________
______________________________________________________________
______________________________________________________________
______________________________________________________________
Inspect the following areas each month to identify if the proper PPE is available

Date: __________

<table>
<thead>
<tr>
<th></th>
<th>Gloves</th>
<th>Goggles</th>
<th>Aprons</th>
<th>CPR Mask</th>
<th>Spill Kits</th>
</tr>
</thead>
<tbody>
<tr>
<td>Nurses Stations</td>
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<tr>
<td>Medication Carts</td>
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<tr>
<td>Housekeeping Carts</td>
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<tr>
<td>Soiled Utility Room</td>
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<tr>
<td>Laundry Room</td>
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<td>Dietary</td>
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<tr>
<td>Maintenance Shop</td>
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</table>

CORRECTIVE ACTIONS:

________________________________________________________________________

________________________________________________________________________

________________________________________________________________________

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________________________________________________________________________

Completed forms are to be provided to the Safety Committee for evaluation each month.
A solvent is a compound that dissolves another material, resulting in a solution. The most common solvent in everyday life is water. In fact, it is referred to as the “universal solvent.” In most workplaces, however, the most common solvents are organic materials such as paint thinners, degreasers, alcohols and petroleum distillates. These solvents can present significant danger, as they evaporate into the air in confined or poorly ventilated areas.

**Characteristics of solvents:**
- They usually have a low boiling point.
- Many are flammable and evaporate easily.
- Usually they are clear, liquid and often have a characteristic odor.

**Common uses for organic solvents:**
- Degreasing operations
- Industrial cleaners
- Dry cleaning operations
- Paint thinners
- Nail polish removers
- Dissolving glue
- Spot removers
- Detergents and cosmetics

**Health hazards:**
- Solvent vapor can irritate breathing passages, e.g., noses, throats or lungs.
- Some solvents may displace breathing air.
- Long-term exposure may be harmful to the liver, kidney, lungs, eyes, and nervous system.
- Prolonged skin contact with solvents can cause drying and cracking of skin and irritation to the eyes.

**Control measures:**
- **Training:** Only people who are trained and authorized are allowed to handle these materials.
  - Before using a solvent, review the following: the current safety data sheet (SDS), including the solvent’s physical and chemical hazards; the Hazard Assessment; the required controls; the proper personal protective equipment (PPE); the engineering controls and the administrative controls.
  - Follow the specified proper eye, skin and respiratory protection.
  - Know all spill and emergency handling requirements.
Control measures (continued):

- **Maintain proper controls:** These will provide the necessary protection against potential injuries and long term health effects.
  - Ensure that fixed or portable local exhaust ventilation is in operation in the vicinity where solvents are being used.
  - If local exhaust ventilation is not adequate and the work would result in breathing solvent vapors, specified respiratory equipment must be worn in accordance with the written respiratory protection program.
  - Follow all confined space program requirements. Ensure that the space is monitored before and during activities by a trained and qualified person.

- **Control ignition sources:** If the material is flammable or combustible, ensure that all ignition sources are controlled. **Do not** use solvents on hot surfaces.
  - Use and store solvents in areas free from sources of ignition, sparks, open flames and oxidizers such as calcium hypochlorite, sodium nitrate and peroxides.
  - Store solvents in designated flammable liquid storage rooms, cabinets or lockers.
  - Make sure that containers are tightly closed when not in use.
  - Do not store aerosol solvents in areas with temperatures above 120° F.

- **Use solvents carefully:**
  - Use a particular solvent only for its intended purpose; **do not** use any solvents for unauthorized applications.
  - Keep solvent containers closed when not in use to avoid breathing the solvent vapors.
  - If using solvents from aerosol cans make sure that the nozzle is pointed away from the face.

*Handle solvents with care and be aware of hazardous vapors, especially when working in confined spaces.*
This form documents that the training specified above was presented to the listed participants. By signing below, each participant acknowledges receiving this training.

Organization:__________________________________________________________

Trainer:______________________ Trainer’s Signature:______________________

Class Participants:

Name:______________________ Signature:______________________ Date:________

Name:______________________ Signature:______________________ Date:________

Name:______________________ Signature:______________________ Date:________

Name:______________________ Signature:______________________ Date:________

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Name:______________________ Signature:______________________ Date:________

Name:______________________ Signature:______________________ Date:________

Remember to load your completed trainings into the Risk Management Center.