

---

---

**COASTAL INTERNATIONAL, INC.**  
**INJURY AND ILLNESS PREVENTION PROGRAM**

---

---

*Policy*

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

---

*Bruce Green, President*

---

*Date*

---

---

**COASTAL INTERNATIONAL, INC.**  
**INJURY AND ILLNESS PREVENTION PROGRAM**

---

---

**I**

*Assignment of Responsibilities*

\_\_\_\_\_ as the IIP Program Administrator and along with the Human Resources Manager \_\_\_\_\_ are both responsible and have the authority for the overall management and administration of the IIPP. Each manager and supervisor is responsible for implementing and maintaining the IIPP in his/her work area/department.

**Supervisors shall:**

**Provide a copy of the IIPP to any employee who requests one and answer any questions employees may have about our IIPP in a timely fashion.**

---

---

**COASTAL INTERNATIONAL, INC.**  
**INJURY AND ILLNESS PREVENTION PROGRAM**

---

---

**II**

***Employee Compliance***

**All regular employees and intermittent workers, including managers and supervisors, are responsible for complying with safe and healthful work practices. The IIPP practices include the following:**

- ◆ Informing employees of the provisions of our IIP Program**
- ◆ Evaluating the safety performance of all employees**
- ◆ Recognizing employees who perform safe and healthful work practices**
- ◆ Providing training to employees whose safety performance is deficient**
- ◆ Disciplining employees for failure to comply with the IIP Program up to suspension or termination**

---

---

**COASTAL INTERNATIONAL, INC.**  
**INJURY AND ILLNESS PREVENTION PROGRAM**

---

---

**III**

*Communication*

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

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

**The results of the investigation of any employee safety suggestion(s) or report of hazard will be distributed to all employees affected by the hazard or posted on appropriate bulletin boards.**

---

---

**COASTAL INTERNATIONAL, INC.**  
**INJURY AND ILLNESS PREVENTION PROGRAM**

---

---

**IV**

***Inspections***

**Each supervisor and/or safety representative will conduct periodic inspections / investigations to identify unsafe conditions and/or work practices:**

- 1. At all show sites initially, and then in all work areas; and**
- 2. Whenever new substances, processes, procedures or equipment are introduced into the workplace *that represent a new occupational safety and health hazard*; and**
- 3. Whenever the Supervisor/Safety Representative is made aware of a new or previously unrecognized hazard.**
- 4. When an occupational injury or illness has occurred**
- 5. Whenever workplace conditions warrant an inspection.**

**The Hazard Assessment Checklist and any other effective methods to identify and evaluate workplace hazards may be used for documentation.**

**{See also Sect. VI, "Correction of Unsafe or Unhealthy Conditions". }**

---

---

**COASTAL INTERNATIONAL, INC.**  
**INJURY AND ILLNESS PREVENTION PROGRAM**

---

---

V

*Investigation of Occupational Illnesses or Accidents*

**The Program Administrator (P/A) or designee will be responsible for investigating all reports or occurrences of occupational illnesses or accidents in a timely fashion.**

**The investigations will be documented on appropriate forms available for that purpose and will be reviewed by the P/A or designee.**

**Corrective measures to prevent recurrence will be documented and acted upon as per the time frame established after consulting with the person who conducted the investigation, the P/A, and/or senior management.**

---

---

**COASTAL INTERNATIONAL, INC.**  
**INJURY AND ILLNESS PREVENTION PROGRAM**

---

---

**VI**

*Correction of Unsafe or Unhealthy Conditions*

Whenever an unsafe or unhealthy condition, practice, or procedure is observed, discovered, or reported, the Program Administrator or designee will take appropriate corrective measures in a timely manner; all depending upon the severity of the hazard. Employees will be informed of the hazard and if necessary, interim protective measures will be taken until the hazard is corrected.

Employees may not enter an imminent hazard area, without appropriate protective equipment, training, and the prior specific approval of the Program Administrator or designee.

---

---

**COASTAL INTERNATIONAL, INC.**  
**INJURY AND ILLNESS PREVENTION PROGRAM**

---

---

**VII**

***Training***

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

**This training will be provided:**

- 1. To all new employees and those given new job assignments for which training has not previously been received. The new “Employee Safety Orientation” form should be used to document this training;**
- 2. Whenever new substances, processes, procedures or equipment are introduced to the workplace that represent a new hazard;**
- 3. Whenever the employer is made aware of a new or previously unrecognized hazard; and**
- 4. Post-accident to employees involved if lack of, or, inadequate training was a contributing factor to the accident's causation.**

**When a supervisor is unable to provide the required training s/he should request such training by notifying the Program Administrator or designee.**



---

---

**COASTAL INTERNATIONAL, INC.**  
**INJURY AND ILLNESS PREVENTION PROGRAM**

---

---

**VIII**

***Recordkeeping***

**The Program Administrator or designee shall keep records of inspections including:**

- 1) person(s) conducting the inspection,**
- 2) the unsafe conditions and work practices that have been identified;**
- 3) action taken to correct the identified unsafe conditions and/or unsafe work practices.**

**These records shall be maintained for three (3) years.**

**S/he shall also keep documentation of safety and health training provided to each employee including :**

- 1) employee name or other identifier;**
- 2) training dates;**
- 3) types(s) of training ;**
- 4) training providers.**

**This documentation shall be maintained for three (3) years.**

---

---

**COASTAL INTERNATIONAL, INC.**  
**INJURY AND ILLNESS PREVENTION PROGRAM**

---

---

## **FORMS**

- 1. Safety Meeting Minutes**
- 2. New Employee Orientation**
- 3. Code of Safe Practices**
- 4. Accident Investigation**
- 5. Safety Violation Notice**
- 6. Safety Suggestion Form**
- 7. Hazard Materials Check List**
- 8. Emergency Action Plan and Check List**

---

---

**COASTAL INTERNATIONAL, INC.**  
**INJURY AND ILLNESS PREVENTION PROGRAM**

---

---

*Safety Meeting Minutes*

Date: \_\_\_\_\_  
Discussion Leader: \_\_\_\_\_  
Title: \_\_\_\_\_  
Subject: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Employees Present*

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_
11. \_\_\_\_\_
12. \_\_\_\_\_
13. \_\_\_\_\_
14. \_\_\_\_\_
15. \_\_\_\_\_

Reviewed/Approved by : \_\_\_\_\_  
Title: \_\_\_\_\_  
Date: \_\_\_\_\_

**Injury & Illness Prevention Program**

---

---

**COASTAL INTERNATIONAL, INC.**

**INJURY AND ILLNESS PREVENTION PROGRAM**

---

---

*New Employee Safety Orientation*

This training/orientation will be provided to all new employees at time of hire, or as soon as is practical; but in no case no more than 2 (two) working days following date of hire.

1. The Company Safety Director's name is \_\_\_\_\_.
2. Our company enforces a disciplinary action policy. Please read it and if you have any questions please ask them now.
3. All accidents/injuries are to be reported *immediately* to your supervisor. You will be directed to a medical facility for care. The designated medical provider is:  
\_\_\_\_\_.
4. Failure to report accidents as required above; or seeking medical attention without advising your supervisor will be grounds for disciplinary action.
5. General Safe Work Rules must be complied with by all employees, regardless of position or title. (Your Supervisor will provide you with a copy of that list.) Safe Work Rules specific to your area/department will be provided and explained to you by your supervisor.
6. The company's Injury and Illness Prevention Program is very clear and explains how the Program will be run. A copy of this Program will be given to you and your Supervisor will go over it with you.

Employee (*Employee Name*) acknowledges being provided copies of these documents; agrees to support the Company's safety program, and comply with all safe work rules.

Date: \_\_\_\_\_

A copy of this record is to be kept for 3 (three) years. Discard after \_\_\_\_\_.

Supervisor: \_\_\_\_\_

Date: \_\_\_\_\_

# **COASTAL INTERNATIONAL CODE OF SAFE WORK PRACTICES**

## **TO ALL EMPLOYEES**

It is the policy of Coastal International to comply fully, with all State and Federal safety laws that apply to our operations. We will do everything possible to provide our employees safe and healthful working conditions, and we expect our employees, as a condition of employment, to comply with the applicable safety orders. Failure to follow these safety responsibilities will lead to disciplinary action up to and including termination.

It is not possible to cover all safe work practices that apply to our operations in one orientation session. The following safe work practices are general in nature and apply to all employees. You will receive additional training bulletins on specific topics and will be expected to comply with these safety practices while working for Coastal International.

No book of safety rules can cover all possible conditions, therefore, we expect you to use good judgment and safe methods in carrying out your job assignments. If you have any questions, ask for directions from your supervisor.

Remember that accidents are most often caused by thoughtlessness - yours or someone else's. If you think ahead of the possible hazards apt to confront you, you can plan on how to avoid them.

Your safety and well being is of vital interest to us, and with your complete cooperation we can achieve our goal for safety for everyone at Coastal International.

The following practices apply to all job locations.

1. All injuries or incidents, no matter how slight, must be reported to your supervisor immediately. Submitting false or fraudulent information when reporting an accident or injury is unlawful and will be cause for dismissal.
2. Fighting, gambling, horseplay and other misconduct are not permitted, and threatening of another employee will not be tolerated.
3. The use or possession of intoxicants or drugs on the job is prohibited. Any employee reporting for work intoxicated or under the influence of intoxicating liquor or drugs will not be allowed to work and will be administered disciplinary action which could result in immediate termination.
4. You may be required to wear personal protective equipment such as eye and hearing protection which will be furnished and used as required. As a minimum, sturdy work shoes will be required for foot protection on the show floor and in warehouse settings. We expect you to wear clothing suitable for weather and the work we do.
5. Proper use of tools is required at all times.
6. Proper eye protection, (safety glasses) must be worn to protect eyes from injury, whenever eye injury hazards are present.
7. Inspect ladders before using. Establish firm footing at the bottom, and secure against slipping. Make sure each rung has sufficient clearance for safe footing and grip. Face the ladder when climbing and use both hands. Never use the top rung on any ladder.
8. Familiarize yourself with surrounding work areas. Do not stand or walk under raised loads at any time. Do not ride on vehicles or mobile equipment at job sites. (Hoists & Lifts)

9. When an unsafe condition, or broken/defective safety device or tool is found, take out of service and report it to your supervisor, foreman, or manager.
10. Lift properly. Have secure footing, knees bent, back straight, firm hold. Lift gradually with legs. On heavy objects ask for assistance. Work as a team.
11. Keep the work area clean. Do not let scrap accumulate in areas that may pose hazards to our employees, clients, or others.
12. All electrical power tools and extension cords must be grounded and undamaged and operated in a proper and safe manner. If damaged, do not use.

**You as an employee are expected as a condition of employment to work in a manner which will not cause injury to yourself, fellow workers, or others.**

I have read the above safe work practices, I understand them and acknowledge that compliance with them is a condition of employment with Coastal International. I will contact my supervisor or manager for clarification of the applicable safe practice if I am not sure how to do the job safely.

*Employee Signature:* \_\_\_\_\_ *Date:* \_\_\_\_\_

Our Code of Safe Work Practices and Standard Operating Practices are important to protect you and other workers from injury. These practices are mandatory and it is a condition of employment that you comply with them. Please help us keep this job safe at all times.

\_\_\_\_\_  
Supervisor DATE

\_\_\_\_\_  
Management DATE

\_\_\_\_\_  
Safety Director DATE

---

---

**COASTAL INTERNATIONAL, INC.**  
**INJURY AND ILLNESS PREVENTION PROGRAM**

---

---

*Coastal International Accident Investigation Report*

Today's Date: \_\_\_\_\_  
Injured Worker's Name : \_\_\_\_\_  
Date of Injury: \_\_\_\_\_ Time of Injury/Accident: \_\_\_\_\_  
Date Reported: \_\_\_\_\_  
Location/Address where accident occurred: \_\_\_\_\_

Name(s) of Witness(es): 1) \_\_\_\_\_  
2) \_\_\_\_\_

Accident resulted in:  
 First Aid     Non-Emergency     Emergency Response    <sup>1</sup>  Fatality  
How did the accident/injury happen?

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use second page if necessary)  
Ask injured worker what could be done to prevent this in the future.

\_\_\_\_\_  
\_\_\_\_\_

Recommendations to prevent re-occurrence :

\_\_\_\_\_  
\_\_\_\_\_

(Use second page if necessary)

Investigator(s) Name(s) 1) \_\_\_\_\_  
2) \_\_\_\_\_

Date: \_\_\_\_\_  
Corrective Action Assigned to : \_\_\_\_\_  
Completion Date: \_\_\_\_\_

---

<sup>1</sup>A "serious injury or illness" occurring in a place of employment or in connection with any employment which requires inpatient hospitalization for a period in excess of 24 hours, for other than medical observation or in which an employee suffers a loss of any member of the body or suffers any serious degree of permanent disfigurement, or death shall be reported to the nearest District office of the Division of Occupational Safety and Health immediately but not longer than 8 hours after the employer knows of such death or serious injury or illness.

---

---

**COASTAL INTERNATIONAL, INC.**  
**INJURY AND ILLNESS PREVENTION PROGRAM**

---

---

SAFETY VIOLATION NOTICE

TO: \_\_\_\_\_ DATE: \_\_\_\_\_

On \_\_\_\_\_ you were in violation of the following Code of Safe Work Practices or Standard Operating Practice:

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

Signed \_\_\_\_\_  
Employee Date

\_\_\_\_\_  
Manager Date



---

---

**COASTAL INTERNATIONAL, INC.**  
**INJURY AND ILLNESS PREVENTION PROGRAM**

---

---

SAFETY SUGGESTION FORM

DATE:

EMPLOYEE SAFETY SUGGESTION:

---

---

---

---

---

---

This suggestion may be submitted anonymously: To \_\_\_\_\_



---

---

# COASTAL INTERNATIONAL, INC.

## INJURY AND ILLNESS PREVENTION PROGRAM

---

---

### Emergency Action Plan

#### I. Purpose

The purpose of Coastal International's Emergency Response Plan and Procedures (Plan) is to guide the communication, action, and follow through necessary to safely respond to potential emergencies at Coastal's office and show site locations. The Plan details specific response to be taken to the following emergencies:

FIRE  
MEDICAL EMERGENCY  
EMPLOYEE VIOLENCE

EARTHQUAKE  
BOMB THREAT  
CHEMICAL SPILL

#### II. Use

This Plan is to be used to guide employee communication and action in case of an emergency at Coastal's facilities.

This Plan includes instructions for responding to the emergencies at located in the appropriate sections of this Plan. Turn to the specific section for guidance regarding that emergency.

---

---

**COASTAL INTERNATIONAL, INC.**  
**INJURY AND ILLNESS PREVENTION PROGRAM**

---

---

### **III. Training**

All employees will be provided with this Plan upon employment at Coastal International. Orientation and training regarding the contents of this Plan will be conducted within the first three days of employment at Coastal. . Employees will be shown the location of all posted emergency response procedures and evacuation maps within the respective facility. Knowing how to respond in the case of an emergency is a part of your responsibilities as an employee at Coastal International. If at any time you do not understand what to do in case of an emergency, ask your supervisor for assistance.

---

---

# COASTAL INTERNATIONAL, INC.

## INJURY AND ILLNESS PREVENTION PROGRAM

---

---

### FIRE

#### I. Communication

If fire can be extinguished with a fire extinguisher, do so.

If fire cannot be immediately controlled with a fire extinguisher, respond by calling the fire department (911 on an outside line) or specifically asking a co-worker to call the fire department. The fire department should be told the specific nursery location.

Notify supervisor.

Sound an alarm for the fire in the greenhouse, warehouse or structure involved regarding the specific location of the fire and request orderly evacuation of that area until further notice.

#### II. Action

When asked to evacuate the building, do so according to the evacuation plan. Do not leave the premises or reenter the building until specifically told to do so by your supervisor.

Employees who are responsible for equipment/machinery will shut off power to that equipment if time allows.

Supervisors are responsible for turning off gas lines and building services, if required by the fire and/or its location.

The supervisor is responsible, working with the fire department, to assess conditions and determine when it is safe to reenter the building.

Do not turn power back on, or restart equipment until told to do so by your supervisor.

---

---

## **COASTAL INTERNATIONAL, INC.**

### **INJURY AND ILLNESS PREVENTION PROGRAM**

---

---

#### **MEDICAL EMERGENCY**

Medical emergencies may occur due to an accident within the nursery, personal health related emergencies, or the result of a catastrophe at the facility fire, an earthquake, etc. The following are guidelines for your action in the case of any of these medical emergencies.

##### **I. Communication**

Contact your supervisor and first aid responder for any medical emergencies.

The supervisor is to call 911 for any incapacitating medical emergency. Explain the nature of the medical emergency and facility address and specific location within the nursery and request emergency medical response.

For medical emergencies where outside medical emergency response is requested, you may need to send an employee to the entrance gate to meet the medical services personnel and direct them to the specific location.

For all non-incapacitating injuries or illnesses notify your supervisor, and if needed, the first aid responder.

##### **II. Action**

Stay with the injured or ill employee until qualified help arrives, either outside medical personnel or a first aid responder.

Do not attempt to move injured or ill employees unless there is a threat of further harm if left where they are.

Regardless of how minor the injury, no employee will be allowed to drive him or herself to medical care unless approved by a Coastal representative .

Any employees, who have reported injury or illness at work, must first check with Human Resources before returning to work. Employees may be asked to provide a medical release from their treating physician prior to returning to work.

---

---

## **COASTAL INTERNATIONAL, INC.**

### **INJURY AND ILLNESS PREVENTION PROGRAM**

---

---

## **EARTHQUAKE**

Based upon the location of Coastal International's California facilities, employees are exposed to the possibility of experiencing an earthquake during working hours. As a result, Coastal has designed the following guidelines to assist employees in case of an earthquake. Due to the need to take immediate action to protect you, those actions are listed before identifying internal or external communication.

### **I. Action**

If inside an office, convention hall or warehouse, take shelter under a desk, table, or doorframe or other sturdy object in your work area.

If shelter is unavailable, lie flat on the floor and cover your head and neck with your arms.

If outside, move into an open area. Move away from power lines, poles, trees, water tanks, or any other tall objects.

If driving a vehicle, pull to the side of the road and come to a complete stop.

After motion has stopped, move to the nearest exit if inside a building and report to your designated safety area.

Avoid large areas of glass, either outside windows or interior glass windows.

Respond to medical emergencies resulting from an earthquake by notifying your supervisor and first aid responder. If that is not possible, for an incapacitating injury, call 911 to report the medical emergency.

For minor injuries, report the injury to the closest supervisor or first aid responder.

If the building sustains structural damage, turn off gas and electric services immediately after the initial tremors subside.

### **II. Communication**

Communicate any damage in your areas to your supervisor.

Do not return to work or start up equipment after any earthquake causing noticeable damage until instructed to do so by your supervisor.

---

---

## COASTAL INTERNATIONAL, INC.

### INJURY AND ILLNESS PREVENTION PROGRAM

---

---

## BOMB THREAT

Coastal International may receive a bomb threat by letter, package, or telephone. Police records indicate that the most common method is by telephone. The following instructions deal with telephoned bomb threats.

### I. Communication

If the bomb threat is received by telephone, remain calm. Keep the caller on the line as long as possible. Record, as accurately as possible, every word spoken by the caller. Listen for background noises, music, traffic sounds, etc., which may provide clues of the caller's location.

If the caller does not give the location of the bomb, or when it is set to detonate, ask the caller for this information.

Immediately after the caller hangs up, notify Human Resources of the call. Human Resources will take the responsibility for calling authorities.

After hours, notify the Human Resource Director, at 415 730-2579 as to the bomb threat and they will take responsibility for calling authorities.

In the absence of any other authority to discuss the bomb threat, call Half Moon Bay police department at 911.

After the police department arrives on the scene, they will take responsibility for directing any search for a bomb.

The police will notify plant management when the search is complete, or when the building must be evacuated.

### II. Action

No facility evacuation will be implemented without the express communication of the police in conjunction with management. Employees will not take it upon themselves to evacuate the facility without order to do so.

If the facility, or a portion of it, is evacuated, the evacuation plans and maps will be followed. No one is to leave the appointed evacuation area until told to do so by his or her supervisor.

If not evacuated, personnel will continue with their normal job duties.



---

---

## **COASTAL INTERNATIONAL, INC.**

### **INJURY AND ILLNESS PREVENTION PROGRAM**

---

---

## **CHEMICAL SPILL**

### **I. Communication**

Prior to any action review the Material Safety Data Sheet (MSDS) regarding health hazards or fire and explosion information to insure there is no immediate threat to the safety and welfare of employees.

Read the Material Safety Data Sheet (MSDS) and follow the MSDS spill/leak procedures and special protection measures for cleanups.

If anyone has been overcome by vapors from a chemical spill, dial 9-911 on an outside line to request emergency medical response.

### **II. Action**

Evacuate the contaminated area.

If necessary to evacuate the area, employees are to meet in their designated safety area until they are informed by a supervisor that it is safe to return.

If the spill requires evacuation of the facility, or a part of the facility, it should be communicated across the paging system. In this case, evacuation should follow the procedure for evacuation due to fire. Employees are not to leave the gather area for their department until told to do so by their supervisor.

If anyone is overcome by vapors from a chemical spill, do not attempt to enter the area without the use of a respirator. Only those trained in the use of respiratory equipment are to use it.

---

---

## **COASTAL INTERNATIONAL, INC.**

### **INJURY AND ILLNESS PREVENTION PROGRAM**

---

---

#### **EMPLOYEE VIOLENCE**

While no one expects employee threats or violence to become a serious occupational risk, we believe it is better to educate and be prepared than pretend that such risks do not exist. This page deals with how to respond to either threats or actual violence in the workplace. This is not expected to be a preventive program, but rather provide a response procedure should either threats or violence becomes a reality.

#### **I. Communication**

Report all threats of workplace violence to the Human Resources Department. Your report will be kept confidential. The threat could be against you, or against one of your co-workers.

If the incident indicates, the Human Resources Department may report the violence, or threat, to the local police department. If the threats occur after the normal working hours of the Human Resources Department, report any threats to your supervisor or manager on duty.

#### **II. Action**

The Human Resources Department will treat all threats of violence seriously and investigate them. Where circumstances indicate, corrective actions will be taken by Coastal International to protect employees.



---

---

**COASTAL INTERNATIONAL, INC.**  
**INJURY AND ILLNESS PREVENTION PROGRAM**

---

---

FIRE	<p>NOTIFY THE SUPERVISOR IN CHARGE.</p> <p>SUPERVIOR DIALS 911 ON AN OUTSIDE LINE AND REPORT THE EXACT LOCATION TO THE FIRE DEPARTMENT.</p> <p>FOR SMALL FIRES IT IS PERMISSIBLE TO USE FIRE EXTINGUISHERS TO EXTINGUISH THE FIRE.</p>
MEDICAL EMERGENCY	<p>NOTIFY THE SUPERVISOR IN CHARGE AND FIRST AID RESPONDER.</p> <p>FOR INCAPACITATING INJURIES, DIAL 911 ON AN OUTSIDE LINE AND REQUEST MEDICAL ASSISTANCE. INFORM MEDICAL PERSONNEL OF THE EXACT LOCATION OF THE INJURED WORKER.</p> <p>FOR MINOR INJURIES OR ILLNESSES, REPORT THEM TO YOUR SUPERVISOR.</p>
EARTHQUAKE	<p>TAKE SHELTER UNDER A TABLE, DESK.</p> <p>IF UNAVAILABLE, LIE FLAT ON THE FLOOR, COVERING YOUR ARMS AND NECK WITH YOUR HANDS.</p> <p>OUTSIDE STAY AWAY FROM POLES, TOWERS, BUILDINGS, GLASS, ETC.</p>
BOMB THREAT	<p>IF RECEIVED BY TELEPHONE, TAKE AS MUCH INFORMATION AS POSSIBLE, INCLUDING LOCATION AND TIME FOR DETONATION OF THE BOMB AND IMMEDIATELY REPORT THIS INFORMATION TO HUMAN RESOURCES. AFTER NORMAL HOURS, CALL HUMAN RESOURCES DIRECTOR AT: _____</p>
CHEMICAL SPILL	<p>NOTIFY THE SUPERVISOR IN CHARGE AND PESTICIDE MANAGER.</p> <p>CLEAR THE GENERAL AREA AROUND THE SPILL.</p> <p>DO NOT ATTEMPT TO CLEAN UP THE SPILL WITHOUT INSTRUCTION.</p>
EMPLOYEE VIOLENCE	<p>REPORT ANY THREAT OR ACTUAL EMPLOYEE VIOLENCE IMMEDIATELY TO HUMAN RESOURCES.</p>

