

SECTION I - PART D
SAFETY AND HEALTH

SAFETY VISION STATEMENT – WASTE MANAGEMENT, INC.

Safety is equal to all other key components of successful performance --

Each employee is responsible for safe behavior.

Each employee is personally accountable for:

- *Promoting a safe environment*
- *Maintaining a zero tolerance for unsafe actions and decisions*
- *Directly participating in all aspects of safety programs*
- *Managers at all levels will set the standard in our industry*

Waste Management, Inc. (WM) has developed a comprehensive worker safety and health program, consisting of policies, procedures, training, and documentation, that is implemented by the West Hawai'i Sanitary Landfill (WHSL) to help facilitate safety measures at the landfill, by maintaining a safe and secure working environment for WHSL personnel, and to ensure compliance with applicable OSHA standards, federal regulations, and WM policies. WMH considers safety to be everyone's responsibility. WHSL management (with support from WMH personnel) is responsible for overseeing and strictly enforcing the site's safety program, and for conducting safety meetings, site inspections, and training sessions to ensure the safety of WHSL employees and customers.

Personal protective equipment (PPE) appropriate to the duties performed is provided to WHSL employees, and proper use of PPE is required. PPE for equipment operators and spotters may include steel toe and shank boots, gloves, eye protection, hearing protection, dust masks, and hardhats, depending on the duties being performed and the material being handled.

WM provides health and safety guidance and support through *WMVisor*, a WM intranet-based system. *WMVisor* allows managers at each operating district to access corporate policies, advisories, and guidance documents on-line. Specific health and safety-related items available via *WMVisor* include:

- Health and Safety Best Practices
- Health and Safety Site Performance Charts
- Waste Management's Life Critical Rules
- Health and Safety Contact List
- Safety Alerts & Advisories
- Operations and Safety Rule Book
- Critical Incident Report, and
- Managers Safety Program Development Guide.

The WM Safety and Health Program is supplemented by the Landfill Operations Safety Communications Program which consists of site-specific training modules that WHSL personnel are trained on during weekly safety briefings. Training module topics include:

- Lockout / Tagout
- Respirator Protection
- Confined Space Entry
- Emergency Action Plan

- Fire Prevention
- Bloodborne Pathogens
- Injury and Illness Prevention Program
- Personal Protective Equipment
- Hearing Conservation
- Hazard Communication
- Welding, Burning, and Hot Works
- Respiratory Protection
- First Aid Kit Requirements, and
- Contractor Safety.

Job-specific safety and health training is provided to WHSL personnel by the Site Manager in accordance with applicable regulations and WM policies. The WMH Environmental Protection Manager assists with the weekly meetings by discussing regulatory and compliance-related topics. Each training session is documented on a *Safety Meeting Attendance Sheet* and records of all current WHSL personnel are maintained on-site in the WHSL Operating Record/Files for the term of their employment. Material safety data sheets (MSDS) are retained on-site for a period of 30 years.

The WHSL Injury and Illness Prevention Program (IIPP) (also called a Safety Action Plan) is included in this section of the Site Operations Manual and is comprised of various programs that are designed to provide and maintain a safe and effective workplace. Education and training is provided so that all WHSL personnel are knowledgeable of and understand the contents of this program.

INJURY AND ILLNESS PREVENTION PROGRAM

WEST HAWAII SANITARY LANDFILL

WAIKOLOA, HAWAII



PREPARED BY

WASTE MANAGEMENT OF HAWAII, INC.

APRIL 2008

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Program: Injury and Illness Prevention Program (IIPP)

Facility: Waste Management of Hawai'i, West Hawai'i Sanitary Landfill

Facility Location: 71-111 Queen Kaahumanu Highway, Waikoloa, Hawai'i

SAFETY POLICY STATEMENT

At Waste Management of Hawai'i's (WMH) West Hawai'i Sanitary Landfill (WHSL), we are committed to the health and safety. We want to provide a clean and healthful workplace for our employees and avoid the needless pain and suffering associated with accidents. We are committed to a successful accident prevention program that includes the identification and correction of hazards and training of employees in safe work practices. We strive to comply with all safety and health standards and we expect the full cooperation of our employees so that we can be proud of our safety record.

The WHSL has developed a comprehensive Injury and Illness Prevention Program (IIPP). The goal of this program is to minimize the frequency and severity of employee accidents and comply with the laws and regulations that pertain to our operation. The program has been designed to eliminate physical hazards from the work environment and train employees in safe work practices.

Accident prevention is an integral part of any successful organization. We recognize that accidents not only cause physical and mental pain to employees, but are also costly in terms of dollars and lost production. Efficient accident prevention can be directly related to increased profitability for our business.

Although the ultimate responsibility for the safety program lies with the managers and supervisors, the program cannot succeed without the cooperation of all our employees. Everyone must be one hundred percent safety conscious in everything he or she does while on the job. We are confident that with a sincere and concentrated effort from everyone, our safety goals can be achieved.

NOTICE TO ALL EMPLOYEES

As the Site Manager for WHSL, I am concerned about personal injuries and vehicle accidents. Accidents cause suffering and financial loss to employees and their families.

I believe there is a safe way to do every job and to reach this goal. A comprehensive IIPP has been established for the WHSL to develop, implement, and educate all employees about safety and health policies and procedures.



RESPONSIBILITY

Mike Kaha, Site Manager has been assigned the responsibility and authority to manage the IIPP for the WHSL, however, the ultimate responsibility for safety and health in the workplace still rests with:

SENIOR MANAGEMENT has the ongoing responsibility to ensure departmental implementation of the IIPP and to ensure the health and safety of our employees. This is accomplished by communicating the importance of a WHSL employee's emphasis on health and safety, analyzing work procedures for high hazard identification and correction, ensuring regular workplace inspections, providing health and safety training, and encouraging prompt employee reporting of health and safety concerns without fear of reprisal.

LINE SUPERVISORS are responsible for implementing and maintaining the IIPP in their work areas and for answering worker questions about the Program.

ALL EMPLOYEES are responsible for the timely reporting of safety hazards in the workplace. Employees are also responsible for following general safe work practices, as well as the safe work practices specific to their jobs.

COMPLIANCE

WHSL Management is responsible for ensuring that all safety and health policies and procedures are clearly communicated and understood by all employees. Managers and supervisors are expected to enforce the rules fairly and uniformly.

All employees are responsible for using safe work practices, for following all directives, policies and procedures, and for assisting in maintaining a safe work environment.

Our systems for ensuring that all employees comply with the rules and maintain a safe work environment include:

- Informing employees of the provision of our IIPP;
- 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;
- Conducting Observation Behavior Assessments (OBAs);
- Coaching employees for failure to comply with safe and healthful work practices; and
- Discipline or corrective action.
- Corrective action steps: 1) Written Verbal; 2) Written Warning; 3) Suspension
4) Termination.



COMMUNICATION

Supervisors are responsible for communicating with all employees about safety and health issues in a form readily understandable by all employees. All department personnel are encouraged to communicate safety concerns to their supervisor without fear of reprisal.

We recognize that open, two-way communication between management and staff on health and safety issues is essential to an injury-free, productive workplace. The following system of communication is designed to facilitate a continuous flow of safety and health information between management and staff in a form that is readily understandable and consists of the following items:

- New work orientation including a discussion of safety and health policies and procedures. [**Employee Orientation Form**]
- Review of our IIPP.
- Workplace safety and health training programs.
- Regularly scheduled safety meetings.
- Effective communication of safety and health concerns between employees and supervisors, including translation where appropriate.
- Posted or distributed safety information.
- A system for employees to anonymously inform management about workplace hazards. [**Employee Report of Unsafe Condition or Hazard Form**]

HAZARD ASSESSMENT

Periodic inspections to identify and evaluate workplace hazards will be performed by a competent observer(s) in the following areas of our workplace:

Periodic inspections are performed according to the following schedule:

1. When we initially established our IIPP;
2. When new substances, processes, procedures or equipment which present potential new hazards are introduced into our workplace;
3. When new, previously unidentified hazards are recognized;
4. When occupational injuries and illnesses occur; and
5. Whenever workplace conditions warrant an inspection.

Periodic safety inspections:

Inspection frequency will depend on the type of inspection to be completed - weekly, monthly, or quarterly intervals. The following will be used as a guideline:

- Daily: High hazard or frequently changing operations or equipment (Commercial vehicles, forklifts, over the road vehicles, wheel loaders, heavy equipment).
- Monthly: Overall inspection of the entire facility. [**Facility Inspection Form**]

INCIDENT / EXPOSURE INVESTIGATIONS

Injury Reporting

Employees who are injured at work must report the injury immediately to their supervisor. If immediate medical treatment beyond first aid is needed, call 911. The injured party will be taken to the appropriate hospital or medical center. If non-emergency medical treatment for work-related injuries or illnesses is needed, notify your supervisor or the WHSL Site Manager (Mike Kaha). The supervisor of the injured employee must work with the Site Manager to ensure that the "Employer's First Report of Occupational Injury or Illness" and a "Workers' Compensation Claim Form" are completed properly and submitted. If the injured employee saw a physician, the supervisor should obtain a medical release before allowing the employee to return to work. The health care provider may stipulate work tasks that must be avoided or work conditions (restricted duty) that must be altered before the employee returns to work.

Injury Investigation

The employee's supervisor and/or Site Manager is/are responsible for performing an investigation [**Employee Incident/Injury Form**] to determine and correct the cause(s) of the incident. This form should be completed within 24 hours of the occurrence. Specific procedures to be used to investigate workplace accidents and hazardous substance exposures include:

- Visiting the accident scene as soon as possible;
- Interviewing injured employees and witnesses;
- Examining the workplace for factors associated with the accident/exposure;
- Determining root cause of the accident/exposure;
- Taking corrective action to prevent the accident/exposure from reoccurring; and
- Recording the findings and corrective actions taken.



HAZARD CORRECTION

Unsafe or unhealthy work conditions; practices or procedures shall be corrected in a timely manner based on the severity of the hazards. Hazards shall be corrected according to the following procedures:

- When observed or discovered;
- When an imminent hazard exists that cannot be immediately abated without endangering employee(s) and/or property, all exposed employees will be removed from the area (except those needed to correct the existing condition). Employees helping with correction of the hazardous condition shall be provided with the necessary protection; and
- All such actions taken and dates they were completed shall be documented on the "Hazard Correction Report" [**16A Corrective Action Form**].

TRAINING AND INSTRUCTION

All employees, including managers and supervisors, will have training and instruction on general and job-specific safety and health practices. Training and instruction will be provided as follows:

- When the IIPP is first established;
- To all employees given new job assignments for which training has not previously been provided;
- Whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard;
- To supervisors in order to familiarize them with the safety and health hazards to which employees under their immediate direction and control may be exposed; and
- To all employees with respect to hazards specific to each employee's job assignment.

Workplace safety and health practices include, but are not limited to, the following:

- Explanation of the WHSL IIPP, Emergency Action Plan, and Fire Prevention Plan, and measures for reporting any unsafe conditions, work practices, injuries and when additional instruction is needed.
- Use of appropriate clothing, including gloves, footwear and personal protective equipment (PPE).
- Information about chemical hazards to which employees could be exposed and other hazard communication program information.
- Availability of toilet, hand-washing and drinking facilities.
- Provisions for medical services and first aid including emergency procedures.



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In addition, the WHSL provides specific instructions to all employees regarding hazards unique to their job assignment, to the extent that such information was not already covered in training.

RECORDKEEPING

Documents related to the IIPP are maintained in the WHSL Operating Record/Files, located in the main office. Records relating to the IIPP are as follows:

- Records of hazard assessment inspections [**Facility Inspection Form/ Employee Report of Unsafe Condition or Hazard Form**] (including the person[s] conducting the inspection, the unsafe conditions and work practices that have been identified and the action taken to correct the identified unsafe conditions and work practices) are recorded and retained for a minimum of one (1) year; and
- Documentation of safety training for each employee (including the employee's name, training dates, type[s] of training, and training providers) are recorded on a employee training sheet [**Safety Training Attendance Sheet**] and retained for a minimum of one (1) year.

The following specific programs are part of the overall IIPP effort. Each has its own written program:

- BLOODBORNE PATHOGENS
- CONFINED SPACE ENTRY
- EMERGENCY ACTION PLAN / FIRE PREVENTION PLAN
- HAZARD COMMUNICATIONS
- LOCKOUT / TAGOUT
- PERSONAL PROTECTIVE EQUIPMENT
- RESPIRATORY PROTECTION
- SUBSTANCE ABUSE PROGRAM
- FORKLIFT
- WELDING & CUTTING
- HEARING CONSERVATION

This IIPP for the WHSL is hereby approved:

SIGNATURE

DATE



Employee Orientation

NAME: _____ DATE EMPLOYED: _____

DEPARTMENT ASSIGNED: _____

JOB ASSIGNMENT: _____

The following items should be discussed during orientation:

Company safety policies and programs - employee to be given a copy of the Injury and Illness Prevention Program and be required to read it.

_____ Safety rules, both general and specific to job assignment.

_____ Safety rule enforcement policy (disciplinary procedures).

_____ Where, when and how to report injuries.

_____ Where, when and how to report unsafe conditions.

_____ Review of fire and emergency evacuation plan.

_____ Location and use of fire extinguishers.

_____ Requirements for safe work clothing and PPE (hard hats, high visibility safety vests, dust masks, ear plugs, steel toe work boots, safety glasses [as needed] and gloves).

_____ Importance of housekeeping (spills, etc.)

_____ Special job hazards (chemicals, special precautions, etc.)

_____ Assignment and use of PPE

_____ Proper lifting procedures (include demonstration)

_____ Employee is certified in the following:

ADDITIONAL
TRAINING
REQUIREMENTS:

IMPORTANT: If employee is transferred to another job, a new safety orientation form should be completed.

SIGNED: _____ DATE: _____
Supervisor

SIGNED: _____ DATE: _____



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Employee Report of Unsafe Condition or Hazard Form

Employee Report of Unsafe Condition or Hazard

Name: (optional) _____

Department: _____

Job Title: _____

Location of condition believed to be unsafe/hazardous:

Date and time the condition or hazard was observed: _____

Description of unsafe condition or hazard:

What changes would you recommend to correct the condition or hazard?

Employee Signature: (optional) _____

Date: _____

Reviewed by: _____ Date: _____

Corrected by: _____ Date: _____



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Facility Inspection Form**



WASTE MANAGEMENT

Monthly Safety & Housekeeping Inspection Checklist

Inspection Date: _____ Inspector: _____

Location Name: _____ Location Code: _____

Fully explain all items that need immediate attention at the end of the checklist. Include the item letter, number, location of the deficiency, and the corrective action necessary.

A = Adequate at time of inspection N= Needs attention N/A = Not applicable

A N N/A

GENERAL FACILITY

A. Order/Sanitation

		A	N	N/A
1	Aisles and floors free of slip and trip hazards			
2	Corners, out-of-way places clean and orderly			
3	Work places, tables, and benches clean and orderly			
4	Desks, files, supervisor's areas, office neat			
5	Wash rooms, locker rooms and fountains clean and sanitary, disposal containers adequate			
6	Is hand soap or other cleaning agent and warm water provided?			
7	Are hand towels or some other means of drying hands available?			
8	Railings and surrounding areas clear of obstructions with 5 feet of centerline			
9	Sidewalks and parking lots in good condition (walking surface, holes, ice)			
10	Employee break areas clean and orderly			

B. Hazard Communication Program

		A	N	N/A
1	Company Health and Safety Policy current and posted? (IIPP)			
2	Are regulatory posters current and posted (WCB/WSIB, OHS)?			
3	Company H&S documentation posted (Safety Alerts etc)			
4	Material safety data sheets up to date & available to employees			
5	Hazardous materials properly labeled			
6	Piping systems labeled			
7	Hazard Communication Program current and accessible to employees			

C. Lights and Ventilation

		A	N	N/A
1	General lighting adequate and working properly? Do			
2	Task lighting adequate			
3	Ventilation system adequate and working properly.			
4	Emergency lighting in place and working? Are monthly inspections conducted?			
5	Air recirculating systems inspected on a regular basis			

D. Fire Prevention, Emergencies and Exits

		A	N	N/A
1	Safety rules enforced (posted ?)			
2	Are exterior and interior lights adequate and in working order?			
3	Are exits and aisles leading to exits visible, clearly marked, kept clean and with a pathway of at least 28 inches wide?			
4	Non-exits properly labeled			
5	Exit signs illuminated?			
6	Extinguishers provided and checked Monthly, training conducted with all persons expected to use extinguishers?			



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7	Accessibility of fire extinguishers (easily accessible and identified)			
8	Hoses, sprinkler heads and valves unobstructed			
9	sprinklers & material below at least 18 inches (36 inches for bales)			
10	Flammable liquids stored in approved safety can/cabinet, with self closing doors/ lids.			
11	No oxidizing materials stored in Flammable liquids cabinet			
12	Test emergency lighting equipment as required			
13	Test fire/security detection/protection devices as required			
14	Fire doors kept closed at all times. (most office doors are designated as fire doors)			
15	"No Smoking" signs posted in required areas			
16	No Smoking rules/regulations enforced			
17	are emergency valves / switches clearly marked and accessible?			

E. Walking and Working Surfaces

		A	N	N/A
1	Are floor openings and platforms or workstations 48 inches or higher guarded by a cover, a guardrail? (top rails must be a minimum of 42" with a mid rail. 4" toe boards must be in place if potential for falling objects)			
2	Are grates or covers over floor openings such as floor drains, secured			
3	Are step risers on stairs uniform from top to bottom			
4	Are steps on stairs and stairways provided with a surface that renders slip resistant? Handrails provided?			
5	Aisles, stairs and passageways kept clear			
6	Aisles clearly marked for pedestrian traffic			
7	Wet surfaces cleaned up or covered with non-slip materials			
8	Mirrors used at intersections and adjusted properly			
9	Are changes of direction or elevations readily identifiable? (painted yellow)			
10	Seasonal hazards are addressed; snow removal, salt, sand etc			
11	Mezzanines marked with rating and not overweight			

F. First Aid

		A	N	N/A
1	Emergency eye washes and showers properly located, identified, inspected, (with tag) unobstructed, and training conducted.			
2	Sufficient water pressure to eye wash and showers			
3	First aid cabinets well stocked, clean & accessible, no items have expired use dates			
4	Bloodborne pathogens kits available			
5	First aid providers names/certificates posted			
6	Medical waste container available			
7	emergency response numbers posted?			

G. Trash Receptacles

		A	N	N/A
1	Trash receptacles provided and used			
2	Trash receptacles emptied regularly			

H. Electrical

		A	N	N/A
1	Electrical boxes provided with required covers (all open spaces are have block outs)			



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2	Temporary wiring in safe condition			
3	Temporary wiring only used on temporary projects			
4	Permanent wiring in safe condition No open or exposed plugs or wires, all wires are protected from abrasion.			
5	Electrical panels closed when not being accessed .			
6	Electrical rooms are kept locked			
7	Electrical panels unobstructed must be clear for 30" wide and 36" to the front			
8	all disconnects must be clearly labeled, and legible.			
9	Power tools grounded or double insulated (3 prong)			
10	Are All electrical outlets marked for Voltage (Over 110 Volts)			

I. Yard and Fueling Areas

		A	N	N/A
1	Are spill kits readily available around fueling areas (training conducted and procedures posted)			
2	Are nozzles and hoses in good condition			
3	Is the emergency shut-off clearly marked			
4	The hose emergency break-away is in place			
5	Fueling areas are inspected daily for spills/leaks			
6	Yard is clean; snow removal, free from debris etc			
7	Yard lights are working			
8	Fencing is in good condition and free from debris			
9	LNG fueling area has appropriate PPE (cryogenic gloves and apron, face shield, safety goggles)			
10	LNG off loading procedures posted at fueling area?			

I. Ladders and Elevated Platforms

		A	N	N/A
1	Are portable ladders numbered and in good condition with slip proof feet and no cracks, paint or splinters on the rungs (inspected and steamed cleaned monthly)			
2	Are fixed metal ladders painted or treated to resist corrosion & rusting			
3	between the nearest permanent object and the centerline of the rungs			
4	Is the fixed ladder's clearance distance at least 7 inches between the backside of the ladder from the center of the rung to the nearest permanent object			
5	Does the ladder extend 3.5 feet above the parapet or landing			
6	Elevated platforms (over 4 feet high) equipped with 42" railing, intermediate railing and toe boards			
7	Head clearance (7' or more) provided from the floor to the ceiling			

Maintenance Areas

J. Personal Protective Equipment & Housekeeping

		A	N	N/A
1	Safety glasses with approved side shields (meeting Z87.1)			
2	Proper safety boots worn (CSA approved)			
3	Chemical resistant gloves worn where appropriate			
4	Hearing protection properly used (when required and training conducted)			
5	Hearing protection dispensers appropriately positioned (free from contamination?) 3 different styles available?			
6	Bloodborne pathogens equipment available			
7	Are respirators clean, properly stored, and respirator program in effect			



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8	Face shield properly used and appropriate for the task?			
9	Are closed containers provided for soiled rag disposal and emptied daily?			
10	Are unused portions of service pits and pits not actually in use either covered or protected by guardrails or equivalent.			
11	Other (Personal Protective Equipment)			

K. Cranes, Hoists, & Slings

		A	N	N/A
1	Is the rated load of the crane, hoist and sling (for each type of hitch) plainly marked on each component.			
2	Are all functional operating mechanisms checked on a daily basis for maladjustment that could interfere with proper operation			
3	Are lines, tanks, valves, drain pumps and other parts of the air or hydraulic system inspected daily			
4	Does rope reeving comply with manufacturer's recommendations			
5	Is a Chain, Sling and Hoist inspection program implemented			
6	Are cranes used only by designated personnel in accordance with their rated load and operation specifications with brakes tested each time a load approaching the rated limit is handled			
7	Is each sling in use free from excessive wear or defects and securely attached to their load when in use			
8	is training conducted at least annually			
9	Is annual certification being conducted on hoists, cranes rated over 2 tons			
10	The overhead hoist have a warning devices for each crane equipped with a power traveling mechanism			

L. Electrical and Fire Safety

		A	N	N/A
1	Are combustible liquids (fuels, lubes, solvents, paints etc) stored in non-combustible cabinets with self closing doors.			
2	Are flammable liquids contained in approved safety cans and (except aerosol cans) stored in a fire resistant cabinet			
3	Are Class 1 liquids dispensed into containers after the nozzle and container are electrically grounded			
4	Are electrical circuit breakers (and fuel pump switches) identified and labeled and are outlet boxes in good condition			
5	Do electrical cords, extension cords, and trouble lights have approved 3-wire ground type and in good condition			
6	Is pressure washer in good working order (hoses, vent and fuel lines)			
7	Is "Eye Protection Required" sign posted			
8	Are overhead doors and controls in good working order			
9	Are All electrical outlets marked for Voltage (Over 110 Volts)			

M. Welding, Cutting, Burning, Brazing

		A	N	N/A
1	Fire precautions being used (extinguisher nearby)			
2	Personal protective equipment used			
3	Electrodes removed/gas valves closed when not used			
4	Welding curtains used			
5	Welder cables, clamps and guards in good condition and are torch hoes, regulators and valves equipped with anti-flash back valves			



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6	Are "Hot Work Permits" used or is welding conducted in designated areas, at least 35 feet from combustible materials, spray painting, etc.			
7	Are fire watch employee(s) required whenever welding or cutting is performed in location where other than a minor fire might develop, and the fire watch maintained for at least 1/2 hour after completion.			
8	Compressed gas cylinders stored and secured properly (double chained and protected from any heat source)(sunlight)			

N. Compressed Gas Cylinders

		A	N	N/A
1	Cylinders legibly marked and labeled to clearly identify the gas contained			
2	Are oxygen & acetylene tanks stored properly and secured, separated by 20 feet or with a 5 foot high fire resistant wall between oxygen and fuels			
3	Are cylinders stored in areas that are protected from heat and flame and located at least 25 feet from electrical equipment and people and at least 20 feet from flammable liquids or combustible materials			
4	Are cylinders transported in a manner to prevent them from creating a hazard by falling or rolling			
5	Are all valves closed off before a cylinder is moved, when the cylinder is empty, and at the completion of each job and are valve protectors used when cylinders are not in use.			

O. Machine Guarding

		A	N	N/A
1	Is tire repair equipment in good condition (instructions posted?)			
2	Are saws, used for ripping equipment with anti-kick back devices and spreaders			
3	Are radial arm saws so arranged that the cutting head will gently return to the back of the table when released			
4	Are power machines, shears, grinders, saws, drill presses etc properly anchored and guarded? "Eye Protection" signs posted?			
5	Do fixed grinders have side guards that cover the spindle, nut, and flange and 75% of the wheel diameter, a tool rest adjusted to within 1/8" and a tongue guard adjusted to within 1/4" of wheel			
6	Before new abrasive wheels are mounted, are they visually inspected and ring tested			
7	Are splash guards mounted on grinders that use coolant to prevent the coolant reaching employees			

P. Hand Tools, Power Operated Tools & Equipment

		A	N	N/A
1	Are all tools and equipment in good condition and used with the correct shield or guard or attachment recommended by the manufacturer			
2	Are hand tools such as chisels, punches, wrenches etc which are worn bent or mushroomed during use, reconditioned or replaced as necessary			
3	Are appropriate handles used on files and similar tools			
4	Are jacks checked periodically to assure they are in good operating condition			
5	Are tool cutting edges kept sharp so the tool will move smoothly without binding or skipping			
6	Are rotating or moving parts of equipment guarded to prevent physical contact			



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7	Are all cord connected, electrically operated tools and equipment effectively grounded or of the approved double insulated type			
8	Are portable fans provided with full guards or screens having openings 1/2" or less			
9	Are ground fault circuit interrupters provided on all temporary electrical 15 and 20 amperes circuits, used during periods of construction			
10	Are pneumatic and hydraulic hoses on power operated tools checked regularly for deterioration or damage			
11	Do all air hose ends have restraining devices on the quick release side? (not applicable on hose reels)			
12	Are all air outlets regulated at proper PSI for tool being use (usually 90 PSI or Less)			
13	Have all personnel using Pneumatic tools been trained on regulator use.			

OPERATIONS AREAS

Q. Personal Protective Equipment & Housekeeping

		A	N	N/A
1	Safety glasses with approved side shields (Z87.1)			
2	Proper safety boots worn (CSA approved)			
3	Chemical resistant gloves worn where appropriate			
4	Hearing protection properly used			
5	Hearing protection dispensers appropriately positioned(free from contamination?) 3 different styles available?			
6	Bloodborne pathogens equipment available			
7	Are respirators clean, properly stored, and respirator program in effect			
8	Face shield properly used and appropriate for the task?			
9	Are closed containers provided for soiled rag disposal emptied daily?			
10	Is visible protective clothing being worn in designated areas and jobs			
11	Are hard hats worn where designated to do so			
12	Other (Personal Protective Equipment)			

R. Material Handling and Storage

		A	N	N/A
1	Where mechanical handling equipment is used, are there sufficient safe clearance allowed for aisles, at loading docks, through doorways and wherever a turn or passage must be made (doorways must be marked for height)			
2	Are the aisles-ways and passageways kept clean and in good repair and are there no obstructions across aisle-ways that could create a hazard.			
3	Does the storage of material not create a hazard - stacked, blocked, interlocked and limited in height to ensure they are stable and secured against sliding or collapse			
4	Are storage areas kept free from accumulation of materials that constitute hazards from tripping, fire, explosion or harborage of pests			

S. Powered Industrial Trucks - Maintenance & Fueling

		A	N	N/A
1	Are all nameplates and markings in place and legible on powered industrial trucks and visible from the driver's seat.			
2	Are industrial trucks kept in a clean condition, free of lint, excess oil/grease			
3	Is directional lighting provided on each industrial truck			



**INJURY AND ILLNESS PREVENTION PROGRAM
Facility Inspection Form**

4	Does each industrial truck have a warning horn or other device that can be clearly heard above the normal noise in the areas where operated			
5	Does each industrial truck have a reverse signal alarm audible above the surrounding noise level			
6	Are the brakes on each industrial truck capable of bringing the vehicle to a complete and safe stop when fully loaded and does the parking brake effectively prevent the vehicle from moving when unattended			
7	Are industrial trucks when found to be in need of repair, defective or in any way unsafe taken out of service and repaired by an authorized mechanic using replacement parts and handling clean, free from combustibles			
8	Are fuels storage and handling clean, free from combustibles and cigarette butts and is there always metal contact between the container and the fuel tank and are fuel tank caps replaced and secured before starting the engine			
9	Are precautions taken to prevent open flames, sparks or electric arcs in battery charging areas			
10	front Guard in place to prevent operator from pinch point? Not welded to overhead guard.			

S. Powered Industrial Trucks - Operations

		A	N	N/A
1	Are industrial trucks with internal combustion engines, operated in buildings or enclosed areas, carefully checked to ensure such operations do not cause harmful concentrations of dangerous gases or fumes			
2	Are industrial trucks driven by authorized personnel only			
3	Do personnel stay clear of the elevated portion of the trucks whether loaded or empty			
4	Are pre-trip/post-trip inspections done on industrial trucks daily			
5	Are industrial trucks left in an "off" position when unattended or when the operator is more than 25 feet from the vehicle			
6	Are loads only handled within the rated capacity of the truck and is the backrest extension used when necessary to stabilize the load			
7	Are industrial trucks operated at safe speeds and stopped with the horn sounded at across aisles and other locations where vision is obstructed			
8	Are the brakes of highway trucks set and wheel chocks placed under the rear wheels while trucks are boarded with industrial trucks			
9	Are fixed jacks used to support a semi trailer during loading and unloading when the trailer is not coupled to a tractor and wheels chocked.			
10	Is regular protection used to prevent railcars from being moved when dock boards or bridge plates are in position			

T. Electrical Safety

		A	N	N/A
1	Is each disconnect legibly marked to indicate its purpose			
2	Is clear working space in front of an electrical panel maintained at no less than 36" and 30" wide			



**INJURY AND ILLNESS PREVENTION PROGRAM
Facility Inspection Form**

U. Machine Guarding

		A	N	N/A
1	Have all hazards from points of operation, ingoing nip points, rotating parts, flying chips, sparks, moving chains, gears, pulleys and belts (within 7 feet of the floor, landing or stairways) been guarded			
2	Are guards securely affixed to the machine or secured elsewhere if attachment to the machine is not possible and is the guard designed so that it does not create an incident hazard in itself			
3	Are machines in fixed locations securely anchored and kept clean and properly maintained			
4	If special hand tools are used for placing and removing materials, do they protect the operators hands			
5	Are revolving drums, barrels and containers guarded by an enclosure that is interlocked with the drive mechanism, so that revolution cannot occur unless the guard enclosure is in place.			

V. Other Facility Specific Areas

Disease Vector Control

Are waste disposal areas free from populations of disease vectors (flies, birds, animals., etc)?

Litter Control

Are adequate litter control activities taking place?

Any special pest control services/contractors needed?

Environmental Control

Are all tanks and drums containing petroleum products in secondary containment?

Are filters punctured and Hot Drained prior to disposal?



**INJURY AND ILLNESS PREVENTION PROGRAM
Corrective Action Tracking Form**



CORRECTIVE ACTION TRACKING FORM

All items listed and/or identified to be repaired or replaced on this Corrective Action Tracking Form **MUST** be justified for purchase, prior to purchase, by the District Manager and/or Market Area Manager.

District: _____		Generated by: _____				
Date: _____		District Manager: _____				
Type of Review: _____		Contact Person: _____				
No.	Concern/ Observation/ Improvement Opportunity	Recommended Preventative Corrective Action	Person Responsible	Level	Target Date	Completion Date
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						

Level One - High Priority. Issue identified is to be completed as soon as possible **but no later than 10 days** from the date of the MSQA/Safety Review.
Level Two - Serious. Issue identified is to be completed as soon as possible **but no later than 30 days** from the date of the MSQA/Safety Review.
Level Three - Non-Serious. Issue identified is to be completed as soon as practical or 90 days (or more with approval)
 Use full name for person responsible.
 Do not put multiple items in one cell.
Use this form for all updates.



**INJURY AND ILLNESS PREVENTION PROGRAM
Employee Incident/Injury Form**

Site Number	Site Name	City/State
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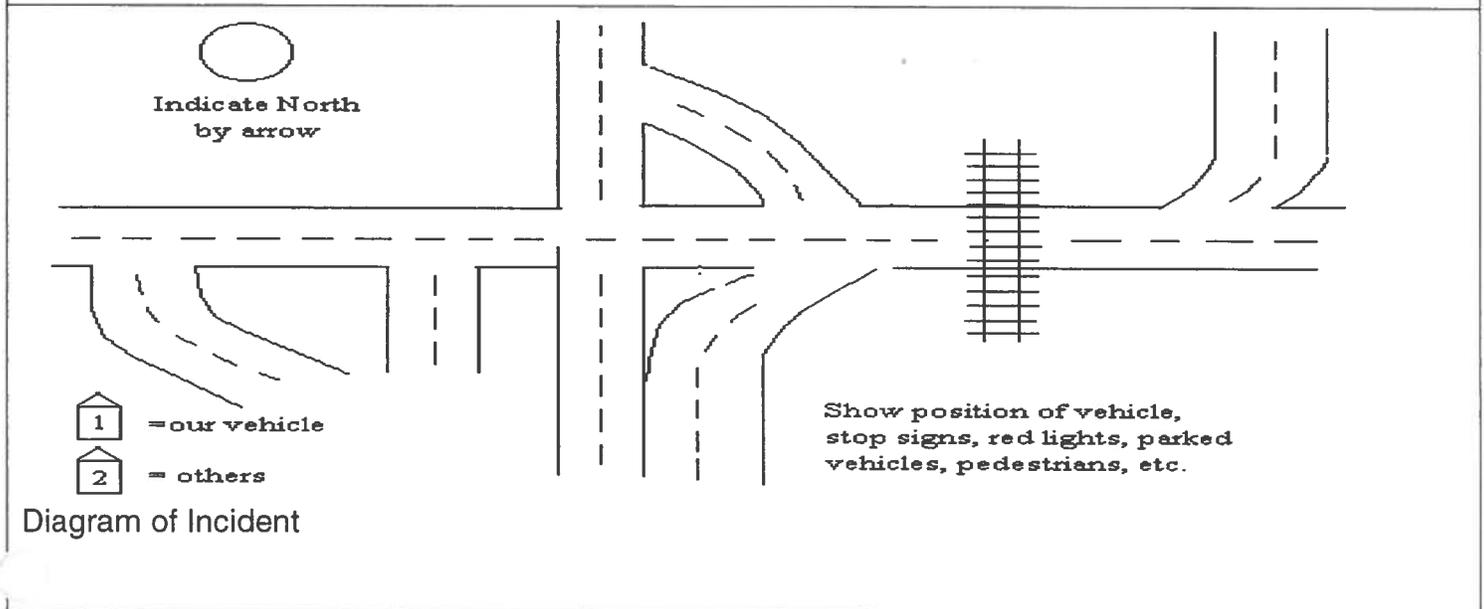
Employee Data

First Name, Last Name, Initial		Social Security Number	
Date of Birth	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Hourly Wage	Average Hours p/wk
Start Time	Job Description	Department/LOB	
Job Class: WMI, Casual/Temp <input type="checkbox"/> Casual/Temporary <input type="checkbox"/> Leased <input type="checkbox"/> Part Time <input type="checkbox"/> WMI/Full Time		Hire Date	
Married <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Spouse a Dependant? <input type="checkbox"/> No <input type="checkbox"/> Yes	Total # of Dependents	
Home Address		Phone #	
City		State	Zip
Driver's License Number	Class Type	State	Expiration Date

Incident Location

Date	Time	Type of Incident: <input type="checkbox"/> Accident <input type="checkbox"/> Employee	Deny Claim? <input type="checkbox"/> Yes <input type="checkbox"/> No	Subrogate? <input type="checkbox"/> Yes <input type="checkbox"/> No
Accident or Injury Occurred: <input type="checkbox"/> On Premises <input type="checkbox"/> Off Premises		Address or Site Area Incident Occurred:		

Description of Incident:





INJURY AND ILLNESS PREVENTION PROGRAM Employee Incident/Injury Form

Supervisor & Employee

Supervisor Name _____

Investigator's Name (Person who prepared form) _____

Date _____

Insurance Claim Number _____

Total Incurred Cost (\$) _____

SECTION II – COMPLETE THIS SECTION FOR ALL EMPLOYEE INJURIES

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Abrasion | <input type="checkbox"/> Amputation | <input type="checkbox"/> Bee Sting | <input type="checkbox"/> Break/Fracture |
| <input type="checkbox"/> Burns – Chemical | <input type="checkbox"/> Burns – Heat/Scald | <input type="checkbox"/> Cold Stress | <input type="checkbox"/> Concussion |
| <input type="checkbox"/> Contusion/Bruise | <input type="checkbox"/> Crushed | <input type="checkbox"/> Cut | <input type="checkbox"/> Dislocation |
| <input type="checkbox"/> Dog Bite | <input type="checkbox"/> Foreign Body/Eye | <input type="checkbox"/> Fracture | <input type="checkbox"/> Frostbite |
| <input type="checkbox"/> Hearing Loss | <input type="checkbox"/> Heart Attach | <input type="checkbox"/> Heat Stroke/Heat Stress | <input type="checkbox"/> Hernia |
| <input type="checkbox"/> Inflamm/Irrit Joints | <input type="checkbox"/> Internal | <input type="checkbox"/> Needle stick | <input type="checkbox"/> Poisoning |
| <input type="checkbox"/> Puncture | <input type="checkbox"/> Respiratory | <input type="checkbox"/> Sprains/Strains | <input type="checkbox"/> Rash |
| <input type="checkbox"/> Rat Bite | <input type="checkbox"/> Other: | | |

Cause of Injury (select only one)

- | | | | |
|--|---|--|--|
| <input type="checkbox"/> Bites (Insect/Animal) | <input type="checkbox"/> Cold Stress | <input type="checkbox"/> Electrical | <input type="checkbox"/> Fall – Height |
| <input type="checkbox"/> Fall – Same Level | <input type="checkbox"/> Falling Debris - Ash | <input type="checkbox"/> Flying/Falling/Rolling Obj. | <input type="checkbox"/> Fire |
| <input type="checkbox"/> Heat Stress | <input type="checkbox"/> Inhalation | <input type="checkbox"/> Needle stick | <input type="checkbox"/> Pushing/Pulling |
| <input type="checkbox"/> Slips/Trips | <input type="checkbox"/> Struck Against | <input type="checkbox"/> Struck By | <input type="checkbox"/> Welding Flash |
| <input type="checkbox"/> Other: | | | |

Activity at Time of Incident (check as many as necessary)

- | | | | |
|--|---------------------------------------|-----------------------------------|--------------------------------------|
| <input type="checkbox"/> Bending | <input type="checkbox"/> Carrying | <input type="checkbox"/> Climbing | <input type="checkbox"/> Dismounting |
| <input type="checkbox"/> Driving | <input type="checkbox"/> Firefighting | <input type="checkbox"/> Jumping | <input type="checkbox"/> Kneeling |
| <input type="checkbox"/> Lifting | <input type="checkbox"/> Lying | <input type="checkbox"/> Pulling | <input type="checkbox"/> Pushing |
| <input type="checkbox"/> Riding | <input type="checkbox"/> Running | <input type="checkbox"/> Sitting | <input type="checkbox"/> Standing |
| <input type="checkbox"/> Stretching/Reaching | <input type="checkbox"/> Twisting | <input type="checkbox"/> Welding | |
| <input type="checkbox"/> Other: | | | |

Body Part Affected (check as many as necessary)

Left Right Body Part: _____

Equipment/Material Involved

Acts (check as many as necessary)

- | | |
|--|---|
| <input type="checkbox"/> None | <input type="checkbox"/> Defeating/making safety devices inoperative |
| <input type="checkbox"/> Failure to follow directions | <input type="checkbox"/> Failure to follow procedures |
| <input type="checkbox"/> Failure to secure or warn of observed hazards | <input type="checkbox"/> Failure to use PPE |
| <input type="checkbox"/> Failure to wear safe personal attire | <input type="checkbox"/> Horseplay |
| <input type="checkbox"/> Improper use of equipment | <input type="checkbox"/> Improper use of hands or body parts |
| <input type="checkbox"/> Inattention to footing or surroundings | <input type="checkbox"/> Operation or working at unsafe speed |
| <input type="checkbox"/> Result of preventable vehicle accident | <input type="checkbox"/> Taking unsafe position or posture |
| <input type="checkbox"/> Unsafe placing, mixing, combining | <input type="checkbox"/> Work on moving, energized, pressurized equipment |
| <input type="checkbox"/> Other: | |



INJURY AND ILLNESS PREVENTION PROGRAM
Employee Incident/Injury Form

Medical Data

Name/Address of Physician/Clinic/Hospital			
Did employee receive full pay on day of injury? ___ Yes ___ No	Did salary continue? ___ Yes ___ No	___ No Treatment ___ Admitted	___ First Aid Only ___ Treated/Released
Was PPE Available? ___ Yes ___ No	Was PPE Used? ___ Yes ___ No	Type of PPE	
Last Day Worked:	Date Returned w/ restrictions:	Date Returned-Full Duty:	

OSHA Log 300 Data

OSHA Recordable ___ Yes ___ No	___ None ___ Recordable Only, No Lost Time ___ Days Away from Work (Lost Time)	___ First Aid Only ___ Restricted Days
Number of Lost Days:	Number of Restricted Days:	Both: _____
Death: ___ Yes ___ No		Date of Death:

Type of Illness:

SECTION III - COMPLETE THIS SECTION FOR VEHICULAR AND PROPERTY DAMAGE INCIDENTS

DOT Register Data

Report to Insurance: ___ Yes ___ No	DOT Recordable: ___ Yes ___ No	Fatality: ___ Yes ___ No	Medical Treatment: ___ Yes ___ No	Tow Away: ___ Yes ___ No
--	-----------------------------------	-----------------------------	--------------------------------------	-----------------------------

Vehicle Data - Ours

Unit Number:	Type of Vehicle:	Damage-WM Vehicle: ___ Yes ___ No	Towed ___ Yes ___ No
Year:	Make:	Model:	License Plate:

Weather Conditions:

Claimant Data (If there are more than 2 claimants, please provide them on a separate sheet of paper)

I	Claimant Name	Address	Phone
	Driver? ___ Yes ___ No	License Number/State	
	Towed? ___ Yes ___ No	If Yes, Where?	Vehicle Year
	Owner's Name	Address	Phone
	Insurance Carrier/Policy #		Phone
II	Claimant Name	Address	Phone
	Driver? ___ Yes ___ No	License Number/State	
	Towed? ___ Yes ___ No	If Yes, Where?	Vehicle Year
	Owner's Name & Phone	Address	Phone
	Insurance Carrier/Policy #		Phone



INJURY AND ILLNESS PREVENTION PROGRAM
Employee Incident/Injury Form

Property Damage Data (If there are more than 2 properties damaged, please provide details on a separate sheet of paper)

I	Contact/Business Name	Phone
	Location/Address	
II	Contact/Business Name	Phone
	Location/Address	

Police Report

Was Ticket Issued? ___ Yes ___ No	If Yes, To Whom? ___ Us ___ Others ___ Both	For what?
Police Department	Report #	Name/Badge Number of Officer

Witnesses (Name, Address, Phone)

SECTION IV – COMPLETE THIS SECTION FOR ALL ENVIRONMENTAL SPILLS, EMISSIONS, RELEASES OR DISCHARGES

Type of Material

___ Hazardous Waste	Released To: ___ Air ___ Water ___ Ground
___ Hazardous Substance – Exceeded to RQ ___ Yes ___ No	
___ Non Hazardous	
___ Unknown	

Physical State

___ Solid – Estimated Volume in Pounds	How was Estimation Calculated?
___ Liquid – Estimated Volume in Gallons	
___ Air – Estimated Volume in Cubic Feet	

External Agency Notified by WM Facility

___ Law Enforcement:	___ County	___ State
___ City	___ FEMA (Federal Emergency Management)	
___ Fire Department	___ National Emergency Response Center	
___ State DEQ		
___ Other:		

Name(s)/ Telephone of Those Contacted



**INJURY AND ILLNESS PREVENTION PROGRAM
Employee Incident/Injury Form**

Agency or Group Involved

- | | | |
|--|--|-------------------------------------|
| <input type="checkbox"/> Law Enforcement | <input type="checkbox"/> Fire Department | <input type="checkbox"/> FEMA |
| <input type="checkbox"/> City | <input type="checkbox"/> County | <input type="checkbox"/> State |
| <input type="checkbox"/> OSHA | <input type="checkbox"/> DOT | <input type="checkbox"/> EPA |
| <input type="checkbox"/> News Media | <input type="checkbox"/> TV | <input type="checkbox"/> Newspaper |
| <input type="checkbox"/> Radio | <input type="checkbox"/> Interest Groups | <input type="checkbox"/> Individual |
| <input type="checkbox"/> Community | <input type="checkbox"/> Organization | |

Describe the Nature of Their Involvement Such as Information Requested, Interviews Requested, Inspections, Documents, Requests, Etc.

Proposed Citations, Penalties

- | | | |
|---------------------------------|-------------------------------|--|
| <input type="checkbox"/> Police | <input type="checkbox"/> Fire | Report Attached |
| <input type="checkbox"/> DOT | <input type="checkbox"/> EPA | |
| <input type="checkbox"/> OSHA | | <input type="checkbox"/> Yes <input type="checkbox"/> No |



Acknowledgement Form

I, (print name) _____ have received training on the **West Hawai`i Sanitary Landfill Injury and Illness Prevention Program.**

I had the opportunity to have questions answered pertaining to the training material and instructions that were presented to me by Waste Management of Hawai`i.

I understand the training I have received and agree to abide by the standards presented.

(Instructor's) Signature

(Instructor's) Print Name

Date

(Employee's) Signature

Date