**ACCIDENT PREVENTION PROGRAM (APP)
GENERAL INDUSTRY & RESTAURANT**



**Fall City**

33378 SE Redmond-Fall City Rd Fall City, WA 98024

**Mercurys Coffee Co.**

**Safety Policy**

Mercurys Coffee Co. places a high value on the safety of its employees with a commitment in providing a safe workplace for all employees and has developed this program for injury prevention to involve management, supervisors, and employees in identifying and eliminating hazards that may develop during our work process***.***

It is the basic safety policy of this company that no task is so important that an employee must violate a safety rule or take a risk of injury or illness in order to get the job done.

Employees are required to comply with all company safety rules and are encouraged to actively participate in identifying ways to make our company a safer place to work.

Supervisors are responsible for the safety of their employees and as a part of their daily duties must check the workplace for unsafe conditions, watch employees for unsafe actions and take prompt action to eliminate any hazards.

Management will do its part by devoting the resources necessary to form a safety committee composed of management and elected employees. We will develop a system for identifying and correcting hazards. We will plan for foreseeable emergencies. We will provide initial and ongoing training for employees and supervisors; we will establish a disciplinary policy to ensure that company safety policies are followed.

**Safety and Health Responsibilities**

**Management Responsibilities**

1. Ensure a companywide safety committee is formed and is carrying out its responsibilities as described in this program.

2. Ensure that sufficient employee time, supervisor support, and funds are budgeted for safety equipment, training and to carry out the safety program.

3. Evaluate supervisors each year to make sure they are carrying out their responsibilities as described in this program.

4. Ensure that incidents are fully investigated, and corrective action taken to prevent the hazardous conditions or behaviors from happening again.

5. Ensure that a record of injuries and illnesses is maintained and posted as described in this program.

6. Set a good example by following established safety rules and attending required training.

7. Report unsafe practices or conditions to the supervisor of the area where the hazard was observed.

**Supervisor Responsibilities**

1. Ensure that each employee you supervise has received an initial orientation *before* beginning work.

2. Ensure that each employee you supervise is competent or receives training on safe operation of equipment or tasks *before* starting work on that equipment or project.

3. Ensure that each employee receives required personal protective equipment (PPE) *before* starting work on a project requiring PPE.

4. Do a daily walk-around safety-check of the work area. Promptly correct any hazards you find.

1. Observe the employees you supervise working. Promptly correct any unsafe behavior. Provide training and take corrective action as necessary. Document employee evaluations.

6. Set a good example for employees by following safety rules and attending required training.

7. Investigate all incidents in your area and report your findings to management.

8. Talk to management about changes to work practices or equipment that will improve employee safety.

**Employee Responsibilities**

1. Follow safety rules described in this program, WISHA safety standards and training you receive.

2. Report unsafe conditions or actions to your supervisor or safety committee representative promptly.

3. Report all injuries to your supervisor promptly regardless of how serious.

4. Report all near-miss incidents to your supervisor promptly.

5. Always use personal protective equipment (PPE) in good working condition where it is required.

6. Do not remove or defeat any safety device or safeguard provided for employee protection.

7. Encourage co-workers by your words and example to use safe work practices on the job.

8. Make suggestions to your supervisor, safety committee representative or management about changes you believe will improve employee safety.

All employees are required to attend a monthly safety meeting and utilize resources including e-learning, hands on training, safety communication board. This meeting is to help identify safety problems, develop solutions, review incidents reports, provide training and evaluate the effectiveness of our safety program. Agenda and roster will be kept on the attached topic and filed for one year.

**Safety Committee (Required for employers with 11 employees or more)**

* Our committee will consist ofcorporate staff, leadership, operations, area and location managers.
* The regularly scheduled meeting will be held each month with necessary topics related to Mercurys operation.
* A committee member will be designated each month to keep minutes.

**Safety Orientation:** The following basic safety rules that have been established to help make our company a safe and efficient place to work. These rules are in addition to safety rules that must be followed when doing particular jobs or operating certain equipment. Those rules are listed elsewhere in this program. Failure to comply with these rules will result in disciplinary action.

**A description of the accident prevention program and resource**

We have a formal written accident prevention program as described in WISHA regulations (WAC 296-800-140). It consists of this safety orientation and a safety committee that is described. We also have basic safety rules that all employees must follow. They are:

* Never do anything that is unsafe in order to get the job done. If a job is unsafe, report it to your supervisor or safety committee representative. We will find a safer way to do that job.
* Do not remove or disable any safety device! Keep guards in place at all times on operating machinery.
* Never operate a piece of equipment unless you have been trained and are authorized.
* Use your personal protective equipment whenever it is required.
* Obey all safety warning signs.
* Working under the influence of alcohol or illegal drugs or using them at work is prohibited.
* Do not bring firearms or explosives onto company property.
* Smoking is only permitted outside the building away from any entry or ventilation intake.
* Horseplay, running and fighting are prohibited
* Clean up spills immediately. Replace all tools and supplies after use. Do not allow scraps to accumulate where they will become a hazard. Good housekeeping helps prevent accidents.
* Report all workplace injuries immediately and utilize necessary forms provided in the APP manual.
* Follow all company safety protocols including violence and threat free work environment.

**Job Related Safety Rules**

We have established safety rules and personal protective equipment (PPE) requirements based upon a hazard assessment for each task listed below:

**Use and care of required personal protective equipment (PPE).**

* Some tasks in our company require an employee to wear PPE to protect against injury.
* You will be instructed by your supervisor or authorized company employee for all PPE use and care.
* We have established safety rules and personal protective equipment (PPE) requirements based upon a hazard assessment for each task.
* Do not use equipment or attempt to do any of these tasks until you have received the required training and PPE. ***Company provides gloves, masks, hairnet, and orientation upon hire and job shadowing.***

**Disciplinary Policy**

Employees are expected to use good judgment when doing their work and to follow established safety rules. We have established a disciplinary policy to provide appropriate consequences for failure to follow safety rules. This policy is designed not so much to discipline as to bring unacceptable behavior to the employee's attention in a way that the employee will be motivated to make corrections. The following consequences apply to the violation of the same rule or the same unacceptable behavior:

First Instance -- verbal warning, notation in employee file, and instruction on proper actions

Second Instance -- 1 day suspension, written reprimand, and instruction on proper actions

Third Instance -- 1 week suspension, written reprimand, and instruction on proper actions

Fourth Instance -- Termination of employment.

An employee may be subject to immediate termination when a safety violation places the employee or co-workers at risk of permanent disability or death, or severe safety protocols were not followed.

**Incident Investigation Procedure**

Whenever there is an incident that results in death or serious injuries that have immediate symptoms, a preliminary investigation will be conducted by the immediate supervisor of the injured person(s), a person designated by management, an employee representative of the safety committee, and any other persons whose expertise would help the investigation.

**DO NOT DISTURB the scene except to aid in rescue or make the scene safe**.

The investigation team will take written statements from witnesses, photograph the incident scene and equipment involved. The team will also document as soon as possible after the incident, the condition of equipment and any anything else in the work area that may be relevant. The team will make a written “Incident Investigation Report” of its findings. The report will include a sequence of events leading up to the incident, conclusions about the incident and any recommendations to prevent a similar incident in the future. The report will be reviewed by the safety committee at its next regularly scheduled meeting.

When a supervisor becomes aware of an employee injury where the injury was not serious enough to warrant a team investigation as described above, the supervisor will write an "Incident Investigation Report" to accompany the “Employee's Injury/Illness Report Form" (located at the end of the manual) and forward them to the Retail Operations Manager/VP and HR.

Whenever there is an incident that did not but could have resulted in serious injury to an employee (a *near-miss*), the incident will be investigated by the supervisor or a team depending on the seriousness of the injury that would have occurred. The "Incident Investigation Report" form will be used to investigate the near miss. The form will be clearly marked to indicate that it was a near miss and that no actual injury occurred. The report will be forwarded to the bookkeeper to record on the incident log.

An “Incident Investigation Checklist” form can be found in the Accident Prevention Program Guide to help the supervisor carry out his/her responsibilities as described above.

**How and when to report injuries**

* If you are injured or become ill on the job, report this to supervisor, VP-of Operations and Human Resources
* There is a first aid kit located (Each retail store should have complete First Aid Kit)
* We have also posted emergency phone numbers (next to first aid kit should have emergency card)

**Fire Emergency**

**You will be trained on how to use a fire extinguisher as part of your orientation if that is part of your employer’s fire emergency action plan. *Annual refresh training***

1. If you discover a fire: Tell another person immediately. Call or have them call 911 and a supervisor.
2. If the fire is small (such as a wastebasket fire) and there is minimal smoke, you may try to put it out with a fire extinguisher (only if you have been trained on how to use fire extinguishers and if you are following your employer’s fire emergency action plan).
3. If the fire grows or there is thick smoke, do not continue to fight the fire.
4. Tell other employees in the area to evacuate.
5. Go to the designated assembly point outside the building. (nearest open parking lot)



**Earthquake Emergency**

During an earthquake: If you are inside a building:

* Drop under a desk or table, cover your head and hold on. Stay away from windows, heavy cabinets, bookcases or glass dividers.
* When the shaking stops, supervisors are to check for damage and available evacuation routes then begin an evacuation of their area to the designated assembly location.
* Evacuation should proceed as quickly as possible since there may be aftershocks.
* Supervisors must account for each employee in their work group as quickly as possible.
* Do not attempt to move seriously injured persons unless they are in immediate danger of further injury.
* Do not approach or touch downed power lines or objects touched by downed power lines.
* Do not use the phone except for emergency use.
* If you are outside: Stand away from buildings, trees, telephone and electric lines.
* If you are on the road: Drive away from underpasses/overpasses. Stop in a safe area. Stay in the vehicle.

**Chemical Hazard Communication Program**

**Company Policy**



Mercurys Coffee Co. is committed to the prevention of exposures that result in injury and/or illness; and to comply with all applicable state health and safety rules. To make sure that all affected employees know about information concerning the dangers of all hazardous chemicals used by Mercurys Coffee Co.*,* the following hazardous chemical communication program has been established. All retail locations of Mercurys Coffee Co. will participate in the hazard communication program. This written program will be available in each retail location where each employee can have access for review by any interested employee.

**Container Labeling**

Location Manager is responsible for container labeling procedures, reviewing, and updating. The labeling system used is as follows:

The procedures for proper labeling of all containers, and reviewing and updating label warnings are as follows:

All chemicals are clearly labeled and shall remain in their original containers for accuracy.

**Material Safety Data Sheets (MSDS)**

Location Manager is responsible to establish and monitor the employer’s SDS program. This person will make sure procedures are developed to obtain the necessary MSDSs and will review incoming SDSs for new or significant health and safety information. This person will see that any new information is passed on to affected employees. ***(Retail Operations Manager will audit)***

**What is a Safety Data Sheet (SDS)?**

* An SDS (formerly known as MSDS) includes information such as the properties of each chemical; the physical, health, and environmental health hazards; protective measures; and safety precautions for handling, storing, and transporting the chemical.
* It provides guidance for each specific chemical on things such as:
	+ Personal Protective Equipment (PPE)
	+ First aid procedures
	+ Spill clean-up procedures

**Who needs to have SDSs?**

All facilities or shops that use chemicals must obtain an SDS that is specific to each chemical used in the workplace.

**Where do I get the SDS?**

* Usually, the place you order that chemical from provides the SDS, just make sure it's not an MSDS since that was the old system.
* Here are examples of where to locate them:
	+ If you order from **Home Depot**, the SDS link can be found towards the middle on the right under the Product Overview > Info & Guides
	+ If you do not know the vendor the product came from and cannot find it through Home Depot or HD Supply, you can **google** the product and the manufacturer should have the link to the SDS.

Your SDS Binder should be property specific depending on the actual chemicals used and found in the property. All employees should be able to access the SDS binder under OSHA's "Right to Know" guidelines.

**INSTRUCTIONS:**

1. Clean out the location and all other areas where chemicals are stored.  Dispose of any chemicals that are old, expired, not in the original containers / not properly marked in secondary containers, have corrosion, etc. However, please note that most chemicals need to be disposed of at a local hazardous waste facility, **not in the dumpster**. Remember that chemicals also include paint.
2. Once you have narrowed down your actual chemicals, take a picture of each so you can then pull the Safety Data Sheets for each one. I recommend printing double-sided as these can consist of many pages.
3. I use the attached excel log so I can know where to find it in my binder. The blank version is for you to use, and the filled-out version is my own log to see a more detailed example.
4. I use a sheet protector to insert each SDS and then tab it with Avery 16280 labels, this is optional, but makes the sheets easier to find in a pinch.

 Lastly, another OSHA compliance requirement is having **proper labeling for secondary containers**. Meaning, if you are pouring chemicals from the original container to an empty spray bottle, you need to make sure it has the proper label to warn the user. These are the labels I use from Amazon: [https://www.amazon.com/Chemical-Perforated-Separating-Merhoff-Larkin/dp/B07HVCYVK2/ref=sr\_1\_1?dchild=1&keywords=merhoff+%26+larkin+sds&qid=1588286139&sr=8-1](https://www.amazon.com/Chemical-Perforated-Separating-Merhoff-Larkin/dp/B07HVCYVK2/ref%3Dsr_1_1?dchild=1&keywords=merhoff+%26+larkin+sds&qid=1588286139&sr=8-1)

Copies of SDSs for all hazardous chemicals in use will be kept at each retail locations where each employee has access to. SDSs will be available to all employees during each work shift. If an MSDS is not available or a new chemical in use does not have an SDS, immediately contact direct supervisor, VP and HR

Note:

If an alternative to printed Material Safety Data Sheets is used (such as computer data), provide a description of the format.



**Employee Information and Training**

The Location Manager is responsible for the employee training program.

Training will be conducted if new product is being used.

 The procedures for how employees will be informed and trained are as follows:

• An overview of the requirements contained in the Hazard Communication Standard.

• Hazardous chemicals present at his or her workplaces.

• Physical and health risks of the hazardous chemical.

• The symptoms of overexposure.

• How to determine the presence or release of hazardous chemicals in his or her work area.

• How to reduce or prevent exposure to hazardous chemicals through use of control procedures, work practices, and personal protective equipment.

• Steps the employer has taken to reduce or prevent exposure to hazardous chemicals.

• Procedures to follow if employees are overexposed to hazardous chemicals.

• How to read labels and review MSDSs to obtain hazard information.

• Location of the MSDS file and written hazard communication program.

• An overview of the requirements contained in the Hazard Communication Standard.

Before introducing a new chemical hazard into any section of this employer, each employee in that section will be given information and training as outlined above for the new chemical.

**List of hazardous chemicals**

The following is a list of all known hazardous chemicals used by our employees. Further information on each chemical may be obtained by reviewing MSDSs located at each retail locations.

**MSDS identity:**

The criteria (e.g., label warnings, MSDS information, etc.) used to evaluate the chemicals are:

*Document and upon receipt/arrival to building*

*Keep original labels and warnings on all containers*

*(Sample form below)*

**Identification of hazardous chemicals used at this location.**

* Safe use and emergency actions to take following an accidental exposure.
* We use several chemicals, including solvents and cleaners. You will receive a separate orientation as part of our chemical hazard communication program on the hazards of these chemicals before you work with them or work in an area where they are used.

**CUT PREVENTION TRAINING**

Employee's name\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trainer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cuts can be caused by any of these:

* Knives
* Furniture
* Equipment
* Counters
* Utensils
* Glassware
* Preparation areas
* Cleaning equipment
* Dishes

You must observe the following safety rules to prevent cuts:

\_ For safe cutting and chopping, use only designated cutting areas.

\_ Follow all proper training procedures when operating equipment.

\_ Make sure cutting blades are sharp.

\_ Discard broken or chipped glassware.

\_ Stay off slopes too steep for safe operation

\_ after cleaning, make sure all guards and safety devices are back in place.

\_ Place a tag on any defective or unsafe equipment and immediately inform your supervisor.

\_ Ensure that manufacturer’s instruction manuals are available for review by all employees.

\_ Do not operate equipment if you feel sick or drowsy. (Remember, some cold remedies can make people feel sleepy.)

\_ Do not place hands near the edge of cutting blades. Make sure you can always see both hands and all fingers and the cutting blades.

\_ Do not try to catch falling objects, especially knives.

\_ Do not place knives in soapy dishwater and make sure they are always visible.

\_ Do not try to clean or “just brush something off” a moving part, such as cutting blades or beaters in mixers.

\_ Do not try to cut anything in a slicer once it becomes too thin. Use a knife to finish cutting.

\_ Do not wear loose or frayed clothing, gloves or jewelry that can become caught in the moving machine.

\_ **When in doubt, always ask your supervisor.**

**BURN PREVENTION TRAINING**

Employee's name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trainer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Burns and scalds can be caused by any of these:

* Stoves, Toasters, Toaster Ovens, Ovens, Hot Utensils, Boiling Hot Liquids, Pressure Cookers, Cooking Pots, Hot Dishwashers, Hot Foods, Microwaves.

You must observe the following safety rules to prevent burns and scalds:

\_ Turn off stoves when not in use.

\_ Assume all pots and metal handles are hot. Touch only when you are sure they are cool or when wearing proper gloves.

\_ Organize your work area to prevent contact with hot objects and flames.

\_ Keep pot handles away from hot burners.

\_ Make sure handles of pots and pans do not stick out from counter or cooking stove.

\_ Use oven mitts that are provided and long gloves for deep ovens.

\_ Use only recommended temperature settings for each type of cooking.

\_ Follow manufacturer’s operating instructions. Manuals are available through your supervisor.

\_ Open hot water and hot liquid faucet slowly to avoid splashes.

\_ Lift lids by opening away from you.

\_ Wear long-sleeved cotton shirts and cotton pants.

\_ Report any faulty equipment to your supervisor.

\_ Food items for frying should be placed in the basket first, then lowered into hot oil, rather than dropping food directly into the oil.

\_ Use rollers for moving large vats.

\_ Allow grease to cool before transporting, filtering or disposing.

\_ Two people are to be used for changing and disposing of grease, due to heavy lifting.

\_ Do not stand on hot fryer to clean ventilation components or filters. Use a ladder or stepstool.

\_ Do not overfill pots, pans or fryers.

\_ Do not leave metals spoons in pots and pans while cooking.

\_ Do not spill ice or water in hot oil.

\_ Do not overstretch to reach an uncomfortable distance.

\_ Do not open cookers and steam ovens while they are under pressure.

\_ Do not lean over pots of boiling liquids.

\_ Do not leave an electric element or gas flame of stove “on” when not in use.

\_ Remember, foods removed from the microwave continue to cook.

\_ **When in doubt, always ask your supervisor.**

**SLIP AND FALL PREVENTION TRAINING**

Employee's name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trainer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Slips and falls can be caused by any of these:

* Slippery and cluttered floors and stairs
* Loose or bumpy carpets and floor mats
* Defective ladders and foot stools
* Poor visibility
* Improper shoes

You must observe the following safety rules to prevent slips and trips:

\_ Report any tripping or slipping hazards to your supervisor immediately.

\_ Keep floors and stairs clean, dry and non-slippery.

\_ Keep floors and stairs clear of debris and obstructions.

\_ Report any lighting inadequacies and replace any burned out bulbs and fluorescent tubes as soon as possible.

\_ Make sure mats and carpeting are free of holes and bumps that may cause tripping.

\_ Use warning signs for wet floors and other obstacles.

\_ Make sure stepladders are in good repair and have non-skid feet.

\_ Never stand on the top step of a stepladder.

\_ Do not use defective ladders.

\_ Do not use chairs, boxes or tables as substitutes for ladders.

\_ Do not leave oven, dishwasher or cupboards doors open. These may present a tripping hazard for you or your co-workers.

\_ Follow the policy for proper shoes, if there is one.

\_ **When in doubt, always ask your supervisor.**

**ELECTRICAL HAZARD PREVENTION TRAINING**

Employee's name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Employer\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Trainer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Electrical hazards can be caused by any of these:

* Faulty electrical tools and equipment
* Faulty appliances and wiring
* Electrical outlets
* Switch panels
* Electric transformers

You must observe the following safety rules to prevent electrical hazards:

\_ Inspect equipment, cords and fittings for damage prior to use. Notify your supervisor immediately for any repairs or replacements.

\_ Turn equipment OFF before connecting to a power supply and before making any adjustments.

\_ Make sure cords do not create a tripping hazard.

\_ When unplugging equipment, pull on the plug not on the cord.

\_ Keep cords away from heat, water and oil. These can damage the insulation and cause a shock.

\_ Do not use electric tools in wet conditions or damp locations.

\_ Do not clean electric equipment with flammable or toxic solvents.

\_ Do not carry electrical tools by the power cord.

\_ Do not tie power cords in knots.

\_ Do not plug several power cords into one outlet.

\_ **When in doubt, always ask your supervisor.**

**Employee’s Report of Injury**

**Instructions**: Your employees may use this form to report all work-related injuries, illnesses, or

“Near miss” events (which could have caused an injury or illness) – *no matter how minor*. This

helps you to identify and correct hazards before they cause serious injuries. This form should

be completed by employees as soon as possible and given to a supervisor for further action.

|  |
| --- |
| I am reporting a work related: ❑ Injury ❑ Illness ❑ Near miss  |
| Your Name:  |
| Job title: |
| Supervisor: |
| Have you told your supervisor about this injury/near miss? ❑ Yes ❑ No |
| Date of injury/near miss: | Time of injury/near miss: |
| Names of witnesses (if any): |
| Where, exactly, did it happen? |
| What were you doing at the time? |
| Describe step by step what led up to the injury/near miss. (Continue on the back if necessary): |
| What could have been done to prevent this injury/near miss? |
| What parts of your body were injured? If a near miss, how could you have been hurt? |
| Did you see a doctor about this injury/illness? ❑ Yes ❑ No |
| If yes, whom did you see?  | Doctor’s phone number: |
| Date:  | Time: |
| Has this part of your body been injured before? ❑ Yes ❑ No  |
| If yes, when? | Employer: |
| Your signature (optional): | Date: |

Incident Investigation Report

**Instructions**: Complete this form as soon as possible after an incident that results in serious injury or illness. (Optional: Use to investigate a minor injury or near miss that *could have resulted in a serious injury or illness*.)

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| --- |
| This is a report of a: ❑ Death ❑ Lost Time ❑ Dr. Visit Only ❑ First Aid Only ❑ Near Miss |
| Date of incident: | This report is made by: ❑ Employee ❑ Supervisor ❑ Team ❑ Final Report |

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| --- |
| **Step 1: Injured employee (complete this part for each injured employee)** |
| Name:  | Sex: ❑ Male ❑ Female | Age: |
| Department: | Job title at time of incident: |
| Part of body affected: (shade all that apply)Body Diagram | Nature of injury: (most serious one) ❑ Abrasion, scrapes❑ Amputation❑ Broken bone❑ Bruise❑ Burn (heat)❑ Burn (chemical)❑ Concussion (to the head)❑ Crushing Injury❑ Cut, laceration, puncture❑ Hernia❑ Illness❑ Sprain, strain ❑ Damage to a body system: ❑ Other \_\_\_\_\_\_\_\_\_\_\_ | This employee works:❑ Regular full time ❑ Regular part time ❑ Seasonal❑ Temporary |
| Months with this employer |
|
| Months doing this job: |
| (EG: nervous, respiratory, or circulatory systems) |

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| **Step 2: Describe the incident** |
| Exact location of the incident:  | Exact time: |
| What part of employee’s workday? ❑ Entering or leaving work ❑ Doing normal work activities ❑ During meal period ❑ During break ❑ Working overtime ❑ Other |
| Names of witnesses (if any): |

|  |  |  |  |
| --- | --- | --- | --- |
| Number of attachments:  | Written witness statements: | Photographs: | Maps / drawings: |
| What personal protective equipment was being used (if any)? |
| Describe, step-by-step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials and other important details.  Description continued on attached sheets: ❑ |

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| **Step 3: Why did the incident happen?** |
| Unsafe workplace conditions:(Check all that apply)❑ Inadequate guard❑ Unguarded hazard❑ Safety device is defective❑ Tool or equipment defective❑ Workstation layout is hazardous❑ Unsafe lighting❑ Unsafe ventilation❑ Lack of needed personal protective equipment❑ Lack of appropriate equipment / tools❑ Unsafe clothing❑ No training or insufficient training❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Unsafe acts by people:(Check all that apply)❑ Operating without permission❑ Operating at unsafe speed ❑ Servicing equipment that has power to it.❑ Making a safety device inoperative❑ Using defective equipment❑ Using equipment in an unapproved way❑ Unsafe lifting by hand❑ Taking an unsafe position or posture❑ Distraction, teasing, horseplay❑ Failure to wear personal protective equipment❑ Failure to use the available equipment / tools❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| Why did the unsafe conditions exist? |
| Why did the unsafe acts occur? |
| Is there a reward (such as “the job can be done more quickly”, or “the product is less likely to be damaged”) that may have encouraged the unsafe conditions or acts? ❑ Yes ❑ No If yes, describe: |
| Were the unsafe acts or conditions reported prior to the incident? ❑ Yes ❑ No |
| Have there been similar incidents or near misses prior to this one? ❑ Yes ❑ No |

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| --- |
| **Step 4: How can future incidents be prevented?** |
| **What changes do you suggest preventing this injury/near miss from happening again?** ❑ Stop this activity ❑ Guard the hazard ❑ Train the employee(s) ❑ Train the supervisor(s)❑ Redesign task steps ❑ Redesign workstation ❑ Write a new policy/rule ❑ Enforce existing policy  ❑ Routinely inspect for the hazard ❑ Personal Protective Equipment ❑ Other: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| What should be (or has been) done to carry out the suggestion(s) checked above?Description continued on attached sheets: ❑ |

|  |
| --- |
| **Step 5: Who completed and reviewed this form? (Please Print)** |
| Written by: Department:  | Title: Date: |
| Names of investigation team members:  |
| Reviewed by:  | Title: Date: |



|  |
| --- |
| **TRAINING ATTENDANCE ROSTER** |
| **RETAIL LOCATION:** |  | **DATE:**  |  | **TIME:** |  |  |
|  |  |  | Submit by: |  |
| **SUBJECT:** | **TOPIC: COVID-19, “Coronavirus” (see notes below)** * **Efforts to Reduce Exposure (Social Distancing, Cleaning, etc.)**
* **Review APP with staff, where its located and how to report injury**
* **Personal Protective Equipment (PPE)**
* **First Aid Procedures/Fire Extinguisher Located**
* **SDS Location and Protocol/Emergency Contact**
 |  |
|  |
| **NAME (please print)** | **NAME (signature)** | **UNDERSTOOD?** |
|  |  | [ ]  YES [ ]  NO |
|  |  | [ ]  YES [ ]  NO |
|  |  | [ ]  YES [ ]  NO |
|  |  | [ ]  YES [ ]  NO |
|  |  | [ ]  YES [ ]  NO |
|  |  | [ ]  YES [ ]  NO |
|  |  | [ ]  YES [ ]  NO |
|  |  | [ ]  YES [ ]  NO |
|  |  | [ ]  YES [ ]  NO |
|  |  | [ ]  YES [ ]  NO |
|  |  | [ ]  YES [ ]  NO |
| **NOTES** |  |  |
| **Please Cover With All Staff: Accident Prevention Program (APP) do they know where it is located?****Is SDS Binder Yellow and does everyone know where it is located?**  |
| **Managers: Please show everyone where the First Aid Kit is located**  |
|  |

**Employee Safety Orientation**

New employee safety orientation is the process of introducing an employee to Mercurys Coffee safety protocols and the safety requirements that must be followed by each and every employee. All new employees are required to attend employee safety orientation with their direct supervisor and continue to be part of the monthly safety meeting hosted by location manager. It is also important to consider and develop a method to communicate safety and health hazards and their controls to vendors and other visitors. While there are many aspects to consider when orienting a new employee to the company, this bulletin will focus primarily on the safety and health discussions that should be considered and communicated.

**The following are some important steps to consider for new employee safety orientation**

**•** Communicate safety orientation checklist specific to the new employee’s position

**•** Designate an experienced employee to lead the orientation location manager, shift lead or an appointed individual who is familiar with the safety protocols

**•** Ensure all necessary information and resources, including access to Employee Portal are communicated

**•** Ensure all required documents and forms are prepared in advance

**•** Designate an appropriate mentor for the new employee if applicable

**When Should Safety Orientation Be Provided?**

Safety orientation should be provided first seven days of employment and the length of time required for safety orientation will depend on each individual workplace and the specific job, tasks, and hazards involved.

Not all training can or should be completed on the first day, and it should be a thought-out process with resources and information provided. Be sure all areas are covered prior to the employee being given a project.

**What Topics and Resources Should Be Covered?**

The safety orientation should provide guidance, direction, and essential health and safety information to new employees to promote the importance of maintaining a safe environment. It should be practical and focus on the safety initiative protocol, resources, where to access, including walking their assigned location, locating SDS and APP binder, understanding how to report injuries and where to access necessary documents. The following are some common topics to discuss during safety orientation:

**•Rights and Responsibilities:** Explain both the employee and employer responsibilities as outlined in safety rules and requirements. Specific information may include:

* Reporting accidents
* Reporting unsafe working conditions
* Knowing where to locate all necessary information related to safety

**• Safety Programs and Procedures:** Explain the company’s safety procedures as they pertain to the employee’s current position. Outline the expectations for the employee to adhere to all standards.

**• First Aid:** Introduce first aid providers, indicate areas for first aid kits or room, and explain to employees how to call for first aid for themselves or for a co-worker.

**• Accident/Injury Reporting Procedures:** Explain the established company procedure and contact people for reporting any injuries sustained by the employee.

**• Emergency Procedures and Preparedness:** Review the company’s emergency personnel contact info; evacuation plan, including exit routes; (if applicable) most Mercurys Coffee locations are stand alone and common evacuation meeting place will be in a safe area of the nearest parking lot, or open area.

Other procedures may also include: suspicious packages; threatening, violent, or disruptive behaviors; chemical spills, gas leaks; etc. A walkthrough of the facility highlighting these aspects is also beneficial.

**• Personal Protective Equipment (PPE):** Review the required PPE for specific jobs or job tasks, including the appropriate use, how to obtain.

**• Workplace Hazardous Communication:** Explain where hazardous materials and substances are located, and review the labeling system, hazardous symbols, and location and contents of the Safety Data Sheets (SDSs). Train employees on site-specific products and accompanying SDS material.

**Why Should Safety Orientation Be Provided?**

Providing a safety orientation and extra assistance and monitoring during the initial period of employment is critical, as they are not familiar with the hazards of the job or the workplace. During this phase, each employee develops the knowledge, skills, and abilities that are necessary to work in a safe and healthy manner.

**Conclusion**

The benefits of providing new employees with a comprehensive orientation are numerous:

**•** Employees become aware of the health and safety hazards on the job, controls for these hazards and how they can affect their safety and the safety of others

**•** The training can assist in the reduction of the risk of potential injuries and accidents

**•** Meets regulatory requirements and demonstrates due diligence

**•** Helps balance the company’s need for productivity with the employee’s need for safety and security efficiency, productivity and understanding of the new employee

**•** Demonstrates Mercurys Coffee moral obligation to protect the employee from harm which can contribute to retaining employees and reducing turnover

A thorough, documented, and well-planned safety orientation will be a positive addition to Mercurys Coffee Company overall safety and wellness initiative. It will also assist in the further development of a positive safety culture throughout the organization. SAFETY BEGINS WITH ALL OF US!

**Employee Safety Orientation Checklist**

This checklist is designed to assist supervisors with new employee safety orientation. Please review the items listed with the new employee and have them initial next to the number or write in N/A if the number does not apply to the employee’s position.

Job Title:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Retail Location Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**To be completed within first seven days of employment**

**Initial**

\_\_\_\_\_ General employee safety responsibilities reviewed: Accident Prevention Program and job description.

\_\_\_\_\_ Review fire, severe weather, medical emergencies, chemical spill reporting, etc.

\_\_\_\_\_ Emergency equipment and its locations: exits, fire extinguishers, first aid kits.

\_\_\_\_\_ How to report all work-related injuries/illnesses accidents to supervisor and cover sample forms.

\_\_\_\_\_ Walk through location include: safety procedures at opening and closing shifts and drive through protocols.

\_\_\_\_\_ Personal Protective Equipment (PPE), name badges and uniform requirements and how to obtain PPE.

\_\_\_\_\_ Safety Data Sheets that apply to employee’s position and where to locate them.

\_\_\_\_\_ Review access to employee portal, PaychexFlex, attendance policy posted at locations, 7-shift, toast.

\_\_\_\_\_ Only trained and authorized workers are allowed to use kitchen equipment. Ensure equipment, and cords are in good condition prior to use.

\_\_\_\_\_ Supervisor to discuss recognized workplace hazards and safe work procedures unique to the employee’s position.

\_\_\_\_\_ Review slip and fall, cut and burn prevention, electric hazard (if applicable)

\_\_\_\_\_ Inform about safety meetings and go over evacuation plan protocol during emergency.

***The signatures below document that the above orientation was completed on the date listed. Both parties accept responsibility for maintaining a safe and healthful work environment.***

Employee Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Signature:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Supervisors Name:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Signature\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**NOTE: Return complete form to: Human Resources by email and or in person at corporate office within the first 7 days of employment.**