







Establish and administer

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You employ 11 or more employees on the same shift at the same location.

You must establish a safety committee.

(1) You must establish a safety committee if you:

(a) You employ 11 or more employees on the same shift at the same location.

(b) You have a non-hazardous atmosphere.

(c) You have a hazardous atmosphere.

(d) You have a non-hazardous atmosphere.

(e) You have a hazardous atmosphere.

(f) You have a non-hazardous atmosphere.

(g) You have a hazardous atmosphere.

(h) You have a non-hazardous atmosphere.

(i) You have a hazardous atmosphere.

(j) You have a non-hazardous atmosphere.

(k) You have a hazardous atmosphere.

(l) You have a non-hazardous atmosphere.

(m) You have a hazardous atmosphere.

(n) You have a non-hazardous atmosphere.

(o) You have a hazardous atmosphere.

(p) You have a non-hazardous atmosphere.

(q) You have a hazardous atmosphere.

(r) You have a non-hazardous atmosphere.

(s) You have a hazardous atmosphere.

(t) You have a non-hazardous atmosphere.

(u) You have a hazardous atmosphere.

(e) Determine

Note: If you have a hazardous atmosphere, you must also determine if you have a non-hazardous atmosphere.

Your safety committee must cover these topics:

(2) You

(a) Review safety and health inspection reports to help correct safety hazards.

(3) Document attendance.

(4) Write down basic subjects discussed.

(5) You must report to the director if you have a hazardous atmosphere.

(6) You must report to the director if you have a hazardous atmosphere.

(7) You must report to the director if you have a hazardous atmosphere.

(8) You must report to the director if you have a hazardous atmosphere.

(9) You must report to the director if you have a hazardous atmosphere.



EMPLOYEE INJURY REPORT

Name: [Redacted] Phone #: [Redacted]

Address: [Redacted] Job Title: [Redacted] Supervisor: [Redacted]

Area Where the Injury Occurred: [Redacted]

Specify Part of Body Injured:

Head	<input type="checkbox"/>
Face	<input type="checkbox"/>
Neck	<input type="checkbox"/>
Shoulder	<input type="checkbox"/>
Upper Arm	<input type="checkbox"/>
Lower Arm	<input type="checkbox"/>
Hand	<input type="checkbox"/>
Wrist	<input type="checkbox"/>
Forearm	<input type="checkbox"/>
Elbow	<input type="checkbox"/>
Upper Leg	<input type="checkbox"/>
Lower Leg	<input type="checkbox"/>
Foot	<input type="checkbox"/>
Back	<input type="checkbox"/>
Chest	<input type="checkbox"/>
Stomach	<input type="checkbox"/>
Other	<input type="checkbox"/>

Was there a blood spill? Yes No

Did you see a doctor? Yes No

Did you go home during your shift? Yes No

Was a student involved? Yes No

If the injury was caused by a student, describe the incident:

How did the injury occur?
 pulled hair scratched kicked bit hit/slagged pinched pulled hair

Did the injury:
 draw blood The injury: drew blood left a mark left no visible mark/blood

If non-student related, describe in detail the incident that caused the injury

Witnesses: _____

I would like to discuss this incident with my supervisor...





