

Safety Policy

Hollon Oil Company

Safety and Health Policy

The President and management of Hollon Oil Company are committed to providing a safe and healthful work environment for all our employees and others that may work, visit, or enter our facilities.

It is our policy to manage and conduct operations and business in a manner that offers maximum protection to each and every employee and any other person that may be affected by our operations and business.

It is our absolute conviction that we have the responsibility to provide a safe and healthful work environment for our employees and all others that may be affected as we conduct our business.

We will make every effort to provide a working environment that is free from any recognized or potential hazard.

We recognize that the success of a safety and health process is contingent and dependent upon support from the executive level management down to involvement of all employees of the company.

The management of this company is committed to allocating and providing all the resources needed to promote and effectively implement the safety and health process.

This company will establish avenues to solicit and receive comments, information, and assistance from employees about safety and health.

This company will comply with all federal, state, and local safety and health regulations.

Company management and designated supervisors will serve as an example of the commitment to workplace safety and health that we expect from all employees by practicing safe behaviors.

This policy applies to all employees and persons affected or associated in any way by the scope of this business.



President

GENERAL SAFETY RULES

All Employees Will Abide By The Following Rules:

1. Report unsafe conditions to the immediate supervisor.
2. Promptly report all injuries to the immediate supervisor.
3. Use eye and face protection where there is danger from flying objects or particles, such as when grinding, chipping, burning and welding, etc.
4. Dress properly. Wear appropriate work clothes. Loose clothing and jewelry should not be worn.
5. Never operate any machine unless all guards and safety devices are in place and are in proper operating condition.
6. Keep all tools in safe working condition. Never use defective tools or equipment. Report any defective tools or equipment to immediate supervisor promptly.
7. Properly care for and be responsible for all personal protective equipment.
8. Do not operate machinery without authority to do so.
9. Do not leave materials in aisles, walkways, stairways, roads or other points of exit.
10. Practice good housekeeping at all times.
11. Do not stand or sit on sides of moving equipment.
12. The use of, or being under the influence of, intoxicating beverages or illegal drugs while on the job is prohibited.
13. All posted safety rules must be obeyed and must not be removed, except by management's authorization.
14. Comply at all times with all known federal, state and local safety laws as well as employer regulations and policies.
15. Horseplay causes accidents and will not be tolerated.

Violations of any of these rules may be **cause for immediate disciplinary action.**

II. RECORD KEEPING

Hollon Oil Company believes that the only valid means of reviewing and identifying trends and deficiencies in a safety and health process is through an effective record keeping program. The recordkeeping element is also essential in tracking the performance of duties and responsibilities under the program.

Injury and Illness Data

Recordable injuries and illnesses will be recorded on an OSHA 300 Log or an equivalent form. The injuries and illnesses will be recorded on the Log within 24 hours of being reported.

Injury records will be retained for a period of five calendar years.

Any employee injury/illness file will contain a First Report of Injury or Illness, the Accident Investigation form, all supporting medical forms and information, correspondence, and a phone log, if applicable

Safety and Health Surveys and Inspections

Documentation will include:

- Date of inspection
- Name of inspector
- Discrepancies found
- Person responsible for corrections
- Date of correction

Inspection reports for equipment and maintenance records will be available. Reports will be filed in a log and maintained until all discrepancies are corrected, or at least 12 months, whichever is longer.

Safety or Other Related Meetings

Management or Supervisors will maintain accurate records of all proceedings associated with the safety and health process of this company. Applicable forms and records:

Safety meeting documentation will include:

- Date of training
- Name of trainer
- Subject(s)
- Signed attendance roster

All training required by OSHA will be conducted on a timely basis and records will be maintained in accordance with OSHA or other directing guidelines. The training record will become part of the employee's permanent file and will be maintained by Management or Supervisors.

Accident Investigation

Hollon Oil Company will ensure proper records and documentation of all accident and incident investigation activities are maintained and reviewed. All accidents will be investigated and documented. Near misses will be documented for trends. All items on the designated accident investigation form will be addressed in detail as soon as possible following the accident/incident. The information acquired will be used and reviewed by management, supervisors, and affected employees to establish a plan of corrective action to prevent recurrence of the mishap. The plan of corrective action and its implementation will be documented and reviewed by management.

III. SAFETY AND HEALTH TRAINING

Hollon Oil Company is committed to providing safety and health-related orientation and training to all employees at all levels of the company. Hollon Oil Company will develop, implement, and maintain an aggressive safety and health orientation and training program. The program's purpose is to educate and familiarize employees with safety and health procedures, rules, and work practices of the facility. The management of this organization will encourage and require involvement and participation of all managers, supervisors, and employees. Furthermore, the executive level will support the orientation and training program with allocations in time, staff, resources, and funding to develop and implement this program.

Training Program Development

The training subjects and materials are developed utilizing industry and site-specific criteria relating to identified and potential hazards, accident and incident data, and training required by federal regulations. The orientation and subsequent training sessions will include, but are not limited to, the following:

- The hazards and behaviors associated with the work environment
- The hazards of the job or task assigned
- Emergency procedures
- Personal protective equipment
- Hazard communication
- Specific equipment operation training
- Employee reporting requirements
- Accident investigation (supervisor and other designated personnel)
- Any federally required training not included or addressed above

The training program shall be administered in two phases:

1. New employee or reassigned employee orientation
2. Regularly scheduled training and refresher sessions.

Aside from the formal safety and health-related training classes, employees will receive guidance and instruction on safe operating procedures for each assigned job or task.

Orientation

The orientation training will be administered to all new employees prior to the initial work assignment and to all employees assigned to new or different tasks or jobs. The orientation will consist of all required training programs, as well as job and site-specific safety, health and behavior information. All new employees will be given a tour of the facility and an opportunity to pose questions to expedite the familiarization process. New employees will not be released to an individual job assignment until the supervisor has determined that the individual has retained the minimal acceptable elements of the training to safely perform the assigned duties.

Ongoing Training

All managers, supervisors, and employees are required to participate and become involved in the ongoing health and safety training program. The frequency, repetitiveness, and subject matter will be determined by training assessments and audits to be performed by the president of the company. The training assessments and audits will occur at intervals that ensure demonstration of adequate training. The assessments and audits will, for the most part, be informal questions and observations of employees and work areas. At some point, a more formal survey, such as a written examination, may be required. At no time will an employee be approved to work at an interval greater than 12 months without retraining. All employees assigned to attend a training session must demonstrate competency and retention of the minimal acceptable information prior to returning to any job assignment. Management or Supervisors have the authority to assess training effectiveness, and are responsible for enforcing implementation of criteria requirements of all training.

Documentation

Any and all safety and health-related training administered or provided by Hollon Oil Company will be documented with the following minimum information:

- Date of training session
- Provider (name of person conducting training and his or her affiliation, if not an employee of the company)
- Subject matter and behaviors covered
- Name of attendee(s), written legibly, and supplemental identification if needed or required
- Signature or acknowledgment of attendance

All training records and documentation will become a permanent part of each employee's record as well as a master record used to determine participation of all employees. Individual training records will be maintained for the current year plus five more.

IV. SAFETY INSPECTION

Hollon Oil Company has implemented a program to identify, correct, and control hazards on an ongoing basis. This program will utilize multiple resources to ensure effectiveness.

Safety and Health Self-Inspections

The Supervisor at each location of operation will conduct monthly in-house safety and health self-inspections that will cover the entire facility and all equipment. All inspections will be conducted on an ongoing basis without interruption. Management will allocate adequate time and resources to perform the surveys.

Each location will develop and maintain an inspection checklist(s) specific to the operation. The list will be developed utilizing a general inspection checklist, and will be evaluated and updated with hazards and behaviors that are identified during the inspections, as well as with other pertinent data as it is acquired. The contents of this checklist will be reviewed on a regular basis. The checklist will become part of the permanent record of the inspection and will serve as a confirmation of the audit. Each checklist will indicate the location or specific site or area surveyed, name and title of the inspector, date of inspection, and corrective action taken for identified hazards or violations. The inspection report will be used in trend analysis and recordkeeping.

Employees must be notified of the hazards and behaviors that pose an immediate threat of physical harm or property damage. They must also be informed of measures or steps that will be taken to eliminate, correct or control the hazard.

Management will review the inspection checklists and any other established documentation to ensure that a course of corrective action and a timeline have been established for eliminating each deficiency.

V. ACCIDENT INVESTIGATION

All accidents and "near misses" will be investigated by Management or Supervisors. The investigation should be performed as soon as possible, but no later than 24-hours after the accident.

An "Accident Investigation Report" form will be used to perform the investigation. The most important goal of an accident investigation is to analyze the facts that relate to an accident or "near miss"; develop a conclusion which can be used to create a viable recommendation(s); and implementation of the recommendation(s) or corrective action in order to reduce or eliminate the chance of recurrence of a same or similar accident.

Corrective action will be implemented by Management or Supervisors. Safety training on the new corrective action to eliminate an injury causing exposure/activity will be provided to all affected employees during safety training process. Follow-up will be performed by Supervisors to ensure all employees are continuing to follow prescribed safety activities, and are provided a safe workplace.

Accident investigation documentation will be maintained for a period of at least five years.

SAFETY INSPECTION FORM

Date of Inspection: _____

Location Inspected: _____

Signature: _____

ITEM	YES	NO	N/A
1. Housekeeping - Is the work area clean and orderly?			
2. Floors - Are floors in good condition - smooth, clear surfaces without holes, cracks, or humps?			
3. Aisles - Are aisles and passageways clear, dry, and free of tripping hazards?			
4. Storage - Are materials, products, or supplies properly and safely piled to a workable height?			
5. Ladders - Are ladders, of standard construction and in good physical condition, provided where needed?			
6. Machines & Equipment - Are machines and equipment in safe operating condition? Are necessary guards provided and used?			
7. Hand Tools - Are the right tools for the job being used? Are they in good condition?			
8. Electrical - Are all required grounds provided on power tools and extension cords? Is equipment in good operating condition?			
9. Lighting - Is adequate lighting provided in all work areas?			
10. PPE - Is appropriate personal protective equipment provided when needed?			
11. First Aid - Are first aid supplies provided?			
12. Fire Extinguishers - Are fire extinguishers easily accessible, unblocked, and properly serviced?			
13. Exits - Are emergency exits clearly marked and easily accessible? Are exit doors unlocked, and do they swing toward the outside?			
14. Training - Are all employees trained in proper lifting techniques and material handling?			
15. Signs - Are safety instructions and warning signs posted where needed?			
16. Labeling - Are all chemical containers properly labeled?			

SAFETY INSPECTION GUIDE

SELF INSPECTION GUIDE FOR OFFICE HAZARD IDENTIFICATION	Location: _____ Inspected by: _____ Date: _____		
Well-planned safety inspections help in detecting hazards before an accident occurs. Before the inspection, analyze past accidents to determine specific causes and high hazard areas or operations. Give special attention to these during the inspection.	Removing hazards increases operating efficiency, because safety and efficiency go hand-in-hand. Both unsafe conditions and unsafe acts are contributing factors in most industrial accidents. An unsafe condition, in addition to being a direct cause of the accident itself, often requires or suggests an unsafe act.		
INSPECTION GUIDE	YES	NO	RECOMMENDATIONS *
1. OFFICE FURNITURE:			
Are desk, chairs, file cabinets, etc., in good condition?			
File drawers do not open into hallway or walkway?			
File cabinets secured or bolted together to prevent tip-over when the two upper drawers are open?			
Proper stepping stools provided?			
Employees trained not to use chairs for stepping stool?			
Are desk chairs ergonomically sound & roll smoothly?			
Desk chair rolling surface smooth and level?			
Employees instructed to call maintenance or custodian department when file cabinets and other heavy objects are moved?			

INSPECTION GUIDE	YES	NO	RECOMMENDATIONS *
2. ELECTRICAL			
Electrical power cords in good condition?			
3-prong grounding type plug end on electrical power cord to office equipment where required?			
Electrical wall receptacles properly covered?			
Electrical and phone cords removed from walkways located so as not to present a trip/fall hazard?			
Are office employees instructed not to make electrical repairs on office equipment?			
Identification/marketing of circuit breakers noted in circuit breaker panels?			
3. AISLES, FLOORS & STAIRS:			
Is there a clear aisle way of four feet for two-way traffic within a room or hallway?			
Are floors, aisleways, stairways, and hallways adequately lighted?			
Are electrical or telephone outlets in the floor protected by arrangement of furniture or other means to minimize the tripping hazard?			
Are carpet edges secure? Curled carpet edges or tears repaired so as to eliminate the tripping hazard?			
Do ramps or inclines have non-slip surfaces?			
Unusual changes in the walking surface of the floor highlighted with yellow paint or other marking?			
Are employees trained to clean up spills as soon as possible. Wet floor signs provided for custodial staff?			
Handrails provided on stairways?			
Stair treads in good condition?			

INSPECTION GUIDE	YES	NO	RECOMMENDATIONS *
4. MEANS OF EGRESS:			
All exits clear and free of obstructions?			
Exit signs posted where required?			
Emergency lighting provided to light means of egress if employees work at night or work in a windowless building?			
Emergency Action Plan in place and employees trained on actions to take during a fire or other emergency?			
Panic hardware on doors operational?			
All doors unlocked during business hours?			
Doors, which are not exits, marked "Not A Exit".			
5. FIRE PROTECTION:			
Portable fire extinguishers provided?			
Portable fire extinguishers serviced annually?			
Portable fire extinguishers inspected monthly?			
Employees trained on safe use of fire extinguishers?			

SAFETY AND HEALTH PROCESS

NEW EMPLOYEE ORIENTATION ACKNOWLEDGEMENT

Employee Name _____ Date Hired _____

Social Security No. _____ Driver's License _____

The undersigned employee acknowledges that they have received, read and understood the contents of the safety program. If the employee is unable to read, the employee's supervisor has explained the contents of the safety and health process.

Complying with all stated company policies, including safety is a condition of continued employment with this company.

Signature

Date

ACCIDENT INVESTIGATION FORM

- Accident investigation assists you in reducing or preventing future occupational injuries and illnesses.
- This form requests all the information that TWCC says you must record for each on-the-job injury, fatality, and occupational disease. Employers must keep injury records for five years after the last day of the year in which the injury occurred.

This is an **Injury** **Disease** **Fatality** **Near-miss**

TODAY'S DATE _____

DATE REPORTED _____

COMPANY _____

DEPARTMENT _____

SUPERVISOR _____

PHONE NO. _____

1. Name of Person Involved	2. Sex	3. Social Security Number	4. DOB	5. Date of Incident
6. Home Address _____ _____ _____ Phone ()	7. Time and Day of Incident _____ a.m.; _____ p.m.; day of week _____		8. Specific Location of Incident Was it on employer's premises? <input type="checkbox"/> yes <input type="checkbox"/> no	
	9. Employee's Occupation		10. Job Task at Time of Incident	
13. Name and Address of Treating Physician _____ _____ _____ Phone ()	11. Length of Service _____ Years; _____ Months		12. Employee was Working <input type="checkbox"/> Alone <input type="checkbox"/> With Fellow Workers <input type="checkbox"/> Other	
	14. Employment Category <input type="checkbox"/> Regular, full-time <input type="checkbox"/> Temporary <input type="checkbox"/> Regular, part-time <input type="checkbox"/> Non-employee <input type="checkbox"/> Seasonal		15. Experience in Occupation at Time of Incident <input type="checkbox"/> Less than 1 month <input type="checkbox"/> 1 to 5 month <input type="checkbox"/> 6 months to 1 year <input type="checkbox"/> 1 to less than 5 years <input type="checkbox"/> 5 or more years	
16. Name and Address of Hospital _____ _____ _____	17. Phase of Employee's Workday at Time of Injury <input type="checkbox"/> During break period <input type="checkbox"/> During meal period <input type="checkbox"/> Working overtime <input type="checkbox"/> Entering or leaving the building <input type="checkbox"/> Performing work duties <input type="checkbox"/> Other (explain below)			
	18. Name of employee's immediate Supervisor at time of incident Witnessed <input type="checkbox"/> Yes <input type="checkbox"/> No			
19. Employee's Wage (pay per Hour)	Other Witnesses			
21. Voluntary benefits paid by the employer, if any	_____			

22. PART of BODY INFURIED or AFFECTED

- Skull, Scalp Jaw Abdomen Shoulder Wrist Knee Foot
- Eye Neck Back Upper Arm Hand Thigh Toe
- Nose Spine Pelvis Elbow Finger Lower Leg Ankle
- Mouth Chest Other Body Part Forearm Hip Other _____

23. NATURE of INJURY or ILLNESS

- Puncture Bruise, Contusion Skin Disorder Amputation Muscle Sprain Cumulative Trauma Disorder
- Laceration Dislocation Burn Insect/Animal Bite Muscle Strain Irritation
- Fracture Abrasion Respiratory Foreign Body Hernia Infection
- Heat/Cold Stress Hearing Loss Chemical Exp. Other _____

24. DISPOSITION

- Days away from work # _____
 - Restricted work days # _____
 - Date returned to work # _____
- Sent to: Doctor Hospital

25. DIAGNOSIS

26. SEVERITY

- First Aid Medical Treatment
- Lost Work Days Fatality
- Other: Specify _____

27. WHAT CONDITION of TOOLS, EQUIPMENT, or WORK AREA CONTRIBUTED TO INCIDENT? Not Applicable

- Close Clearance/Congestion Floors/Work Surfaces Inadequate Housekeeping Defective Tools/Equipment/Vehicle
- Hazardous Placement Inadequate Ventilation Equipment Failure Illumination
- Inadequate Warning System Equipment/Workstation Design Inadequate Guards/Barrier Inadequate/Improper P.P.E.

28. WHAT CAUSED or INFLUENCED SUBSTANDARD CONDITIONS? No Substandard Conditions

- Abuse or Misuse Inadequate Supervision Inadequate Purchasing Inadequate Engineering
- Inadequate Maintenance Inadequate Tools/Equip..Mat. Improper Work Surfaces Wear and Tear
- Lack of Knowledge/Training Improper Motivation Inadequate Capacity Lack of Skill

29. WHAT ACTION or INACTION CONTRIBUTED to the INCIDENT? Not Applicable

- Failure to Make Secure Under Influence Drugs/Alcohol Failure to Warn/Signal Inadequate/Improper P. P. E. Use
- Nullified Safety/Control Devices Used Defective Equipment Horseplay/Distractive Active Operating at Improper Speed
- Used Equipment Improperly Improper Lifting Operating Procedure Deviation
- Running/Rushing/Acting in Haste Improper Loading Unauthorized Actions Used Wrong Tool/Equipment
- Improper Technique Improper Position Servicing/Operating Equipment
- Other _____

30. PROBABLE RECURRENCE

- Frequent Occasional Rare

31. LOSS SEVERITY POTENTIAL

- Major Serious Minor

32. PREVENTIVE MEASURES: (What corrective actions have been taken or are planned to prevent a recurrence?)

- Improve Enforcement Improve Clean-up Procedures Repair/Replace Equipment Corrective Counseling
- Improve Storage/Arrangement Rotation of Employee Eliminate Congestion Improve/Change Work Method
- Identify/Improve P. P. E Install/Revise Guards/Devices Task Analysis to Be Completed
- Task Analysis/Procedure Revision Improve Design/Construction Job Reassignment of Employees
- Use Other Materials/Supplies Improve Illumination Mandatory Pre-Job Instructions
- Improve Ventilation Reinstruction of Employees Other _____

33. EMPLOYEE'S DESCRIPTION of INCIDENT (Attach sheet for additional comments) Comments sheet

34. SUPERVISOR'S DESCRIPTION of INCIDENT (Attach sheet for additional comments) Comments sheet

35. SPECIFIC CORRECTIVE ACTIONS or PREVENTIVE MEASURES TAKEN

Corrective Action Taken	Person Responsible	Target Date	Date Completed

Supervisor's Signature _____

Date _____