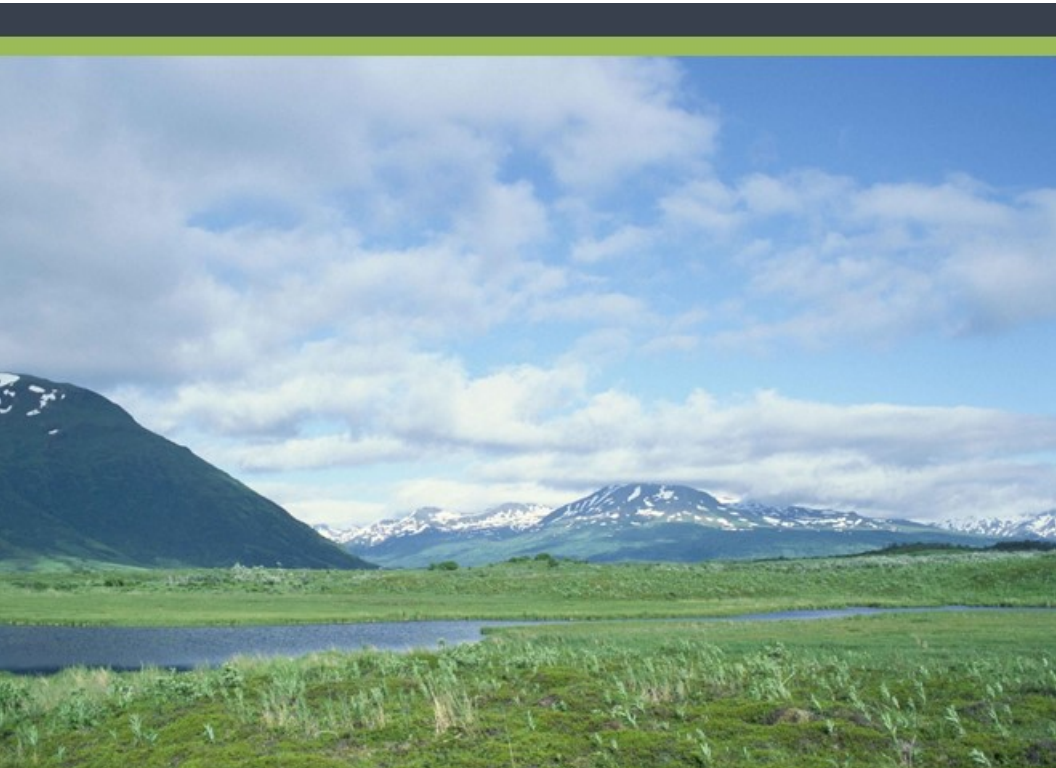


Safety Policy and Procedures



January 2017

MANAGEMENT COMMITMENT AND INVOLVEMENT POLICY STATEMENT

UNISHKA is committed to creating a workplace that is safe, healthy and injury-free. Our employees are our most valuable assets and their safety is our first priority. Safety is essential to all business functions. Every employee has a responsibility to maintain a safe working environment including reporting hazards and working toward preventing accidents.

Employees are encouraged to recommend improvements to safety and health conditions. Management will give top priority to and provide the financial resources to correct unsafe conditions. Conversely, management may take disciplinary action against any employee who willfully or repeatedly violates workplace health and safety rules.

Primary responsibility for the coordination, implementation and maintenance of our Workplace Safety Program has been assigned to:

Hilary Coonjohn, Safety Coordinator
Telephone: (907) 957-2522

Management will be actively involved with employees in establishing and maintaining an effective safety program overseen by a permanent Safety Committee. The safety committee will:

- Proactively address safety issues in the workplace;
- Control costs associated with accidents and workers' compensation claims; and,
- Increase everyone's awareness of safety. The Safety Committee will also oversee the Safety Coordinator in performance of her duties.

Compliance with health and safety rules outlined in the Workplace Safety Program is required of all employees as a condition of employment.



Jeffrey Coonjohn
CEO & Chief Operations Officer
UNISHKA Research Service, LLC

15 January 2017

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1 SAFETY COORDINATOR AND COMMITTEE

A permanent Safety Committee has been established within UNISHKA's Workplace Safety Program.

The goal of the Safety Committee is to have all employees involved in the company's efforts to promote and maintain workplace safety. The committee can help communicate safety information to everyone in the organization and ensure all employees understand how to work safely and in a healthy environment. Routine responsibilities of the Safety Committee will be carried out by a Safety Coordinator appointed by the CEO.

1.1 Safety Coordinator

The Safety Coordinator will provide assistance and make recommendations to the permanent Safety Committee. Under the direction of the Safety Committee, the Safety Coordinator has the responsibility and authority to manage the day-to-day duties of the Safety Program.

Responsibilities of the Safety Coordinator include:

- ◆ Inspection of facilities to detect unsafe conditions or unsafe workplace practices.
- ◆ Active participation in safety and health training programs and evaluating the effectiveness of such programs.
- ◆ Recommending improvements to existing safety and health rules and procedures.
- ◆ Overseeing emergency response preparedness and drills.
- ◆ Serving as a resource for safety questions.
- ◆ Under the direction of the Safety Committee, assess personal protective equipment needs.
- ◆ Recommend investigations to the Safety Committee concerning serious workplace accidents or incidents.

1.2 Safety Committee

The Safety Committee will oversee improvements to UNISHKA's Workplace Safety Program and will identify corrective measures needed to eliminate or control recognized safety and health hazards.

The Safety Committee will be responsible for assisting management in reviewing and updating the Workplace Safety Program.

The Safety Committee will be responsible for assisting management in evaluating employee accident-and illness-prevention programs, and promoting safety and health awareness and co-worker participation through continuous improvements to the Workplace Safety Program.

Safety Committee members will participate in safety training and will be responsible for assisting management in monitoring workplace safety education and training to ensure that it is in place, that it is effective and that it is documented.

1.3 Meetings

Safety Committee meetings shall be held at least once per year or more often if needed. The Safety Program Coordinator will post the minutes of each meeting (see Section 1.4) within one week after each meeting.

1.4 Safety Committee Meeting Minutes

Date of Committee Meeting: _____ Time: _____

Minutes Prepared by: _____ Location: _____

Names of Members in Attendance:

Previous Action Items: _____

Review of Accidents Since Previous Meeting: _____

Recommendations for Prevention: _____

Recommendations from Anonymous Employees: _____

Suggestions from Employees: _____

Recommended Updates to Safety Program: _____

Recommendations from Accident Investigation Reports: _____

Safety Training Recommendations: _____

Comments: _____

2 SAFETY AND HEALTH TRAINING

2.1 Safety and Health Orientation

Workplace safety and health orientation begins on the first day of employment. Each employee will be given a personal copy of this Workplace Safety Program. When deemed prudent by supervisory staff, employees may be required to verbally confirm their comprehension of UNISHKA's safety rules and policies.

All training will be documented and records maintained by the Safety Program Coordinator.

2.2 Job-Specific Training

- ◆ Supervisors or the Safety Coordinator will train employees on how to perform assigned tasks safely.
- ◆ Supervisors or the Safety Coordinator will carefully review with each employee the specific safety rules, policies and procedures that are applicable and that are described in the workplace safety manual.
- ◆ Supervisors or the Safety Coordinator will provide training courses for all employees. Training Courses may include a video and short comprehension quiz for documentation. Training courses will cover topics such as safe lifting, ergonomics, appropriate office/workplace behavior, suicide prevention and working/dealing with stress.

2.3 Periodic Retraining of Employees

All employees will receive periodic updates on safety rules, policies and procedures, and when changes are made to the workplace safety manual. Individual employees will be retrained after the occurrence of a work-related injury caused by an unsafe act or work practice, and when a supervisor observes employees displaying unsafe acts, practices or behaviors.

2.4 Safety Training Documentation

Review of Rules and Regulations			
Employee:		Date:	
Supervisor:		Trainer:	
Rules and Regulations Reviewed			Date Reviewed:
General Review of Old/New (Circle One)			
Safety Rules for All Employees			
Specific Safety Procedures for Employees Position			
General Maintenance			
First Aid			
Lifting Procedures			
Office Safety			
Furniture Use			
Using a Fire Extinguisher			
Suicide Prevention			

All categories have been reviewed with employee.

Supervisor Name, Printed: _____

Signature: _____

I have been advised of all Safety and Health regulations and will adhere to them to the best of my ability.

Employee Name, Printed: _____

Signature: _____

3 SAFETY INSPECTIONS

It is the responsibility of all employees to maintain safe working conditions. Checklists for safety inspections ensure that important items are not overlooked. Inspections identify areas of risk (accident and/or injury).

The Safety Coordinator, Supervisor or Manager will continually monitor work areas. Periodic inspections will be documented and reported to the Safety Committee. Written reports of these inspections will be made and kept on file on a routine basis.

3.1 Quarterly Safety Inspection Checklist

Check the box if the item is safely functioning, if a box is unchecked please comment

	What's Being Checked	Checking For	Comments
<input type="checkbox"/>	Doors	Functionality, Unblocked	
<input type="checkbox"/>	Windows	Functionality	
<input type="checkbox"/>	Walking Surfaces	Dry, Clear, Unencumbered	
<input type="checkbox"/>	Lighting/Electrical	Operational, Well Maintained, Organized/labeled	
<input type="checkbox"/>	Fire Hazards	Office: Fire Place, Electrical Cords Apart: Stove, Oven, Microwave	
<input type="checkbox"/>	Fire Extinguishers/Alarms (Smoke/CO2)	Extinguishers: Checked and Signed by certified technician Alarms: Batteries, Operational	
<input type="checkbox"/>	Building/Office Exits	Clearly Marked, Unencumbered, Accessible	

	What's Being Checked	Checking For	Comments
<input type="checkbox"/>	First Aid Kit/ Information	First Aid Kit: Stocked, Accessible Information: Posted, Visible	
<input type="checkbox"/>	Required Posters	Posted, Visible	
<input type="checkbox"/>	Personal Training	Evidence/ Record of Employee training	
<input type="checkbox"/>	Stairs (Apartment Building)	Unblocked, Ease of maneuverability, handrails, lighting	
<input type="checkbox"/>	Housekeeping	Clean, Well Organized, Stocked (Apt Only): Stocked for Guests	
<input type="checkbox"/>	Heating/ Ventilation	Temperature is able to be adjusted Fresh/Central Air is available	
<input type="checkbox"/>	OSHA Required Records	Policies, Records, Checklists and Documents organized and accessible	
<input type="checkbox"/>	Safety Policies	Provided, Available, Accessible	
<input type="checkbox"/>	Computer Workstations	See Following OSHA Provided Checklist	

3.2 OSHA Computer Workstation Checklist

General:	
<input type="checkbox"/>	Workstation and equipment have sufficient adjustability, providing the ability to maintain a safe working posture and make occasional changes.
<input type="checkbox"/>	Computer workstation, components and accessories are maintained in serviceable condition and function properly.
<input type="checkbox"/>	Computer tasks are organized in a way that allows you to vary tasks with other work activities, or to take micro-breaks or recovery pauses while at the computer workstation.
Seating:	
<input type="checkbox"/>	Backrest provides support for lower back
<input type="checkbox"/>	Seat width and depth accommodate the specific employees
<input type="checkbox"/>	Seat front doesn't press against the back of employees' knees or lower legs
<input type="checkbox"/>	Seats are cushioned and rounded with a "waterfall" front (no sharp edges)
<input type="checkbox"/>	Armrests, if/when used support both forearms and do not interfere with movement
Keyboard/ Input Device:	
<input type="checkbox"/>	Desks/Surface is stable and large enough to hold keyboard and an input device
<input type="checkbox"/>	Input Device is located right next to computer so it can be operated without reaching
<input type="checkbox"/>	Input Device is easy to activate and is proportional to employees' hands
<input type="checkbox"/>	Wrists and hands don't rest on sharp or hard edges

Monitors:

- | | |
|--------------------------|--|
| <input type="checkbox"/> | Top of the Screen is at or below eye level so it can be read without bending the neck |
| <input type="checkbox"/> | Monitor is located at a distance, which facilitates reading without bending the neck or back |
| <input type="checkbox"/> | Glare is not reflected on monitors or glare protectors are utilized to prevent unsafe postures |

Accessories:

- | | |
|--------------------------|---|
| <input type="checkbox"/> | Wrist/Palm rests are provided and available; ensure wrists are not resting or pushing on hard, sharp, or square edges |
| <input type="checkbox"/> | Telephones placed so they can be used in tandem with the computer without effecting employees' posture |
| <input type="checkbox"/> | Computer tasks are organized in a way that allows you to vary tasks with other work activities, or to take micro-breaks or recovery pauses while at the computer workstation. |

4 PREVENTIVE MAINTENANCE

Preventive maintenance programs avoid most equipment failures. Regular equipment maintenance will be provided to prevent breakdowns that can create hazards.

Preventive maintenance is a schedule of planned inspections to prevent breakdowns and failures before they happen. Inspections will be performed routinely.

Preventive and regular maintenance will be documented, and tracked to completion.

During preventive maintenance, workers can document damage or wearing of parts or equipment so as to repair or replace parts *before* they cause a failure or injuries.

5 FIRST-AID PROCEDURES

5.1 Emergency Phone Numbers

Safety Coordinator: 907-957-2522 First Aid Response: 911
Poison Control: 1-800-222-1222 Ambulance: 911

5.2 Minor First-Aid Treatment

First-aid kits shall be available in each office and in company vehicles. If you sustain an injury or are involved in an accident requiring minor first-aid treatment:

- ◆ Administer first-aid treatment to the injury or wound.
- ◆ Inform your supervisor.
- ◆ If a first-aid kit is used, indicate usage on the accident investigation report.
- ◆ Access to a first-aid kit is not intended to be a substitute for medical attention.
- ◆ Provide details for the completion of the accident investigation report if required.

5.3 Non-emergency Medical Treatment

For non-emergency work-related injuries requiring professional medical assistance please coordinate with your supervisor. If you sustain an injury requiring treatment other than first aid:

- ◆ Inform your supervisor.
- ◆ Seek medical assistance.
- ◆ Provide details for the completion of the accident investigation report.

5.4 Emergency Medical Treatment

If you sustain a severe injury requiring emergency treatment:

- ◆ Call 911 and seek assistance from a co-worker.
- ◆ Use the emergency telephone numbers and instructions posted on or near the first-aid kit to request assistance and transportation to the local hospital emergency room.
- ◆ Provide details for the completion of the accident investigation report.

5.5 First-Aid Training

Any employee who requests it will receive training on CPR and First Aid. At least one person in each office location should have an active certification on CPR and First Aid.

6 ACCIDENT OR INCIDENT INVESTIGATION

6.1 Accident or Incident Investigation Procedures

An accident or incident investigation will be performed by the supervisor at the location where the accident or incident occurred. The Safety Coordinator is responsible for seeing that accident investigation reports are completed and that recommendations are forwarded to the Safety Committee. The Safety Committee will appoint an investigator to investigate all serious accidents or incidents, injuries or occupational diseases using the following investigation procedures:

- ◆ Implement temporary control measures to prevent or reduce further danger to employees.
- ◆ Review the equipment, operations and processes to gain an understanding of the situation.
- ◆ Identify and interview each witness and any other person who might provide clues to the accident's causes.
- ◆ Investigate causal conditions and unsafe acts; make conclusions based on existing facts.
- ◆ Complete the accident investigation report.
- ◆ Provide recommendations for corrective actions.
- ◆ Indicate the need for additional or remedial safety training.

Accident investigation reports must be submitted to the safety coordinator within 24 hours of the accident.

OSHA requires employers to report any/all of the following within 8 hours of the incident:

- ◆ **Fatalities**
- ◆ **A single incident which requires hospitalization of 3 or more employees**

OSHA CENTRAL TELEPHONE NUMBER: 1-800-321-6742

6.2 Accident Investigation Report

Report No: _____

Address: _____

1. Name of injured: _____ SSN: _____

2. Sex: M F Age: _____ Date of accident: _____

3. Time of accident: _____ a.m. _____ p.m. Day of accident: _____

4. Employee's job title: _____

5. Length of experience on job: _____ years: _____ months

6. Address of location where the accident occurred: _____

7. Nature of injury, injury type, and part of the body affected: _____

8. Describe the accident and how it occurred: _____

9. Cause of the accident: _____

10. Was personal protective equipment required? yes no

Was it provided? yes no

Was it being used? yes no

If "no," explain: _____

Was it being used as trained by supervisor or designated trainer? yes no

If "no," explain: _____

11. Witness(es): _____

12. Was safety training provided to the injured? yes no

If "no," explain: _____

13. Interim corrective actions taken to prevent recurrence: _____

14. Permanent corrective action recommended to prevent recurrence: _____

15. Date of report: _____

Prepared by: _____

Supervisor (**Signature**): _____

Date: _____

16. Status and follow-up action taken by safety coordinator: _____

Safety Coordinator (**Signature**): _____

Date: _____

6.2.1 Accident Investigation Report Instructions

An accident investigation is not designed to find fault or place blame, but it is an analysis to determine causes that can be controlled or eliminated.

(Items 1-6) Identification: This section is self-explanatory.

(Item 7) Nature of Injury: Describe the injury, e.g., strain, sprain, cut, burn, fracture.

Injury Type: First aid—injury resulted in minor injury/treated on premises; Medical—injury treated off premises by physician; Lost time—injured missed more than one day of work; No Injury—no injury, near-miss type of incident.

Part of the Body: Part of the body directly affected, e.g., foot, arm, hand, head.

(Item 8) Describe the accident: Describe the accident, including exactly what happened, and where and how it happened. Describe the equipment or materials involved.

(Item 9) Cause of the accident: Describe all conditions or acts which contributed to the accident, e.g.—

- a. unsafe conditions (spills, grease on the floor, poor housekeeping or other physical conditions).
- b. unsafe acts (unsafe work practices such as failure to warn, failure to use required personal protective equipment).

(Item 10) Personal protective equipment: This section is self-explanatory.

(Item 11) Witness(es): List name(s), address(es), and phone number(s).

(Item 12) Safety training provided: Was any safety training provided to the injured relating to the work activity being performed?

(Item 13) Interim corrective action: Measures taken by supervisor to prevent recurrence of incident, e.g., barricading accident area, posting warning signs, shutting down operations.

(Item 14): This section is self-explanatory.

(Item 15): This section is self-explanatory.

(Item 16) Follow-up: Once the investigation is complete, the safety coordinator shall review and follow up the investigation to ensure that corrective actions recommended by the Safety Committee and approved by the employer are taken and that control measures have been implemented.

7 RECORDKEEPING PROCEDURES

The safety coordinator will control and maintain all employee accident and injury records. Records shall be maintained for a minimum of five (5) years and shall include:

- ◆ Accident Investigation Reports, see Section 7, page 17
- ◆ Workers' Compensation First Report of Injury or Illness
- ◆ Log and Summary of Occupational Injuries and Illnesses as required by OSHA's Recordkeeping Regulation, 29 CFR 1904.2:
 - OSHA Form 300 (Rev. 1-2004): Log of Work Related Injuries and Illnesses
 - OSHA Form 300A (Rev. 1-2004): Summary of Work Related Injuries and Illnesses
 - OSHA Form 301: Injury and Illness Incident Report

8 SAFETY RULES, POLICIES AND PROCEDURES

The safety rules contained on these pages have been prepared to protect you in your daily work. Employees are to follow these rules, review them regularly and use good common sense in carrying out assigned duties.

These safety rules shall include both general workplace safety rules and job-specific safety rules.

- ◆ **General Rules:**

- All Employees

- ◆ **Job-Specific Rules:**

- By Occupational Class, e.g., painter, clerk, carpenter, etc.

8.1 Substance Abuse and Suicide Prevention

Substance abuse and dependence adversely affects work performance. Addiction will manifest as a chronic debilitating disease which may lead to health problems and social problems. Work may be affected by lower job performance, reduced productivity, higher medical costs, decreased work integrity, impaired judgement and danger to secure information and persons.

UNISHKA is committed to protecting the safety, health and well-being of employees and people who come in contact with its workplace and services. All employees have the right to expect a safe and sober environment in which to work. Recognizing that drug and alcohol does pose a threat to this goal, UNISHKA is committed to ensuring a substance free working environment for all its employees UNISHKA therefore prohibits the illicit use, possession, sale, conveyance, distribution of or manufacture of illicit drugs, intoxicants, or controlled substances in any amount or manner. In addition, UNISHKA prohibits the abuse of alcohol or prescription drugs. Any violation of this policy will result in adverse employment action up to and including dismissal and referral for criminal prosecution.

Resources available for assistance in sobriety include Alcoholics Anonymous and Narcotics Anonymous, et.al. Contact your insurance provider for information regarding outpatient or inpatient substance use programs. Social workers associated with admissions may offer information or resources.

Randomly or if a UNISHKA employee is suspected of being under the influence of drugs or alcohol, management may request a drug/alcohol test be performed at company expense. The test will be performed at a screening center of management's choosing. If the employee does not comply with the request for substance screening they are subject to immediate termination. If the employee does comply with the substance screening and is found to have substance in their system, they will be put on leave without pay until such a time as they complete an intake assessment from a licensed professional at which time UNISHKA will determine whether or not the employee is in a position to maintain effective employment.

