

# ESSEX

PROPERTY TRUST, INC.

## ***Injury and Illness Prevention Program*** ***Updated 4/26/2017***

**Safety: Strict Standards and Specific solutions.** Executive Management at Essex Property Trust, Inc. believes that safety should never be sacrificed. Our safety program, which is implemented by Human Resources is designed with the objective of hazard recognition, hazard control and zero accidents and personal injuries. Accident prevention is a shared responsibility between management and staff. Managers and Supervisors have the duty to make the safety of Associates a key part of each day's operations.

A critical component of our injury prevention effort is our Injury and Illness Prevention Program, which includes our safety policy, safe work procedure and policies for regulatory compliance. The Injury and Illness Prevention Program (IIPP) outlines our safety performance expectations.

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## **SAFETY AND HEALTH POLICY STATEMENT**

Essex Property Trust, Inc. is committed to providing our associates with a safe work environment. At Essex Property Trust we believe safety is the utmost important part of the culture.

Our objective is to complete all work without injury or losses to associates or equipment and to eliminate or minimize all job hazards.

We encourage every associate to report any unsafe or unprotected exposure that may pose a potential threat to their safety and health to management so that it can be corrected as soon as possible.

Michael J. Schall  
President and Chief Executive Officer

**STATEMENT OF COMPLIANCE**

I \_\_\_\_\_ acknowledge that I have reviewed this injury and illness prevention program and understand my responsibilities to participate in the ongoing injury and illness prevention efforts at Essex Property Trust, Inc. I accept this injury prevention plan as a working document which I will support and follow in my daily work.

I understand that failure to comply with all safety policies and safe work practice may result in disciplinary action. I have been informed how to get access to a copy of this manual and how to gain access to other safety information related to my job and work activities.

\_\_\_\_\_  
Associate Signature

\_\_\_\_\_  
Date

**TO ALL ASSOCIATES:**

Safety begins with an understanding of the proper practices, techniques and precautions to use for each task you complete. From there, each associate can help identify situations that may become dangerous to either associates or residents. We all must work together as a team to ensure that each community and office is as safe as possible and all precautions are being taken to prevent injuries to Associates on the job. Lastly, even with a fully implemented and well-crafted safety program, accidents do happen. If an injury occurs, we must all understand the procedures to take to handle the incident.

Workplace safety is the responsibility of each and every one of us. Essex Property Trust, Inc., has a strong commitment to your safety. Through the procedures described within this manual Essex Property Trust, Inc. intends to provide you with the training, tools, practices, and procedures that will allow you to always work safely.

Essex Property Trust, Inc. acknowledges and accepts its responsibility to provide a safe and healthful working environment for its associates. We endorse the concept that this responsibility cannot be discharged passively but requires the active effort and support of every level of management through constant training and supervision of its associates and through continual review of its facilities and processes.

**Specifically, it is the policy of Essex Property Trust to:**

1. Comply with the requirements of federal, state, and local codes as they pertain to safe and healthful working conditions.
2. Develop, adopt, and enforce adequate safety standards and criteria for all operations.
3. Supply exposed Associates with necessary and approved protective equipment and insist on its use when hazards cannot be engineered out of a process.
4. Develop and teach Associates safe working habits and techniques.
5. Maintain in our Associate an active interest in his or her own safety by developing good working habits and by bringing unsafe working conditions to the attention of management.
6. Encourage each Associate to take an active interest in his or her own safety by developing good working habits and by bringing unsafe working conditions to the attention the Human Resources Department.

## SECTION 1: ASSIGNMENT OF RESPONSIBILITIES

All Associates at Essex Property Trust have responsibilities in helping to maintain a safe and healthy work environment for all associates within the organization. Management will play a significant role in maintaining the success of the program, but all associates will be involved in ensuring the program is a success.

**Program Administrator:** Human Resources Department is assigned responsibility and the authority to implement and maintain the Injury and Illness Prevention Program for the organization. The duties include, but are not limited to:

- The development and administration of the safety and health program.
- Act as liaison for safety matters with governmental agencies, auditors and other government representatives.
- Development of methods and procedures for the implementation of the program
- Provide support and direction in the training and development of personnel.
- Monitor the implementation of the program and develop means of accountability for the enforcement of the program.
- Monitor the supervisor's performance in the investigation of accidents and documentation.
- Monitor corrective action necessary to prevent recurrence.
- Assist in the preparation of safety and health bulletins, posters, and publicity as needed.
- Maintain accident and incident report.
- Plan and coordinate inspections, committee meetings, and training sessions.
- Review and update rules and programs as needed.
- Maintain system for anonymous notification or suggestions from associate.

**Regional Manager, Community Managers and Maintenance Supervisors** will assist our Safety Administrator and be responsible for the following:

- Maintain safe and healthful working conditions at each location, noting unsafe work behavior, unsafe work conditions, and taking steps to control/ eliminate them.
- Must be familiar with the safety and health hazards associates may be exposed to during typical and unusual work tasks. They must know how to recognize common and unusual hazards and be aware of the procedures and work practices for protecting associates and residents and correcting any unsafe conditions and unhealthful exposures.
- Ensure safety is communicated to associates in an understandable manner via training, postings, personal contacts, video training and other forms of communication as appropriate
- Ensure proper safety training has been provided to all associates, in the language they understand best, before exposure to unsafe or unhealthful work tasks.
- Investigate and report any workplace hazards or injuries.
- Conduct inspections and safety audits of work areas, document good conditions as well as items needing correction / improvement.
- Conduct accident investigations, following incidents that are near miss, or that cause personal injury. Develop root causes, identify corrective actions and estimated completion dates.
- Correct any unsafe conditions brought to managers' attention by associates or residents.



- Escalate hazards that go uncorrected and serious hazards to the Human Resources Department.
- Maintenance Supervisor and Community Managers are responsible for organizing and conducting monthly safety meetings, covering company policy and safety topics pertinent to the work tasks carried out by their associates.

**Maintenance Supervisors and Community Managers:** are required to review the Essex Property Trust Safety Program with their direct reports, including new associates. It will be the responsibility of the Community Manager and Maintenance Supervisor to ensure that our associates are provided with a safe work environment.

Maintenance Supervisors and Community Managers are required to ensure the following items area completed within their first week:

Maintenance Team:

- Introduce and review the IIPP.
- Review locations of safety equipment and emergency shut off.
- Review and discuss the Company's Safety Policy.
- Review and demonstrate proper lifting techniques.
- Discuss the importance of using the proper equipment for the job and its appropriate use per the manufactures safety instructions.

Maintenance Supervisors are also required to do the following:

- Report all work related injuries to HR within 24 hours.
- Conduct monthly safety meetings.
- Conduct accident investigations for all accidents, near misses and incidents.
- Escalate any serious hazard to the HR department.

**Associates:** are responsible for following safe work practices, reporting hazards that effect the safety of workers and residents, utilizing safety guards on tools and equipment, using tools and equipment as the manufacturer intended, using appropriate personal protection as determined by the work task and as taught. All associates are responsible for maintaining a safe and healthy environment. Each associate is responsible for keeping his or her work area neat and orderly. Failure to follow safety and health guidelines may result in disciplinary action. Additionally, associates will support our injury and illness prevention program and support our overall safety and health effort by taking the following actions:

- Immediately report all incidents, exposures and accidents to your supervisor.
- Immediately report all injuries, and illnesses no matter how slight, to your supervisor.
- Report all unsafe or unhealthy conditions immediately to our Supervisor.
- Follow all written and verbal safety rules, safety policies and safe work procedures.
- Obey all safety and health policy and procedures as stated in the company IIPP.
- Using tools, machines, equipment, materials, and substances in accordance with labels, manufacturer instructions, and technical guides.
- Attend all required safety training and safety meetings.

## SECTION 2: SAFETY COMMUNICATIONS

Essex Property Trust, Inc. policy for communication is to encourage all associate to report hazards immediately to their supervisor so that corrective action can be taken in a timely manner to control hazards and prevent unintended exposures and protect the associate from injury. When hazards cannot be eliminated, communications will include training and support.

Any associate has the right to halt work, which the associate believes is unsafe or unhealthy and to notify the supervisor of the hazard and intended work delay. Associate who report such conditions and delay work until they are retrained, or the exposure is controlled will not be disciplined nor will they suffer any reprisals due to their actions.

Anonymous safety notifications will be accepted and acted on by the Human Resources Department.

No sanctions or adverse actions will be taken against any associate who refers a safety issue in good faith.

Associate shall be kept informed of safety and health considerations, safety performance expectations, changes and additions to our IIPP, updates of job safety analysis (JSA) and of the actions taken to address health and safety hazards by way of:

1. Regular safety meetings.
2. Postings and written communication.

*Reports related to workplace safety can be made anonymously by calling the Alert line at 866-752-5307. Essex has developed an anonymous Associate ethics and fraud hotline called the Alert line which allows E-Team members to safely share concerns of unethical behavior or report fraud, waste and abuse. An Associate will not be discriminated or retaliated against for bringing to our attention any unsafe conditions or participating in our safety activities.*

## SECTION 3: IDENTIFY & EVALUATE WORKPLACE HAZARDS

### Hazard Assessment

#### Inspection & Hazard Corrections

The goal of our hazard assessment activities is to identify and evaluate unsafe work conditions and practices so that accidents, injuries and exposure to job-related illnesses are minimized, if not completely eliminated.

Essex Property Trust conducts periodic scheduled and unscheduled inspections. Workplace inspections will include hazards and exposures that are identified during our risk assessment practices. Inspections will be conducted and documented on our inspection log.

Daily visual safety and health inspections by all Managers and Supervisors will be conducted.

Inspections also will be conducted:

- Whenever new substances, processes, procedures or equipment are introduced into the workplace that represent potential a new occupational safety and/or health hazards
- Whenever the company is aware of a new or previously unrecognized hazard
- When occupational injuries and illnesses occur; and
- Whenever workplace conditions warrant an inspection.

It is the responsibility of every associate to assist in the identification of hazardous conditions, or unsafe actions of associates, to prevent losses and injury. These are also key responsibilities on the part of every supervisor in conducting his/ her every day work duties. The following procedure outlines the role of all associates for hazard recognition.

1. **Hazard** – An unsafe condition that may cause an exposure, accident or injury.
2. **Unsafe act** – Means not following proper work procedures or the violation of the safety rules. It is what the associate did or failed to do that has or could have resulted in an exposure or accident. (There are various factors, which influence the associate to act in an unsafe way including, mental, emotional, physical, and attitudinal problems.)
3. **Unsafe condition** - Any hazardous physical condition that is unguarded or uncontrolled is an “unsafe condition”. It is any part of the associate physical surrounding that has or could have resulted in an accident or exposure (factors of equipment, poor design of equipment, inadequate maintenance; even the unsafe actions of Associates are the source of conditions.

Thoughtful preparation for hazard detection produces a greater likelihood for identifying **critical** (high-risk) hazards. It is generally the more obscure high-risk hazard that produces the severe injuries and illnesses. The supervisor of the associate performing the work is in the best position to detect and control high risk, unsafe acts.

GENERAL HAZARD IDENTIFICATION AND RISK ASSESSMENT

Location:	
Risk Assessor (s):	Assessment Date:
Task / Process: General Maintenance / Property Management	

		Hazards: Potential Damaging Energies			
<b>General Work Environment</b>		<b>Radiation</b>		<b>Chemical / Hazardous Substance</b>	
Lighting	<input checked="" type="checkbox"/>	Ionizing radiation	<input type="checkbox"/>	Liquids	<input checked="" type="checkbox"/>
Ergonomics / Adequate Access	<input checked="" type="checkbox"/>	Non-ionizing Radiation /Microwave / RF /ELF	<input type="checkbox"/>	Fumes	<input type="checkbox"/>
Stairs & Work Platform	<input checked="" type="checkbox"/>			Gases	<input checked="" type="checkbox"/>
Working / Walking Surface / Changes in elevation	<input checked="" type="checkbox"/>	<b>Non-Mechanical Hazards</b>		Vapors / Mists	<input checked="" type="checkbox"/>
Air Conditioning / Ventilation	<input type="checkbox"/>	Chemical / Burns, Exposures, Toxic Hazards, Flammable, Explosion	<input checked="" type="checkbox"/>	Solids	<input type="checkbox"/>
<b>Environmental</b>		Respirable Dust, Mist, Vapors, Fume	<input checked="" type="checkbox"/>	Silica / Asbestos / Lead	<input checked="" type="checkbox"/>
Heat, Cold, Sun Burn, Rain, Wind	<input checked="" type="checkbox"/>	Vibration, Isolated / Whole body	<input type="checkbox"/>	<b>Welding / Soldering/ Brazing</b>	
Poisonous Plants	<input type="checkbox"/>	Noise Over 85 dBA – Frequent, Periodic, Occasional	<input checked="" type="checkbox"/>	Flash, UV, Smoke and fume collection when in a closed environment, ventilation,	<input type="checkbox"/>
Venomous animals, insects, spiders	<input checked="" type="checkbox"/>	Falling Objects	<input checked="" type="checkbox"/>	<b>PPE</b>	<input type="checkbox"/>
<b>Health and Security</b>		Falls from Elevations / fall protection / Floor openings, wall openings, work platforms	<input type="checkbox"/>	Eye, Face, Head, Respirators, Ear, Foot, Hand, Body	<input checked="" type="checkbox"/>
Break area/ Hand Wash & Bathroom	<input checked="" type="checkbox"/>	Falls / Trips / Slips / Stairs / Ramps/ Curbs	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Fresh, Pure, Water	<input checked="" type="checkbox"/>	Confined Work Spaces	<input type="checkbox"/>		<input type="checkbox"/>
Workplace Violence / Working Alone	<input checked="" type="checkbox"/>	Restricted work areas/ limited work space	<input checked="" type="checkbox"/>		<input type="checkbox"/>
		Operating Vehicles / golf carts / lawn equipment	<input checked="" type="checkbox"/>		<input type="checkbox"/>
<b>Mechanical Hazards</b>		Climbing Ladders / Stairs / Ramps/ Hills	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Pinch points/ Caught In, Under or Between,	<input checked="" type="checkbox"/>	Lacerations / Punctures / Stickers, Thorns	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Automation / Automatic starts without warning	<input checked="" type="checkbox"/>	Crush, Entanglement,	<input type="checkbox"/>		<input type="checkbox"/>
Rotating Equipment, sheering, cutting entanglement,	<input checked="" type="checkbox"/>		<input type="checkbox"/>		<input type="checkbox"/>
Impact or Crushing / Struck By	<input type="checkbox"/>				<input type="checkbox"/>
Protrusions which could cause injury	<input type="checkbox"/>	<b>Manual Material Handling</b>			<input type="checkbox"/>
Compressed air, hydraulics, Hose Connections	<input checked="" type="checkbox"/>	Strain / overexertion, push pull, carry, reach, lift, stoop, bend, twist, awkward positions, forceful exertions, static postures	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Cables, Cable Connections, Chains and Drive Mechanisms	<input type="checkbox"/>			<b>Miscellaneous</b>	

Automobile / Golf Carts/ Heavy construction Equipment	<input checked="" type="checkbox"/>	<b>Biological</b>			<input type="checkbox"/>
<b>Energy</b>		Microbiological / Molds	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Electrical/ Shock/ Burns/ Arc Flash	<input checked="" type="checkbox"/>	Animal tissue / Fluids	<input type="checkbox"/>		<input type="checkbox"/>
High Intensity Laser	<input type="checkbox"/>	Human Body Fluids/ Sewage Waste	<input checked="" type="checkbox"/>		<input type="checkbox"/>
Fluids / Gases Under Pressure	<input checked="" type="checkbox"/>	Other Biological	<input type="checkbox"/>		
Kinetic / Potential	<input checked="" type="checkbox"/>		<input type="checkbox"/>		

Quarterly Safety Inspection

Date: \_\_\_\_\_



Property Name: \_\_\_\_\_ Inspector \_\_\_\_\_

Quarterly Safety Inspections are designed to provide a method of identifying existing or potential hazards in the workplace and create a way to eliminate or control them. Our goal at Essex Property Trust, Inc. is to make sure established safe work practices are being followed and those unsafe work conditions or procedures are identified and corrected properly. Safety inspections will be conducted by personnel who are able to identify actual and potential workplace hazards. Inspectors will be able to understand our general safe work practices and our task specific work practices. It is the responsibility of the individual conducting the safety inspection to ensure all necessary changes are made or are presented to the general manager, safety administrator or community coordinator

Maintenance Shop

- Is Proper Personal Protective Equipment available and used?
Is all Personal Protective Equipment in good shape? Clean?
Are all tools and equipment in proper working order?
Are safety goggles located near key machines?
Is the first aid kit easily accessible and adequately stocked?
Are employment posters displayed?
Are all storage areas and shops free of flammable materials?
Are boiler/water heater rooms properly ventilated? Are doors locked to the public?
Are boiler/water heaters in good repair?
Are stepladders in good condition? (steps, rails, feet, spreader bars)
Are straight ladders in good condition? (Rungs, rails feet, lock mechanisms cords and pulley)
Notes:
Do eye wash stations have current dates and easily accessible to all employees?
Are storage areas/maintenance ships free on congestions and flammable materials?

Property:

- Are parking areas free of potholes and hazards?
If loose parking curbs, have they been secured?
Any protruding lawn sprinklers creating a trip hazard?
Are all vehicles and pedestrian gates working properly & do they need to be oiled (self closing where required)?
Are sidewalks, exteriors, walkways, and stairways and handrails in good condition?
Any sidewalk joints 1" or higher?
Is all the interior/exterior lighting operable and adequate?
Has maintenance staff turned all lights on for inspection?
Are all interior halls, floors, carpets free of tripping hazards?

Electrical:

- Is there 3 ft. clearance in front of all circuit breaker panels?
Are all circuit breakers properly identified?
Are all open spaces in the circuit panel covered, no open holes?
Are all electrical switches, outlet and junction box covers properly installed?(no gaps)
Are there any cut or frayed insulation on power cords to tools, machines, or equipment, on extension cords?
Are electrical cords in good repair, with no broken or damaged plugs? Grounding prongs are in place?
Are electrical cords, kept clear of walkways?(no trip/fall hazard)

**Chemicals/ Hazardous Substances:**

- Is the workplace hazard assessment completed and maintained in the SDS File? · Yes · No · N/A Notes: \_\_\_\_\_
- Are potentially hazardous substances kept in a secure area? · Yes · No · N/A Notes: \_\_\_\_\_
- Is an SDS available on site for each chemical listed on the inventory or stored on the property readily available? · Yes · No · N/A Notes: \_\_\_\_\_
- Has a written inventory list of chemicals on hand been completed / updated? · Yes · No · N/A Notes: \_\_\_\_\_
- Are compressed gas cylinders secured from falling, 20 foot separation of Oxygen and Fuel gases · Yes · No · N/A Notes: \_\_\_\_\_
- Are flammable substances stored in fire proof cabinet? · Yes · No · N/A Notes: \_\_\_\_\_
- Are only compatible chemicals stored together & in safe and correct manner? · Yes · No · N/A Notes: \_\_\_\_\_
- Are all chemical and substances labeled and stored in original containers? · Yes · No · N/A Notes: \_\_\_\_\_

**Fire and Life Safety:**

- Are emergency evacuation routes and procedures displayed in prominent places around the building(s)? · Yes · No · N/A Notes: \_\_\_\_\_
  - Are all pathways/walkways clear of rubbish or obstruction? · Yes · No · N/A Notes: \_\_\_\_\_
  - Are the floors surfaces even, free of holes, cracks, fraying or uplifting edges? · Yes · No · N/A Notes: \_\_\_\_\_
  - Is all pathways/walkways slip free? · Yes · No · N/A Notes: \_\_\_\_\_
  - Do all step/stairs/ramps have suitable non-slip surfaces and edges? · Yes · No · N/A Notes: \_\_\_\_\_
  - Are handrails secure and in good condition?(withstand 200 psi pressure down & out) · Yes · No · N/A Notes: \_\_\_\_\_
- 
- Are all areas maintained in a tidy condition?  Yes · No  N/A Notes: \_\_\_\_\_
  - Are work areas well ventilated?  Yes · No  N/A Notes: \_\_\_\_\_
  - Are storage areas free of accumulated equipment or rubbish?  Yes · No  N/A Notes: \_\_\_\_\_
  - Is appropriate shelving used?  Yes · No  N/A Notes: \_\_\_\_\_
  - Are free standing bookshelves/cupboards secured to ensure stability?  Yes · No  N/A Notes: \_\_\_\_\_
  - Are entrances, exits and exit ways kept clear?  Yes · No  N/A Notes: \_\_\_\_\_
  - Do the fire/smoke alarms and emergency lighting function as designed when tested? · Yes · No · N/A Notes: \_\_\_\_\_
- 
- Are any sprinkler heads in the open position? · Yes · No · N/A Notes: \_\_\_\_\_
  - Is there clear 18-inch space below all sprinkler heads? · Yes · No · N/A Notes: \_\_\_\_\_
  - Is there signage on the sprinkler system risers to show annual and 5 year inspection? · Yes · No · N/A Notes: \_\_\_\_\_
  - Are all fire exit doors unlocked and operable? · Yes · No · N/A Notes: \_\_\_\_\_
  - Are all fire hoses in good repair and neatly displayed? · Yes · No · N/A Notes: \_\_\_\_\_
  - Are fire extinguishers inspected and signed off every 30 days? · Yes · No · N/A Notes: \_\_\_\_\_
  - Are fire extinguishers displaying current years inspection tags, extinguishers are accessible, have hose and nozzle attached, signage and proper charge? · Yes · No · N/A Notes: \_\_\_\_\_
  - Does any fire extinguisher cabinet glass need to be replaced? · Yes · No · N/A Notes: \_\_\_\_\_
  - Are flammable and combustible materials kept clear of heaters, boilers, open flame? · Yes · No · N/A Notes: \_\_\_\_\_
  - Are first aid kits readily available, properly stocked, signs displayed? · Yes · No · N/A Notes: \_\_\_\_\_
  - Are contents in first aid kit regularly maintained, contents inspected for current expiration dates? · Yes · No · N/A Notes: \_\_\_\_\_

**Pool Area:**

- Are all gates operating properly? Self-closing · Yes · No · N/A Notes: \_\_\_\_\_
- Are handicap entry and exit devices operable, clean and maintained properly · Yes · No · N/A Notes: \_\_\_\_\_
- Do the pool lights work? · Yes · No · N/A Notes: \_\_\_\_\_
- Are the handrails secured at the pool and hot tubs? · Yes · No · N/A Notes: \_\_\_\_\_
- Is he pool furniture free of defects, sharp edges, broken or rusty components? · Yes · No · N/A Notes: \_\_\_\_\_
- Is the required life safety equipment located near the pool, accessible, with signage? · Yes · No · N/A Notes: \_\_\_\_\_
- Are Pool Rule signs posted in clear view, readable in appropriate languages? · Yes · No · N/A Notes: \_\_\_\_\_
- Are the depths of the pool easily visible? Is the water level a proper fill height · Yes · No · N/A Notes: \_\_\_\_\_
- Is the daily Pool Chemical Log up to date? · Yes · No · N/A Notes: \_\_\_\_\_
- Do hot tubs/saunas have operable automatic timers and emergency shut offs? · Yes · No · N/A Notes: \_\_\_\_\_
- Are pool and hot tub decks well maintained, no slippery or broken hazards? · Yes · No · N/A Notes: \_\_\_\_\_

## SECTION 4: INJURY AND ILLNESS INVESTIGATION

### Accident Reporting & Documentation

Associate injuries, regardless of how small in nature, near miss and incidents that require first aid, and all suspected illnesses are to be reported immediately and no later than the end of shift. Each incident is to be thoroughly investigated upon notification and no later than 24 hours of occurrence/knowledge by the Manager.

Investigations are to be completed by the Supervisor or Community Manager. All incidents involving injury, property damage, production interruption and near misses are to be investigated.

The incident and accident investigation process provides the accurate, timely information needed to prevent recurrences. The supervisor of the injured associate will be responsible for reporting and investigating the incident. The Workers Compensation Manager will assist in the investigation and determining root causes and appropriate follow up actions.

In the event of a serious occurrence the Community Manager will support the supervisor in the emergency response and follow up investigation. Routine incidents will be investigated and reports completed within 24 hours, and provided to the Workers Compensation Manager. Our goal is to have this reported and investigated before the end of shift.

Each incident, including first aid is to be thoroughly investigated by the supervisor and/or Community Manager. Investigators will complete the Accident Investigation Form, which is attached to this IIPP. The investigation will determine at least the following:

- Who and what was directly involved in the incident
- Who and what was indirectly involved in the incident
- Where and when the incident occurred
- The cause of the incident, identifying as many contributing factors as can be identified
- Steps/procedures to take to prevent recurrence, if known
- Steps/procedures to take to reduce risk for recurrence. (i.e., Associate or staff training/ re-training, maintenance of equipment, better supervision, check out on tools and equipment, change in policy, change in procedure, etc.)

#### Summary of Process:

1. The associate reporting an injury will support the investigation process and provide truthful information on events prior to the incident and thought on factors contributing to the incident.
2. The Supervisor or Manager will complete the Injury/Illness Investigation Form. To complete the investigation, the responsible supervisor or manager will visit the scene, interview witnesses, review training and established work procedures, review enforcement records and determine basic and underlying causes that contributed to the incident.



3. The Maintenance Supervisor or Community Manager is responsible for making and documenting appropriate recommendations, suggestions or corrective actions and follow up activities to prevent or reduce the risk for similar incidents to occur.
4. The Injury Investigation Report, suggestions, recommendations, information provided by the injured associate and suggestions for follow up actions will be sent to the Human Resources Department for review and further investigation.
5. The Community Manager or the Maintenance Supervisor will complete the Employer's First Report of Injury/Illness (Form 5020), file the claim with the Workers' Compensation Carrier, and make sure that the Workers Compensation Associate Claim Form (DWC-1) is provided to the injured worker and completed and treatment is offered.
6. The completed Employer's First Report of Injury/Illness and DWC-1 Forms will be forwarded to the Company's Workers' compensation insurance carrier and to the HR department.
7. The Manager, Workers Compensation will maintain the OSHA Form 300 Log. Each entry will be made within 7 days of the incident or change in the type of incident (lost time / restricted work / back to work - no restrictions.)
8. The Manager, Workers Compensation will complete the OSHA 300A summary and make sure that it posted in an area that can be viewed easily by the workforce, for three months, starting February 1 and ending April 30.
9. If the incident results in a serious injury or fatality, the Manager, Workers Compensation or will report the incident to the local *OSHA Enforcement Office (\_\_\_\_\_)* - \_\_\_immediately, but no longer than 8 hours from the time of the incident, including weekends.
10. "Serious injury or illness" means any injury or illness occurring in a place of employment or in connection with any employment, which requires:
  - a. Inpatient hospitalization for a period greater than 24-hours for other than medical observation, or
  - b. in which an Associate suffers a loss of any member of the body, or
  - c. the injury will leave the Associate with serious degree of permanent disfigurement, but
  - d. Does not include any injury or illness or death caused by the commission of a Penal Code violation, except the violation of Section 385 of the Penal Code, or an accident on a public street or highway.

Should it become necessary to make a serious injury report to the Foster City Cal OSHA office, with the following information:

1. Time and date of accident.
2. Employer's name, address and telephone number.
3. Name and job title, or badge number of person reporting the accident.
4. Address of site of accident or event.
5. Name of person to contact at site of accident.
6. Name and address of injured employee(s).
7. Nature of injury.
8. Location where injured employee(s) was (were) moved to.
9. List and identity of other law enforcement agencies present at the site of accident.

10. Description of accident and whether the accident scene or instrumentality has been altered.

## EMERGENCY RESPONSE

**SERIOUS EMERGENCIES** are accidents that are life threatening, requiring more than routine first aid.

If it is necessary to call for emergency medical service and transportation outside of the facility, the number is **911**. Tell them you have a **SERIOUS ACCIDENT**. Describe the nature of the accident, answer all questions from the dispatcher.

Tell them the **ACCIDENT LOCATION**. Give them directions to the accident site, cross street parking lot entrance, or other location. Send an employee(s) to the critical locations along the street or parking lot to open gates, and doors, and to direct the medical providers to the appropriate entrance. Place Associate at critical locations along the drive way, walkways, hallways to quickly direct medical personnel to the injured or ill worker.

**INSIST ON AN IMMEDIATE RESPONSE.** Note the time you called and the name of the person with whom you spoke. Make sure transportation for the injured to a doctor or a hospital is immediately dispatched. Give the doctor or a hospital notice that the injured is in transit to them.

**CLEAR AND SECURE THE AREA-** Secure the area, prevent others from being injured or exposed, and to provide safe access for emergency treatment for the injured or ill employee. Provide clear access to the accident site for emergency vehicles and personnel.

**ATTEND TO THE INJURED-** Make sure that there is no chance of further injury to the injured Associate or anyone else. Provide immediate first aid as necessary until emergency personnel arrive.

**COMMUNICATION-** all communications between the community manager, supervisor and designated Associates will be by word of mouth or by radio or cell phone. Stop all work activities and listen to instructions, and remain calm and prepared to assist others including residents.

**EVACUATION-** Should the emergency situation require evacuation, Associates will assist residents according to the closest exit route, as detailed on the evacuation map. Evacuation is to be made in a calm and orderly way. Evacuation to the designated assembly area is required, to receive additional instruction.

In the event of fire, earthquake or other natural disaster, Associates are not to remain behind to shut down any operation within the structure or work area. Once evacuated, Associate or others will not re-enter the building until the conditions and structure are deemed safe by responding emergency personnel.

## SECTION 5: HAZARD CORRECTION PROCEDURES

Essex Property Trust will conduct periodic inspections to identify and evaluate workplace hazards. Our safety inspections are performed by a designated and competent observers and follow our inspection guide included in the IIPP.

Unsafe or unhealthy work conditions and work practices identified by associates supervisors, managers, and safety administrator will be evaluated and corrected immediately. All affected Associates and residents will be removed from the exposure.

Unsafe or unhealthy work conditions or work practices will be corrected in a timely manner, as determined by the severity of the hazard. Under no conditions will Essex Property Trust, Inc. personnel will be required or permitted to work under conditions that pose a clear or imminent hazard to health or safety.

Problems that cannot be corrected immediately will be assigned to a management representative to ensure completion of the corrective action. Once corrected, documentation of the action taken will be included on the inspection log. When changes are made, affected associates will receive additional instructions.

When an imminent hazard that cannot be immediately corrected without endangering associates and/or property, the following steps will be taken:

1. The Maintenance Supervisor, Community Manager will make sure that all potentially endangered associates are immediately removed from the hazard or exposure;
2. The Maintenance Supervisor, Community Manager will make decisions on the best corrective actions and safe guards to use in order to correct the hazard, exposure or potential exposure;
3. The Maintenance Supervisor, Community Manager will correct the condition or oversee the correction using necessary safeguards; and
4. The Maintenance Supervisor, Community Manager will document the corrective action and date corrected in accordance with this section, using our daily log or other format that may be required to adequately document the work and all unsafe or unhealthy work conditions, work practices and work procedures identified will be evaluated and corrected.



## SECTION 6: SAFETY TRAINING

All associates will receive training and instructions in:

1. General safety and health work practices;
2. Reporting of hazards and injuries; and
3. Specific instruction with respect to common and unusual hazards expected or that could occur at the job to which they are assigned or which are expected or that could occur in the shop.

It is critical that all associates (especially new associates) understand work rules and procedures prior to being assigned a job. The fundamentals of safety practices must be reviewed prior to a new associate's first job assignment. Our new associate safety checklist is to be used to document this training. Managers are responsible for insuring that all safety training is provided to their associates.

The training will be in a form readily understandable by the associate on matters relating to occupational safety and health, including provisions designed to encourage Associates to inform the employer of hazards at the worksite without fear of reprisal. Methods used for this training includes toolbox meetings, classroom and jobsite training activities, postings, written communications, and the ability for anonymous notification by associates to their supervisors about hazards. Training topics are flexible to the hazards and/or Associate exposures and will be provided as follows:

1. As needed, at the beginning of new work assignments.
2. To new associates, before they are placed into a hazardous work activity.
3. To all associates given new job assignments for which training has not previously provided;
4. Whenever new substances, processes, procedures or equipment are introduced to the workplace and represent a new hazard;
5. Whenever Essex Property Trust, Inc. is made aware of a new or previously unrecognized hazard;
6. To Maintenance Supervisors and Community Managers to familiarize them with the safety and health hazards to which associates under their immediate direction and control may be exposed; and
7. To associates in the shop and in the field with respect to hazards specific to the employee's job assignment.
8. To develop competent trained persons in such areas as in such areas as fall protection, rigging, scaffolding, ladders, confined space work, lock out and tag out, aerial platforms, etc..
9. For Emergency action and fire prevention, and
10. Retraining will occur when an associate's performance and work practices identify safety rules are being violated, hazards are not properly identified and controlled, accidents and property damage investigations identify retraining needs.

Managers are responsible for insuring that all safety training is provided to their associates including:

**Associate Safety Checklist**

The hiring manager must review and fully complete the Associate Safety Checklist with all the new associates. The associate will initial the form to indicate that they have reviewed each item and specific hazards for their position.

**Associate Safety Meetings**

On a monthly basis a brief safety meeting must be conducted with all property management associates. Records of this meeting are sent to the regional assistants. This will be handled by the Maintenance Supervisor and Community Manager. During this time, associates must also review new training materials, accidents that occurred since the previous meeting, safety hazards, and other safety related topic that is deemed important.

**Post Occupational Injury**

All injured associates and additional associates shall receive training on general and specific job hazards.

**New Equipment/Process**

Whenever new equipment, processes, or a new or previously unrecognized hazard comes to light, the maintenance supervisor must review the required safety procedures, equipment or practice before the associates are exposed. This is to be documented in the monthly safety meeting.

**Hazard Communication Training**

The following outlines ongoing fundamental training procedures in cases of new procedures and materials.

- Explain applicable safety and health requirements mandated by OSHA and state standards.
- Identify locations where hazardous chemicals are stored, handled, dispensed or transported, and the location of each process and operation that uses them.
- Explain how to recognize potential health and safety hazards and review monitoring techniques used to detect potential health hazards.
- Explain how to read SDS's (Safety Data Sheets) and related information(labels).
- Explain safety precautions to be taken by the individual worker.
- Explain in detail the labeling system used by the manufacturer.
- Warn about specific work activities that increase the likelihood of a loss.

**Asbestos Awareness Program**

Certain properties within our portfolio contain a limited amount of asbestos in certain building materials, such as drywall mud. Asbestos should only be handled according to regulations and only by associates who have approved certification.

**Lead Based Paint**

Certain properties within our portfolio contain a limited amount of lead based paint. Any inspection, maintenance, or repair work involving lead based paint will be conducted according to regulations and only by associates who have approved training and certification.

**Confined Space**

We recognize that there are confined spaces (crawl spaces and attics) at select properties. Per our training program, our associates have the knowledge and skills necessary to differentiate between permit required and non-permit required confined spaces. It is against Essex Property Trust, Inc. policy for any associate to enter a permit required confined space. In all cases the space must be secured and declassified for other entry before a non-permit entry is allowed.

## Definitions

### Confined Space –

- A space that: Is large enough and so configured that an Associate can bodily enter and perform assigned work; and
- Has limited or restricted means for entry or exit; and
- Is not designed for continuous Associate occupancy.

### Permit Required Confined Space – A confined space that:

- Contains or has a potential to contain a hazardous atmosphere; or
- Contains a material that has the potential for engulfing an entrant; or
- Has an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor which slopes downward and tapers to a smaller cross section; or
- Contains any other recognized serious safety or health hazard.

**Entry** – The action by which a person passes through an opening into a permit required confined space. Entry is considered to occur as soon as any part of the entrant's body breaks the plane of an opening into the space.

NOTE: For entry to occur, there must be an intent to bodily enter the confined space. You may reach into a space, and not bodily enter (say to adjust a valve), and do so without an entry permit being required.

Copies of the formal Confined Space program are located in the Appendix section of this document.

## Respiratory Protection

Use of filtering face piece and disposable particulate respirators by Essex associates is prohibited except for properly trained members working with asbestos and/or applying latex paint indoors with a powered sprayer.

Under all other circumstances, a disposable nuisance dust mask should be worn.

Copies of the formal Respiratory Protection programs for work in California and Washington are located in the Appendix section of this document



**NEW ASSOCIATE SAFETY CHECKLIST**

ASSOCIATE: \_\_\_\_\_

MANAGER: \_\_\_\_\_

DATE \_\_\_\_\_ HIRED/RE-

ASSIGNED: \_\_\_\_\_ COMMUNITY: \_\_\_\_\_

MANAGER: Check off each item as you discuss it with the new Associate. NEW ASSOCIATE: Initial each item as it is discussed with you.

- Associate provided with company safety policy and Injury Illness Prevention Plan (IIPP).
- Manager reviewed injury-reporting procedures with Associate.
- Associate issued proper personal protective equipment as needed; trained to use and care for such safety equipment.
- Associate shown location of first aid kits and informed of local urgent care or hospital facility and reporting incidents and injuries to supervisor or community manager by end of shift.
- Reviewed with Associate Safety Hazard Report, location of safety data sheets and how to read a Safety Data Sheet (SDS).
- Indicated when and where to report unsafe conditions or unsafe work practices (anonymous reports)
- Associate understands the importance of responsibility for the prevention of accidents, agrees to fully cooperate with the safety efforts of Essex Property Trust, Inc follow all safety rules, and use good judgment concerning safe working behavior.

**Training**

- Implementation and maintenance of the IIPP Program.
- Review and understanding of the emergency response plan (*Emergency Procedures Manual*) which provides guidance on dealing with emergencies such as earthquakes, fires, etc.
- Prevention of musculoskeletal disorders, including proper lifting techniques and use of hand carts
- Proper housekeeping, such as keeping stairways and aisles clear, work areas neat and orderly and promptly cleaning up spills.
- Prohibiting roughhousing and other acts that tend to adversely influence safety.
- Proper storage to prevent stacking goods in an unstable manner and storing goods against doors, exits, fire extinguishing equipment and electrical panels.

- Hazard communication, including worker awareness of potential chemical, environmental, biological hazards and proper PPE and labeling of containers.
- Proper storage and handling of toxic and hazardous substances including prohibiting eating or storing food and beverages in areas where they can become contaminated.

## SECTION 8: ASSOCIATE COMPLIANCE / DISCIPLINARY POLICY

### Compliance and Disciplinary Procedures

Under Essex Property Trust policy, all Associates are required to follow company safety policies and work procedures. When needed, Associates will be provided with additional training and information, or re-training, to maintain their knowledge.

**Our Goal is to provide positive feedback and support to Associates and departments for safety compliance.**

**Compliance with all safe work procedures, code of safe work practices, procedures outlined in our Job Safety Analysis and with hazard specific instructions, as provided to Associates is a condition of employment and is required at all times.**

Any Associate found to be in violation of a safety rules or practice will be subject to disciplinary action in accordance with the Company's personnel policies.

Essex Property Trust reserves the right to discharge "at will." We believe that Associates found performing work in an unsafe manner that would endanger any associate shall be subject to discipline or termination by management. Management of Essex Property Trust will determine the course of action best suited to the circumstances.

ASSOCIATE REPRIMAND / CITATION

Associate Name	Time	Date
_____		

Location \_\_\_\_\_

It is necessary to warn you of the following:

- |   |   |
|---|---|
| <input type="checkbox"/> Absence without permission                         | <input type="checkbox"/> Failure to use proper Personal Protection Equipment        |
| <input type="checkbox"/> Abuse of equipment, materials                      | <input type="checkbox"/> Violation of safety rules                                  |
| <input type="checkbox"/> Breaking Company safety rule(s)                    | <input type="checkbox"/> Defeating or Removing machine and equipment guards         |
| <input type="checkbox"/> Alcohol/Drug Use                                   | <input type="checkbox"/> Creating hazards for others                                |
| <input type="checkbox"/> Fighting, Horseplay                                | <input type="checkbox"/> Failure to use lock out, block out, and tag out procedures |
| <input type="checkbox"/> Failure to report injuries before shift end        | <input type="checkbox"/> Hot Work Permit Violations or No Permit                    |
| <input type="checkbox"/> Leaving work without permission                    | <input type="checkbox"/> Improper Inspection, set up, securing or use of ladders    |
| <input type="checkbox"/> Malicious Behavior                                 | <input type="checkbox"/> Failure to report injuries / accidents by end of shift     |
| <input type="checkbox"/> Poor work performance, willful neglect             | <input type="checkbox"/>  |
| <input type="checkbox"/> Refusal to obey work order(s)                      | <input type="checkbox"/>  |
| <input type="checkbox"/> Tardiness  | <input type="checkbox"/> Other, explained below                                     |
| <input type="checkbox"/> Improper use of Personal Fall Protection / Tie-Off |   |
| <input type="checkbox"/> Improper use of golf cart / speeding               |   |
| <input type="checkbox"/> Violating Flat Roof Work Policy                    |   |

Facts of the Offense


Action Taken:


It is suggested that you keep a copy of this notification. A copy is being placed in your permanent personnel file. The need for warnings to you may result in disciplinary action such as suspension or discharge. All Associates are responsible for being in compliance with Essex Property Trust, Inc. Safety Program Rules and Code of Safe Practices.

Signature of Supervisor: \_\_\_\_\_  
Date: \_\_\_\_\_

Signature of Employee: \_\_\_\_\_  
Date: \_\_\_\_\_

## SECTION 9 SAFETY AND HEALTH RECORD-KEEPING

### Record-keeping

1. Records of hazard assessment, audits and inspections, materials testing, environmental testing, will include names of person(s) or persons conducting the audit, evaluations and 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 on a hazard assessment and correction form; and
2. Accident investigation forms, First Report of Injury Forms, and DWC1 forms will be maintained
3. Documentation of safety and health training for workers, including the worker's name or other identifier, training dates, type(s) of training, and training providers, recorded on worker training or instruction form(s).
4. Our records also include documentation of exposures, and medical records should there be a need for medical evaluations. Associate Exposure records, should there be an incident, and medical records will be kept indefinitely, and will remain accessible to the Associate or the employees' representative.
5. Associate training records will be maintained for the duration of employment and in most cases for not less than 3-years.
6. OSHA 300 logs will be maintained and kept up to date, with the OSHA 300A completed and posted as required from February 1, through April 30 of each year. These OSHA records will be maintained for no less than 5 years.

## CODE OF SAFE WORK PRACTICES

### General Safety

- Associates must attend safety and training meetings.
- Report to work well rested and physically fit to be able to give full attention to the job.
- Persons with physical or mental impairment shall not be assigned to tasks where their impairment has a potential to endanger themselves or others.
- No person shall be permitted to remain on the premises while under the influence of alcohol or illegal drugs.
- No person shall be permitted to remain on the premises while their ability to work is so affected by prescription or non-prescription or other substance, so as to endanger their health or safety or that of any other person.
- Inappropriate behavior, such as horseplay, fighting and practical jokes are extremely dangerous and will not be tolerated,
- Smoking is prohibited within our premises and vehicles at all times. Smoking is only permitted outside buildings where "NO SMOKING" signs are not posted
- Avoid shortcuts – use stairs, ramps, walkways, and ladders.
- No running on the property.
- All associates shall report unsafe conditions or practices to their immediate supervisor.
- All work related injuries and illnesses must be reported to Human Resources.
- Heavy-duty work boots are suggested however rubber soled shoes are acceptable.
- Work areas must be kept clear.
- Fire extinguishers shall be properly maintained. Never block fire extinguishers
- Use handles when closing desk drawers, file cabinets, etc. Do not leave drawers open when not in use.
- Do not stand in front of closed doors as they may be opened suddenly.
- Never stack, store or place items that block sprinklers, exits, exit ways, exit signs, fire extinguishers, electric service panels, or gas shut offs.
- Read mail and other materials while stationary - not while walking.
- Clean up all spills immediately.
- Keep kitchen areas clean and do not walk on freshly mopped floors. Obey wet floor signs.
- Deliberate abuse or misuse of equipment will not be allowed and will result in disciplinary action, including possible termination.

- All persons driving on company business should follow the Safe Driving Policy.
- Safety Data Sheets (SDS) should be reviewed with your supervisor when new chemicals are introduced to the property and as appropriate thereafter. Refer to labels and SDS's before using products for repairs, cleaning, or other work tasks.
- Equipment is only to be operated by qualified persons and then only when adequately trained in the use of the equipment and authorized to operate it. Certifications may be applicable.
- Avoid manual lifting of materials, articles or objects which are too heavy. Wherever possible, use carts and rollers to move heavy, awkward and bulky items. Do not carry loads that obstruct your view of floor conditions and hazards.

### Equipment / Maintenance

- Associates are responsible for maintaining equipment in proper working order. This includes inspecting and cleaning equipment.
- If equipment is damaged or defective, associates must tag and repair or replace the equipment.
- All belts, couplings, gears, flywheels and moving parts must be properly guarded. Never remove guards while the machine is in operation or use the machine or equipment with guards removed.
- Do not operate any machine without the required guards. If removed for maintenance, guards must be replaced prior to returning machine to service.
- Use only approved cleaning solvent when cleaning tools, parts, machinery, and similar equipment in accordance with manufacture recommendations. If you are unsure, ask your supervisor for guidance. Environmentally safe solvents are advised, like simple green (not to be used on electrical equipment).
- Follow the Company approved Lockout/Tag out procedures when working on or repairing equipment. Always unplug tools, and portable equipment before replacing blades, bits, punches and other points of operational devices.
- Always test the "start" switch of a "locked out" machine before starting work on it to be sure it will not operate, but be sure to push the off switch to make sure there are no unintended or accidental starts.
- Do not operate golf carts or any equipment if they are known to be in an unsafe condition.
- When using golf carts with flat beds for moving appliances, tie down ratchet will be used to secure the appliance and bungee cords or ropes are not to be used.

- Prior to any towing, it is recommended that the golf cart manufacturer is consulted to ensure that the cart is designed to tow or carry heavy appliances.
- When moving appliances on a golf cart with a tow hitch, always ensure the dolly and the tow hitch are both in a good working condition. Lights on golf cart must be on.
  - ❖ The golf cart manufacturer must allow for the use of tow hitch to pull appliances during delivery.
  - ❖ The appliance dolly manufacturer must allow a dolly, or loaded dolly to be hitched and towed by the golf cart, during delivery of the appliance to the unit
- Golf carts should always be operated at 5MPH or less when operating in the parking lot, parking structures, and streets in the complex.
- When moving appliances, associates must always wear latex dipped grip enhancing gloves. The MS and CM are responsible to ensure that a pair is provided to each associate.
- When grinding keys, associates must always wear safety goggles.

### Manual Lifting and Material Handling

- One of the major causes of injuries is improper lifting and handling of objects, tripping, slipping, or falling. The following procedures must be followed in order to avoid injury.
- Before lifting or moving an object, assess the weight of the load. Reasonable weight is <50lbs. anything over 75lbs requires additional assistance (i.e. carts, appliance dollies, slings, or team lift. When necessary, use carts, appliance dolly's or slings or ask for assistance.
- When moving appliances, all associates are required to perform a pre-task assessment.

The pre-task assessment is to include the following:

- ❖ Assess the appliance(s) to be moved to ensure good condition (stable, solid, secure, etc.)
- ❖ Assess delivery location prior to start.
- ❖ Identify the proper tools to be used.
- ❖ Identify appropriate travel path and make sure it is clear.



- At least two associates should be involved in lifting, pushing or pulling heavy objects at ALL times.
- To reduce slipping, tripping or falling, check the path of travel or destination to make sure it is clear.
- Clear the path before moving the object and avoid stepping on slippery or uneven surfaces, avoid curbs, drop offs. Be aware of pinch points and crush hazards.
- Always use an appliance dolly to move ALL appliances. Properties without an elevator may request a stair lifter or non-manual dolly. This will require approval from the Community or Regional Manager and will be approved based on property needs.
- It is the responsibility of the Maintenance Supervisor and the Community Manager that necessary and proper equipment, (i.e. appliance dolly, gloves, and glasses) is provided to the associates.
- Inspect the dolly to ensure that it is in a safe condition. Any dolly with loose or worn out wheels may not be used. Any dolly with signs of abrasion, cuts, or holes on the strap may not be used. The tie down strap, ratchet hook, or locking devices on the dolly must always remain in good condition.
- If a property requires more than one dolly, the request should be considered for approval based on the size and needs of the property. It will require a CM/RPM approval.

### Guidelines for Lifting

- Use a wide balanced stance to reduce the likelihood of slipping or jerking movements.
- Keep the lower back in its normal arched position while lifting. Bend at the knees to maintain the normal arched position.
- Bring the object or load as close to the body as possible.
- Keep the head and shoulders up as the lifting motion begins and flex your stomach while breathing out during the lift. Do not hold your breath during the lift.
- Lift with the legs and stand up in a smooth, even motion. Avoid lifting with straight legs.
- Move the feet (pivot) if a change in the direction of travel is necessary.
- Communicate when two or more individuals are involved in the material handling always choose one to direct the activity and follow that persons instructions.

- Back belts are optional. However, the Maintenance Supervisor or the Community Manager can furnish one upon request.
- When using back belt, the associate must understand the following:
  - ❖ The back belt must be used together with the practice of proper body mechanics, and posture.
  - ❖ Wear your belt whenever necessary but as little as possible.
  - ❖ Do not rely on the belt to increase your lifting capabilities.
  - ❖ Make sure the back belt is properly sized.
  - ❖ The width of the back belt should cover the low back and sacrum area and is comfortable to wear when cinched.
  - ❖ Cinch the back belt tight during manual material handling tasks and let loose during light task and breaks.
  - ❖ Always follow manufacture recommendations.
- The Maintenance Supervisor will coach and enforce proper lifting techniques and team lift.
- When moving an appliance to a unit that has a narrow opening/steps (due to building configuration), vendor delivery/installment option should be considered. It will require an authorization from the community or regional manager. It should be approved on case - by - case basis.

#### Guidelines for Goggles

- Always wear safety goggles when working in an area that has particles, flying objects or dust (including key grinding, blowing leaves, sanding, sawing, or working with any loose contaminants).
- If you are working with chemicals, please wear safety goggles.

#### Pressurized Containers

- Treat all cylinders as if they are full.
- Fuel and Oxygen should be separated by at least 20ft.
- Secure all cylinders to a wall or vertical support by use of chains or support in a safety stand supplied by the manufacturer, in an upright position.
- Keep all caps and valve guards in place.
- Do not try to listen for a leak by placing your ear on or near the cylinder.
- Keep valves closed when not in use.

- Cylinders shall be kept away from electrical wiring where they could become part of the circuit.

### Smoking

- Smoking is prohibited when working with or around flammable materials. This includes refueling of equipment and vehicles.

### Tools

- Do not operate power tools or equipment unless you have been authorized to do so.
- Inspect tools prior to use to ensure that they are in proper working order. Do not use damaged or defective tools.
- Use tools for their intended purpose and in the manner intended.
- All power tools and electrical devices must be properly grounded or doubleinsulated.
- Keep guards and protective devices in place at all times. Never use tools or equipment from which guards have been removed.
- Do not use electric power tools and equipment when standing in water.
- Only qualified persons are to repair electric tools or equipment.
- All extension cords shall be the 3-pronged type with a rating appropriate for the job.

### Trash Compactors

- Never enter the inside of a trash compactor for any reason.
- Never operate a trash compactor that is in any way damaged.
- Make sure all persons are clear of the unit before activating the controls. This includes any and all body parts, or clothing.
- Never operate a trash compactor while any part of your body is inside or near the opening of the compactor.
- Any repairs requiring entry into the compactor must be performed by an approved vendor.
- An associate performing repairs to the exterior of a trash compactor shall, where appropriate, follow the safety procedures outlined in the electrical safety and lock out/tag out sections of this manual.
- Operate a compactor only after training on equipment has been completed.
- Never alter the original factory design of the trash compactor.
- All controls must be clearly labeled. Replace any danger or caution decals that have been removed or are unreadable.
- Never attempt to override or by-pass electrical safety switches or control relays.

- The hydraulic cylinder access door must be secured at all times.
- The trash compactor's safety control circuits should be routinely checked along with checking for leaks and proper operation.

### Ladders

Ladders are very commonly used tools in the workplace. So much so that we seldom give them a second thought, but failing to follow proper safety procedures can be a dangerous mistake. The following are rules that pertain to selection, inspection, use, care, and maintenance of ladders.

### Ladder Selection

- Use of metal ladders is prohibited when performing work on all electrical and energized equipment.
- Use of extension ladders greater than 20' long is prohibited.
- Use folding ladders in excess of 10' is prohibited.

### Ladder Inspection

- Visually inspect the ladder before each use. Never use a ladder that is unstable, has missing rungs, broken or split rails or damaged components. Check for jagged edges and rough surfaces that may injure the user. Repair or discard damaged ladders.
- Rungs are to be free of oil, grease, dirt, and other materials that may pose a slip and fall hazard.
- Inspect the ladder component surfaces for conditions that may cause injury to user and to prevent snagging of clothing.
- Rungs, cleats, and steps are to be parallel, level, and uniformly spaced when ladder is positioned for use.
- If a ladder tips over, has been knocked over or dropped, inspect the ladder for dents or bends in the side rails or excessively dented rungs. Check all rungs to side-rail connections, hardware connections, and check rivets for shear.
- Stepladders must have locking spreader devices.
- Rungs on a ladder shall have a minimum diameter of ¾ inch for metal and 1-1/8 inch for wood.

### Ladder Use

- Do not load ladders beyond the maximum intended load (Duty Rating) for which they were built, or beyond the manufacturer's rated capacity.
- Use only for intended purpose for which they were designed.
- No deflection in the ladder is permitted.

### Ladder Placement

- Inspect the condition of the surface on which the ladder is to be set. Use ladders only on stable and level surfaces unless secured to prevent accidents. If used on slippery surfaces, use ladders with slip resistant feet.
- When using a ladder outdoors, always be aware of overhead electrical lines and maintain 20 feet of separation. Most electrical lines are not insulated and could cause deadly electrical shocks.
- Consideration needs to be given to ladder placement in traffic areas, doorways, passageways, and driveways or locations where others can displace them. Provide barricade or secure ladder to avoid accidents.
- 4:1 RATIO for Extension Ladders: Position the ladder so that the distance between the feet of the ladder and object that the ladder is supported against is equal to 25% of the extended length of the ladder (as measured from the resting point of the ladder). When using this ratio correctly, the ladder should be resting at 75-degree angle from grade.
- When setting a non-self-supporting ladder, the top of the ladder rails shall be placed so that both rails are equally support the ladder. (The exception being if the ladder is equipped with a single support attachment.) At the resting point against the supporting structure, the top of the rails need to have at least 12 inches of support area to either side of the rails. For example, if an extension ladder has an overall width of 12 inches, the supporting surface against which the ladder rests is to be a minimum of 36 inches wide.
- When using portable ladders to access higher landings like balconies, be sure that the side rails of the ladder extend at least three feet above the upper resting point of the ladder.
- The minimum clearance distance from any obstruction on the climbing side of a

fixed ladder is 30 inches, while the minimum clearance between the rungs, cleats, and steps, and any obstruction behind the ladder is 7 inches.

- Fully engage the locks on extension ladders before climbing.
- The rubber sole of the ladder shall be in contact with any concrete or hard surfaces.
- Cleats should only be used in soils, turf, or rocky conditions.

#### Ladders Don't

- Use a metal ladder to work on wiring of electrical devices or when changing light bulbs and tubes.
- Fasten or tie ladders together to provide longer sections.
- Move, shift, or extend a ladder while it is occupied.
- Use the top of a stepladder as a step or as a seat.
- Carry a load that could cause you to lose your balance.
- Use ladders in a horizontal position as platforms, runways, or scaffolds.
- Place a ladder in front of a door that opens towards the ladder unless the door is barricaded, locked, or guarded.
- Place ladders on boxes, barrels, or other unstable bases to obtain additional height.
- Haul heavy loads up a ladder or push loads up while using a ladder. Use a line to lift the load from above instead.
- Climb on the bracing on the back legs of a stepladder.
- Stand above the highest safe standing level of a ladder.
- Climb a closed stepladder.
- Climb above the second step from the top of an ordinary stepladder or the fourth rung from the top of an extension ladder as you may lose your balance and fall.
- Use ladders to secure structure as braces, skids or for any other purpose than as a ladder.
- Allow more than one person to climb on a portable ladder or stepladder at a time.

- Use portable wood stepladders that are over 10 feet in length.

#### Ladder Care and Maintenance

- All ladders shall be maintained in safe condition at all times. Inspect ladders regularly, with the frequency being determined by use and exposure.
- Joints between the steps and side rails shall be tight, all hardware and fittings securely attached, and the moveable parts shall operate freely without binding or undue play.
- Metal bearings of locks, wheels, pulleys, etc., shall be frequently lubricated.
- Replace frayed or badly worn rope.
- Maintain safety feet and other auxiliary equipment in good condition.
- Ladders and accessories shall be treated to resist corrosion and rusting when location demands.
- Wood ladders, when used under conditions where decay may occur, shall be treated with preservative to prevent or minimize the accumulation of water on wood parts. Do not paint wood ladders.
- Clean ladders of oil, grease, or slippery materials.
- Inspect the rails of fiberglass ladders for weathering due to UV exposure.
- Keep ladders protected from heat, weather, and corrosive materials.
- Do not make improvised repairs to any ladder. Ladder repairs must restore the ladder to a condition meeting its original design criteria.
- Extension locking devices and spreaders shall be in good repair and fully functioning

## ROOF WORK

### Pitched Roofs

1. All work on any pitched roof is prohibited. Essex Policy is that under no circumstances are Essex associates authorized to access and work on any pitched roof for routine work, inspection, or repair.
2. At no time are Essex associates authorized to work on any roof mounted equipment.
3. Contractors hired to perform work on the roof of an Essex Property Trust, Inc. must comply with all State, Federal and local safety regulations for the work being performed. Each contractor must submit a safe work plan noting controls for common and unusual hazards of the work tasks to be completed. Submittals are to be provided to the Maintenance Supervisor and Community Manager for review and comment before work begins.

### Flat Roof

1. All work on any flat roof must be conducted in accordance with the safety procedures outlined in these Roof Work Safety Procedures.
2. Access to flat roofs is authorized for inspections and damage assessments, by authorized and trained Associates who recognize fall hazards, and follow safe access procedures.
3. Authorized access is only allowed when weather and roof conditions provide for safe access and inspection.
4. Roof Access and inspection is allowed when the structure has a parapet or sidewall that is at least 39 inches high.
5. When parapet walls are low, less than 39 inches high all access and inspection work will be performed while keeping 15 feet distance from the roof edges and extreme caution must be exercised when 15 foot distance cannot be met. No associate is allowed closer than 6 feet of a roof edge, and only when there is a minimum 24 inch parapet, unless a fall protection system is used.
6. Essex allows for properly trained associates to establish a "Controlled Access Zone" to perform necessary repairs or other work when the parapet walls are less than 39" inches high. All Controlled Access Zones must still provide at least 6 feet clearance from the roof edge.
  - a. Inspection, maintenance and other work must also remain at least 6 feet from skylights or other protection must be provided to prevent falls through skylights.
7. Contractors hired to perform work on the roof of an Essex Property must comply with all State, Federal and local safety regulations for the work being performed. Each contractor must submit a safe work plan noting controls for common and unusual hazards of the work tasks to be completed. Submittals are to be provided to the Maintenance Supervisor and Community Manager for review and comment before work begins.

## CONTROLLED ACCESS ZONE PROCEDURES





1. Before you start ascending the ladder, make sure of a clear lighted path to the base of the ladder
2. Clear the area to provide for a safe landing at the base of the ladder.
3. Inspect the ladder for safe and secure conditions before starting your ascent.
4. When it is determined safe to climb the ladder, make sure your feet are dry and free of debris that could cause you to slip.
5. Face the ladder and firmly grip the rung
6. Climb one rung at a time, maintaining Three Points of Contact at all Times. (2-hands & 1-foot / 2-feet & 1 hand)
7. Carry tools in a tool belt or hoist tools and supplies after you have safely accessed the roof.



If the Parapet wall or roof wall is at least 39" inches high, No Additional Safety Measures are Required.

REMEMBER - It is always recommended for you stay away from the parapet wall and roof edge.



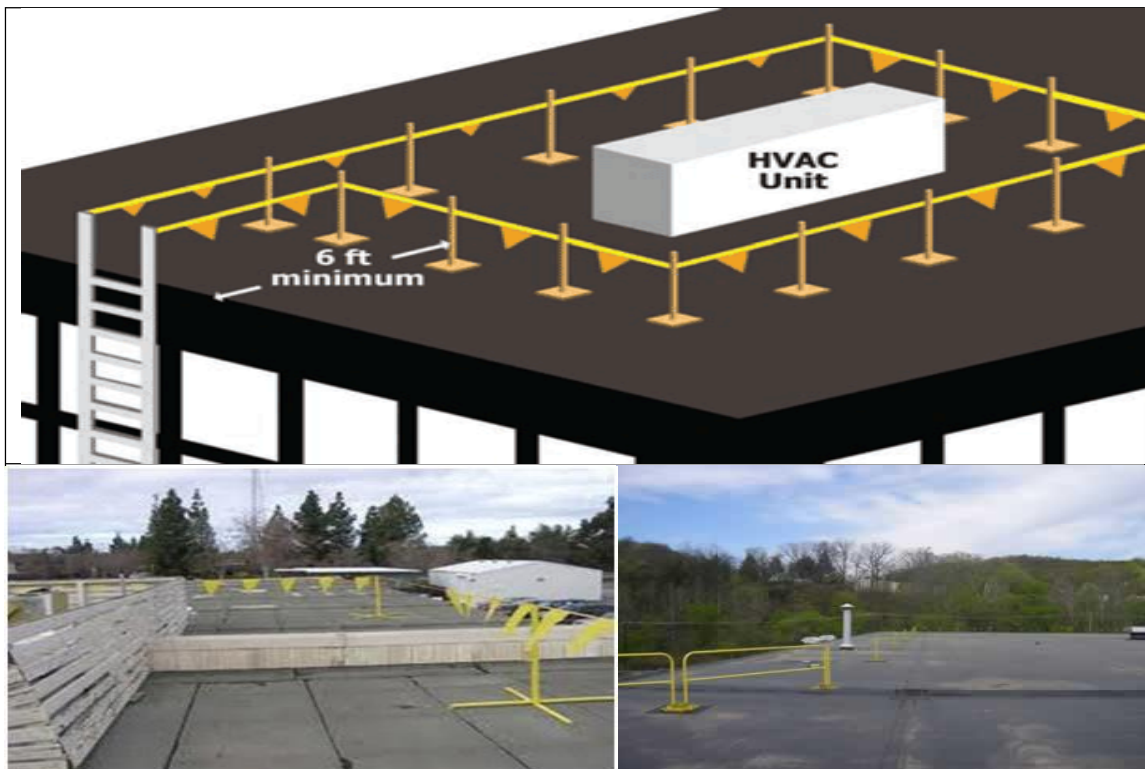
When your work is performed at least 15 feet from the edge of the roof, no fall protection system is required. No controlled access zone must be created.



For work that is to be performed between 6'-15' from the edge, Essex Property Trust requires that temporary guardrails systems be erected and when temporary guardrails are not available, that a "Controlled Access Zone" is created. It is suggested that no associate work alone when on a roof and when controlled access zones are established.

1. The Zone must be erected by a competent trained person and accessed only by trained and authorized associates.
2. Control lines are to be erected at a distance not less than 6 feet from the edge of the roof.
3. The control line must be along the entire edge of the work area, or roofline and approximately parallel to the unprotected or leading edge.
4. The control line must be connected on each side to a standard railing, or to a wall, or otherwise, securely anchored at each end.
5. Control lines must consist of ropes, wires, tapes, or other materials and supported by stanchions, as follows:
  - a. Each line must be flagged or otherwise clearly marked at no more than 6-foot intervals.

- b. Each line must be rigged and supported in such a way that its lowest point will not sag closer than 39 inches to the working level (roof) and will not extend more than 45 inches above the working level.
- c. Control lines must be made of materials that have a minimum breaking strength of 200 pounds.



Typical set up of controlled access zone, and temporary guardrails.

## EMERGENCY ACTION PLAN

### Evacuation Maps

Evacuation maps will be posted in the break room, and other areas frequented by associates, residents and guests, showing evacuation routes evacuation routes.

### General Emergency Procedures

#### Worksite Emergencies (Fire, Incidents, & Medical Emergencies)

1. All worksite emergencies must be reported immediately to the Community Manger, or Maintenance supervisor.
2. All communications during an emergency will be by word of mouth.
3. Stop all work activities and listen to instructions, and remain calm and prepared to assist others, including customers, residents and vendors.
4. Should evacuation be required, associates will assist customers to evacuate the building according to the closest exit route, as detailed on the evacuation map. Evacuation is to be made in a calm and orderly manner.
5. If possible, shut down all equipment, energy sources and ignition sources on the way out but do not delay evacuation to do so. Shut down and control energy sources only if time permits and it is safe to do so.
6. All associates will proceed, if safe to do so, to the designated emergency gathering area, located at \_\_\_\_\_ and as far away and upwind from smoke, and gases and other hazards resulting from the emergency situation.
7. At the time of an evacuation, associates, residents and visitors are to assemble at \_\_\_\_\_ and remain clear of the smoke and responding emergency equipment. Do not leave the area until dismissed and everyone is accounted for.
8. Upon reaching the designated emergency gathering area, check in with the Community Manager or Supervisor for further instructions and to verify the safety of all associates, residents or visitors. Follow directions of the evacuation coordinator and emergency responders.
9. Emergency Telephone Numbers shall be posted. 9-1-1 will be the primary number for reporting emergencies.
10. Where possible, associates will be trained in First Aid and CPR to provide for adequate coverage or first aid at the Essex site.
11. In the event of fire, earthquake or other natural disaster, associates should shut down gas and electric when safe to do so, but no person should remain in harm's way to do so. Once evacuated, associate or others will not re-enter the building until the conditions and structure are deemed safe by responding emergency personnel, or other qualified person.
12. Provide full cooperation to emergency responders and other mangers, as needed.

### Fire

1. Call 911 for the Local Fire Department
  - a) At minimum, provide the building, address, cross street, area of the incident and nature of the emergency.

- 2) In case of fire, Call the Fire Department, 9 1 1:
  - a) Obtain a charged fire extinguisher and seek out the smoke and flames, and if safe to do so use the extinguisher to extinguish the fire.
  - b) Position yourself with safe exit way at your back
  - c) Position yourself a few feet from the fire,
  - d) Pull the safety Pin
  - e) Point the nozzle and aim at the base of the fire
  - f) Squeeze the handle and sweep the hose from side to side, starting at the leading edge of the fire, until the fire is extinguished or the fire extinguisher is spent. If you do not have another extinguisher, quickly evacuate to a safe place.
  - g) If it is not possible to extinguish the fire, evacuate the immediate area, and
  - h) Call the Fire Department.
- 3) For fire outside of buildings
  - a) Evacuate the immediate area, and
  - b) Call the Fire Department
  - c) Notify the Community Manager or Supervisor

### Medical Emergency

1. Report medical emergency to the Community Manager or Supervisor.
2. Call 911 or the local Emergency Medical Services
3. Render first aid promptly to the injured Associate or customer.
4. Dispatch Associates to critical locations such as the entrance to the building, parking lot, along hallways and at the closest door to the emergency situation to quickly direct emergency response personnel to the injured worker.
5. The preferred provider for serious traumatic injuries is: \_\_\_\_\_  
 \_\_\_\_\_ Address: \_\_\_\_\_
6. The designated provider for non-life threatening or minor injuries requiring medical treatment is: \_\_\_\_\_

### Naturally Occurring Emergency Situations

1. Winter and summer seasons may produce extreme weather conditions and warnings or watches. Severe heat and severe storm conditions may require that emergency procedures to be taken and heat illness prevention planning initiated to prevent associate injuries.
2. In the event of a power outage,
  - a) Keep calm and hold your position until emergency lighting comes on;
  - b) Shut down equipment, machinery appliances, etc
  - c) If the emergency lighting does not come on, wait for the emergency

coordinator to determine if an evacuation is necessary.

- d) If the building is evacuated, follow the evacuation plan. Do not reenter the building unless told to do so by the emergency team or local fire departments.

### **Earthquake:**

1. Move clear of plate glass windows, hot grills, fat fryers, dry storage areas, and freezer.
2. Drop to the floor, seek cover under a piece of sturdy furniture and hold on tight. Press your face against your arm to protect your eyes.
3. Wait until the shaking stops and survey the situation, condition of the structure, surrounding utilities and your safety.
4. Stay clear of windows, exposed electrical, and should it be necessary to leave the building, do so when it is safe.
5. Secure electrical, and gas to prevent fire and injury.
6. Should the situation arise where there is structural collapse or the threat of imminent collapse due to an earthquake, the following general procedures should be followed:
7. All people to evacuate the worksite as per normal emergency procedures
8. Notify the Community Manager or Maintenance Supervisor.
9. Shut down equipment, shut off office machines and computers, if safe to do so
10. People should be kept out of the area except for those rendering emergency aid
11. All the area utilities should be turned off as quickly as possible providing it is safe to do so

### **Structure or Equipment Damage**

Should the situation arise where a structure has collapsed or is in danger of collapse or equipment has been involved in an accident, the following general procedures apply:

1. The normal emergency assistance procedures should be followed.
2. The area where the incident has occurred should be secured.
3. Supervisors are to be notified.
4. People are to be kept out of the area except for those rendering medical assistance.
5. If necessary and safe to do so, area utilities are to be turned off as quickly as possible.
6. Attempts to clean up or repair should not be made until Management and emergency responders have given clearance.

### **Emergency Action Plan Training**

1. Training will be provided at hire and through regular Associate safety meetings, team huddles, and other posting communications.

# EMERGEN CY

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AMBULANCE: 911\_\_\_\_\_

FIRE – RESCUE: 911\_\_\_\_\_

HOSPITAL: 911\_\_\_\_\_

URGENT CARE: 911

Name: \_\_\_\_\_ (650) 498-6500

POLICE: 911\_\_\_\_\_

CAL/OSHA (OSHA): Foster City Office

Phone Number (650) 573-3812

Posting is required by Title 8 Section 1512 (e), California Code of Regulations



## GOLF CART OPERATIONS

### Operational procedures

It is the intent of this company to provide a safe workplace for everyone. Accident and injury prevention is an important part of our job. Working together, we can achieve our safety goals. It is the policy at Essex to protect our associates, equipment, facilities, and grounds. Associates operating golf carts must be trained in safe operation of the vehicle, authorized to drive the vehicle, and constantly demonstrate safe operating practices, and follow our safe use procedures. Associates may not operate golf carts until they have been trained and authorized.

### Operator Training

To prevent workplace accidents, all Associates who operate golf carts must be trained before using the vehicles. This training should include the proper procedures for operating and maintaining golf cart and used in conjunction with the golf cart operational manuals.

1. All golf cart operators will be trained and authorized prior to using the vehicles.
2. Training will include proper procedures for operating and maintaining golf carts.
3. Supervisors are responsible for ensuring that operators have successfully completed golf cart training prior to driving the vehicle. Associate training documentation will include the trainee's name, title, department, date of training, and supervisor's signature and will be placed in the employee's file.
4. Any Associate who observes an operator driving in an unsafe manner must report the driver to management.

### Golf Cart and Utility Vehicle Safety Procedures

The following are basic rules of operating and maintaining golf carts. The maximum speed of a golf cart depends upon the terrain over which it is being driven, the weather conditions, and the total weight of the golf cart and passengers and any materials being carried. Avoid distractions when operating a golf cart or utility vehicle. Pull to the side of the parking lot or roadway to use the radio or cell phone.

1. Inspect the vehicle prior to use (at least daily) using the operator's checklist. Vehicle features to check include: tire tread and proper traction, cuts or punctures on tires, steering, forward and reverse gears and brakes, back up alarm, safety markings, loose parts, leaking fluids, battery charge and condition, etc.
2. If the golf cart and utility vehicle is in need of repair or maintenance, the unit should be taken out of service.
3. Operate the golf cart and utility vehicles at a speed equivalent to a well-paced walk, 3 to 5 miles per hour but no faster than 15 mph, and only operated at this speed when operating on a standard roadway. Never drive faster than conditions allow.
4. Take extra care when operating a golf cart or utility vehicle on slopes, hills, wet turf, loose surface, rough terrain. Avoid quick turns when operating on an incline.
5. Golf cart and utility vehicle operators will observe all vehicle traffic laws such as lane travel, stop signs, legal passing of other vehicles, etc.

6. Golf carts should be operated on streets or roadways whenever possible.
7. Sidewalks should be used only where streets and/or parking lots are not available, and then only to the nearest adjacent street or parking lot.
8. Golf cart and utility vehicle operators must slow down at intersections, bike crossings, cross walks, etc.
9. Golf cart and utility vehicle operators must use take necessary precautions at each intersection to ensure pedestrian and passenger safety
10. Golf cart and utility vehicle operators will reduce speed when turning corners, or passing through doorways, gates, and other areas of minimal clearance.
11. Operating a golf cart and utility vehicles on a sidewalk should be limited to the transport of appliances, equipment, tools and supplies to work site but travel should be limited to or from the nearest street or parking lot.
12. Most golf carts used are designed to carry a driver and one passenger. A golf cart and utility vehicles should not be operated with more passengers than it is designed to carry.
13. All golf carts should have seat belts for the operator and each passenger, and each person riding in the golf cart and utility vehicles will be restrained by a safety belt if provided by the manufacturer.
14. Drivers and passengers must remain seated while the vehicle is moving.
15. All occupants in the golf cart and utility vehicles shall keep hands, arms, legs and feet within the confines or operating cab of the golf cart, at all times when the cart is in motion.
16. Pedestrians always have the right-of-way. If the golf cart or utility vehicle is being operated on a sidewalk, the operator should pull off of the sidewalk or stop the unit when approaching pedestrians.
17. Towing is allowed by golf carts and when originally designed for towing as identified in owner manual.
18. The capacity of the golf cart or utility vehicle is not to be exceeded by appliances, utilities, tools, equipment, passengers, or utility trailers, etc.
19. The operator is responsible for knowing the load weights and never allowing the vehicle to be overloaded or used in ways not allowed by the manufacturer.
20. When the golf cart and utility vehicles is not in use, the operator will place the golf cart and utility vehicles control lever in the "Neutral" position and secure the key as instructed.
21. Golf carts and utility vehicles must never be parked where they will block emergency equipment, exit ways, pedestrian aisles, doorways, intersections, or the normal traffic flow.
22. When the golf cart and utility vehicles is not being used, the unit should be secured with a cable and lock or other equivalent locking mechanism.
23. Report any accident or damage to your supervisor immediately.

### Battery Recharge

1. When recharging golf cart and utility vehicles batteries, the following safety rules shall be observed:
2. Only an approved battery charger will be used to recharge the batteries (designed to shut off automatically when the batteries are fully charged.).
3. Do not smoke near the recharge station.
4. Do not recharge near an open flame or source of ignition.
5. Pour baking soda on spilled battery acid before cleaning up the spill.
6. Wash skin thoroughly with cold water if skin is exposed to battery acid.
7. Disconnect all battery charger cords before using the golf cart.

### Parking

Park carts on hard, covered surfaces such as asphalt and concrete. Never park in heavily traveled pedestrian areas. Do not block fire lanes, entrances to buildings, stairways, disability ramps, main thoroughfares, or fire suppression equipment. Do not park in restricted areas or parking slots.

**Pre-Operation Check List For Golf Carts & Utility Vehicles**

A daily vehicle inspection must be conducted before use each shift. Any vehicle not in proper working order must be reported to the supervisor and the cart taken out of service until properly repaired. Operators of Carts must poses a valid driver’s license and obtain driver authorization following training by our Maintenance Supervisor / Trainer.

Date: \_\_\_\_\_ Inspector \_\_\_\_\_

Inspection / Visible Items

Y	N	NA		Y	N	NA	
•	•	•	Are Tires inflated to the proper pressure, tires in good repair, and tires with safe tread?	•	•	•	Are safety stickers and reflective markings in proper condition, clean?
•	•	•	Are fluid levels maintained at proper levels?	•	•	•	Are there any other visibly defective items noted?
•	•	•	Is there any evidenced of fluid leaks?	•	•	•	
•	•	•	Are there any loose parts?				

Inspection / Functional Aspects

Y	N	NA		Y	N	NA	
•	•	•	Is the vehicle steering loose?	•	•	•	Are Seat Belts Accessible for use, clean and in good condition?
•	•	•	Is Back Up Alarm Audible?	•	•	•	Is the normal operational?
•	•	•	Are the Brakes Functioning Properly	•	•	•	Are all signals fully functional?
•	•	•	Are the side and rear view mirrors in good condition, e.g., not cracked, fogged, loose, dirty?	•	•	•	Is the battery fully charged, in safe condition, no signs of deterioration or corrosion?
•	•	•	Are operational flashing hazard lights on the cart operational	•	•	•	Is all original equipment safety features maintained in good working order as recommended by the manufacturer’s service manual

Golf Cart / Utility Vehicle Operator Evaluation Form

Operator Name \_\_\_\_\_

Equipment Model, Type \_\_\_\_\_

Date: \_\_\_\_\_

Retraining Date: \_\_\_\_\_

Step	Evaluation	N/A	Pass	Fail

Equipment Inspection	Operator inspects the cart or utility vehicle / Demonstrates Competency in inspecting for safe condition : 1. Has a valid drivers license      6. Horn 2. Tire Condition                        7. Brake 3. Body condition no loose parts    8. Back up alarm 4. Battery Condition                    9. Head, Tail, Direction lights 5. Steering                                10. Safety Stickers			
Loading	1. Demonstrates knowledge of weight limits, # of riders 2. Demonstrates proper loading of appliance, utilities, tools, materials 3. Inspects tie downs and choose proper size and type 4. Demonstrates proper and secure tie down of cargo			
Operation	1. Demonstrates safe operating skills, stays seated, all body parts in the operating lines of the cart or utility vehicle 2. Wears seat belt when provided by manufacturer 3. Demonstrates safe operating speeds 4. Slow Turns, full stops at stop signs, Follows rules of the Road 5. Demonstrates safe operation when ground is rough, sloped, on turf, wet conditions 6. Stays on the road way until delivery to the unit or worksite 7. Knows rules for use of cell pone and radio while operating			
Parking	1. Parks in designated area 2. Secures the keys and prevents unauthorized use or operation 3. Does not block doors, fire extinguisher or hose, fire lanes, exit ways, sidewalks, ramps 4. Cleans up the cart or utility vehicle for next use.			

Auditor / Evaluator Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## HAZARD COMMUNICATION

To protect the health and safety of our associates we have developed this Hazard Communication Program. Our efforts are intended to provide information to associates who may be exposed to hazardous substances as a result of normal work tasks or as result of reasonably foreseeable emergency.

### List of Hazardous Substances

Our Hazard communication program will include a master list of hazardous substances to which associates may be exposed to, using the same chemical name referenced on the appropriate Safety Data Sheet's for those substances. As appropriate, the list will identify common name and product use. It is the responsibility of our maintenance supervisors to make sure that the list is completed, that it is reviewed annually for the purpose of making sure that the list is updated when new materials are brought into the workplace.

### Safety Data Sheets

Safety Data Sheets (SDS's) for hazardous substances to which our associates may be exposed while at work and is available for review. Safety Data Sheets are found in our Safety Data Sheet Binder, located and accessible in the maintenance office. If a SDS is not available, any associate may contact their Community Manager or Maintenance Supervisor for assistance in getting the proper data sheet. Data Sheets can also be obtained from the supplier or on line by performing a search for the Safety Data Sheet. It is the responsibility of our Maintenance Supervisors to make sure that each product lists has a corresponding safety data sheet in the binder. All Safety data sheets must include 16 sections.

### Container Labeling

Materials and substances received from suppliers are required to be labeled; ensuring that hazardous substances are properly identified. Manufacturers, importers and distributors are responsible for including the following information on the product label:

1. The product name,
2. Identity of the hazardous substance in the container,
3. Appropriate hazard warning
4. Physical and health hazards
5. Pictograms, illustrating the appropriate hazards

When hazardous substances are transferred into portable containers, such as spray bottles and other portable containers intended for use by multiple Associates during more than a single shift, appropriate labels will also be placed on these containers. Labels on portable containers shall not be removed and will remain readable so the product can be traced back to the Safety Data Sheet.

### Training

When associates are exposed, or could be exposed, to hazardous substances in their work area, the Maintenance Supervisor will provide training on how to safely use the product, read the label and review the SDS's.

1. Training will be provided before associates are assigned duties, which may cause exposure to hazardous substances. Training will also be given when new hazardous

substances are introduced into the work area or when an SDS is changed or updated information is provided

2. Training will include the best practices for reading SDS's and container labels, and description of the pictograms of hazards
3. Training will be conducted in accordance with the level of exposure but at minimum, will include a documented toolbox or team huddle safety meeting during which time at least the following information will be provided:
  - a. Information on which hazardous substances are in the work area.
  - b. How to read and interpret information on container labels and SDS's.
  - c. Any physical or health hazards associated with the use of a hazardous substance or mixture being used in the work area.
  - d. The Pictograms and their meanings when included on labels or on safety data sheets. How to identify hazardous properties of the substances used, (e.g., corrosiveness, flammability, reactivity, and toxicity).
  - e. Proper precautions for handling, including specific procedures the company has implemented to protect workers from exposure, such as personal protective equipment and work practice, proper use and handling, proper disposal.
  - f. Wear proper eye protection when working with chemicals
  - g. Wear appropriate clothing. Confine long hair and loose clothing. Do not wear open toed shoes.
  - h. Do not eat, drink, smoke, or apply cosmetics in these areas.
  - i. Wash your hands with soap and water after working with chemicals.
  - j. The chemical storage area must not contain a heat source or open flame e.g. furnace, water heater, boiler, or electrical rooms.
  - k. Emergency procedures for spills, fire, disposal, and first aid.
  - l. The methods and observations that can be used to detect the presence of a hazardous substance in the workplace (odor, visual appearance, symptoms of over exposure, or monitoring).
  - m. We recognize the right of employees, their physicians, or their agents to receive information on hazardous substances to which they may be exposed.
  - n. Flammable paint and gasoline must be stored in a fire proof cabinet. The fire risk associated with latex/acrylic paint used in turning apartments is very low, whereas oil based paints, shellac, spray paint, etc. does pose a fire risk and should be handled appropriately.

#### Non-Routine tasks

1. When Associates are assigned to a non-routine task that may expose them to a hazardous substance for which they have not been trained, they shall be trained in the manner required by the section above.

**Contractors**

The maintenance supervisor is responsible for informing contractors about hazardous products to which they may be exposed, before exposure may occur. Contractors are required to notify management of chemicals or substances they bring onto the property and provide SDS's for review and training.



## HEAT ILLNESS PREVENTION

### Objective

Recognizing that our associates may be exposed to work tasks that require them to be outside the building during hot summer days and on occasions to work in environments and work areas where temperatures may exceed 85 degrees Fahrenheit. Our Heat Illness Prevention Plan includes procedures to minimize and control heat illness hazards and comply with Cal/OSHA regulations.

### Responsibilities:

Supervisors and Community Managers have primary responsibility for the implementation of the Heat Illness Prevention Plan.

Responsibilities include:

1. Make sure associates exposed to working outside on the property have received heat illness prevention training and are aware of early signs and symptoms of onset of heat illness.
2. Train all new hires.
3. Know the emergency response procedures.
4. Know the medical plan for the property, including the approved way to contact emergency medical services (EMS) and the alternative method for transporting an ill associates to the hospital.
5. Monitor and care for an ill associates until they are recovered.

### Employees:

1. Attend heat illness prevention training
2. Follow instructions and directions of the Maintenance Supervisor or Community Manager.
3. Monitor the signs and symptoms of heat illness.
4. Tell supervisors about any heat illnesses among other
5. Ask supervisors if there are any questions about heat illness or safety on the job
6. Take short cool down rest periods as needed and follow hydration schedules and alerts.

### Water and Fluid Replacement

Associates will be provided access to clean, fresh and cool drinking water, at no cost. Water or access to clean, fresh, suitably cool drinking water.

### Access to Shade

Associates will have access to shade at all times. Associates suffering from a heat illness and want relief from the heat will always have access to a break room, shade, office or other cool location that is provided by the work site and will be allowed a cool recovery period for no less than 5 minutes. Heat illnesses can occur at temperatures of 80 degrees and higher so cool down rest in the shade will always be allowed, especially when the temperatures are above 80 degrees. More frequent rest breaks and clearly defined cool down break areas will be available when temperatures are above 90 degrees Fahrenheit.



### High Heat Procedures

1. When the temperature is 95 degrees F or more during the work shift, the Maintenance Supervisor will remind associates of the heat illness prevention measures and make sure that associate are aware of the water supplies and need to remain hydrated.
2. Community will increase communication with staff to assure that Associates remain alert, are drinking plenty of water, and do not show signs or demonstrate symptoms of heat illness.
3. Medical Services

The medical services program will be used to guide our response to heat illness. This includes:

4. Method to contact the emergency medical service (EMS) / call 911
5. Method to transport Associate without an ambulance, Managers vehicle.
6. Location of hospital or doctor

### Training: Employees

1. Supervisors and community managers and all associates exposed to working in hot environments will be trained in heat illness prevention. New Associates will be trained during orientation and before exposure will occur.
2. Annual retraining will occur each year before summer temperatures are over 80 degrees Fahrenheit. (May or June)

### Supervisor & Community Managers

Supervisors and Community Managers will receive the same training provided to all employees. In addition, the following topics will be emphasized in the manager training.

1. Responsibilities as Supervisors and Managers to monitor the weather, shade and supplies of water
2. Heat Illness Prevention Plan &
3. Emergency Response Procedures, and first aid
4. Our Emergency Response Procedures / First Aid to include;
  - a. Allow the Associate with heat illness to sit comfortable or lay down, preferably not in the dirt
  - b. Provide fresh, clean, suitably cool water and encourage the person to sip slowly unless they are sick
  - c. Remove heavy clothing and PPE
  - d. Fan the person to increase the evaporation of sweat, mist with clean, pure, water
  - e. Wet the clothing, hand, feet, neck and continue to fan,
  - f. If illness continues, call 911

<b>ILLNESS</b>	<b>CAUSE</b>	<b>SIGNS &amp; SYMPTOMS</b>	<b>FIRST AID TREATMENT</b>
Sunburn	Long exposure to UV radiation in sunlight	Redness and pain. In severe cases swelling of skin, blisters, fever, and headaches.	Use sunscreen with SPF of 15 or higher to prevent sunburn. Use ointments for mild cases if blisters appear and do not break. If blisters break, apply dry sterile dressing. Get medical treatment for serious cases.
Heat Rash	Skin irritation from heavy seating during hot humid weather	Small red blisters or pimples.	Keep area dry. Mild drying lotions or powders may be applied. Keep skin clean to prevent infection.
Heat Cramps	Heavy Sweating, loss of salt	Painful spasms of arms, legs or abdomen	Stop all activity and move to a cool shaded area. Drink water or a sports beverage. Gently massage muscles to relieve spasm. Watch the victim closely: If the victim does not promptly or completely recover, get medical treatment. Get medical treatment for workers with heart problems or on a low-sodium diet.
(Fainting) Heat Syncope	Lack of acclimatization. Pooling of blood in the legs and skin from long standing or sudden rising from a sitting posture.	Fainting. Light headedness. Dizzy. Blurred vision.	Move the victim to a cool shaded area. Drink water or a sports beverage. Flex leg muscles several times before moving. Stand or sit up slowly. Watch the victim closely: If the victim does not promptly or completely recover, get medical treatment.
Heat Exhaustion	Dehydration, non-acclimatized	Heavy sweating, Fatigue, weakness, headache, Dizziness/confusion, Nausea/vomiting, Intense thirst, skin cold, pale and clammy. Fast shallow breathing.	Move the victim to a cool shaded area. Give sips of water or a sports beverage. If nausea occurs, discontinue use. Lie down and loosen clothing. Apply cool, wet cloths. Use fans or air-conditioners. Watch the victim closely: If the victim does not promptly or completely recover, get medical treatment.
Heat Stroke	Excessive exposure to hot environments. Body's system of temperature regulation fails. Body temperature rises to critical levels.	Hot dry skin. Lack of sweating OR profuse sweating. Hallucinations. Chills, difficulty breathing. Rapid and strong pulse. High body temperature. Disoriented, confusion/dizziness. Slurred speech. Possible unconsciousness.	HEAT STROKE IS A SEVERE MEDICAL EMERGENCY. GET THE VICTIM TO A HOSPITAL IMMEDIATELY. DELAY CAN BE FATAL.  Move the victim to a cool shaded area. Reduce body temperature with a cool bath, sponging or soaking clothes with water. Use fans and air conditioners. DO NOT GIVE FLUIDS.

# OSHA® QUICK CARD™

## Protecting Workers from Heat Stress

### Heat Illness

Exposure to heat can cause illness and death. The most serious heat illness is heat stroke. Other heat illnesses, such as heat exhaustion, heat cramps and heat rash, should also be avoided.

There are precautions your employer should take any time temperatures are high and the job involves physical work.

### Risk Factors for Heat Illness

- High temperature and humidity, direct sun exposure, no breeze or wind
- Low liquid intake
- Heavy physical labor
- Waterproof clothing
- No recent exposure to hot workplaces

### Symptoms of Heat Exhaustion

- Headache, dizziness, or fainting
- Weakness and wet skin
- Irritability or confusion
- Thirst, nausea, or vomiting

### Symptoms of Heat Stroke

- May be confused, unable to think clearly, pass out, collapse, or have seizures (fits)
- May stop sweating

### To Prevent Heat Illness, Your Employer Should

- Establish a complete heat illness prevention program.
- Provide training about the hazards leading to heat stress and how to prevent them.
- Provide a lot of cool water to workers close to the work area. At least one pint of water per hour is needed.



For more information:  
**OSHA®** Occupational Safety and Health Administration  
[www.osha.gov](http://www.osha.gov) (800) 321-OSHA (6742)

OSHA 3154-068 2014

# OSHA® QUICK CARD™

- Modify work schedules and arrange frequent rest periods with water breaks in shaded or air-conditioned areas.
- Gradually increase workloads and allow more frequent breaks for workers new to the heat or those that have been away from work to adapt to working in the heat (acclimatization).
- Routinely check workers who are at risk of heat stress due to protective clothing and high temperature.
- Consider protective clothing that provides cooling.



### How You Can Protect Yourself and Others

- Know signs/symptoms of heat illnesses; monitor yourself; use a buddy system.
- Block out direct sun and other heat sources.
- Drink plenty of fluids. Drink often and BEFORE you are thirsty. Drink water every 15 minutes.
- Avoid beverages containing alcohol or caffeine.
- Wear lightweight, light colored, loose-fitting clothes.



### What to Do When a Worker is Ill from the Heat

- Call a supervisor for help. If the supervisor is not available, call 911.
- Have someone stay with the worker until help arrives.
- Move the worker to a cooler/shaded area.
- Remove outer clothing.
- Fan and mist the worker with water; apply ice (ice bags or ice towels).
- Provide cool drinking water, if able to drink.

**IF THE WORKER IS NOT ALERT or seems confused, this may be a heat stroke. CALL 911 IMMEDIATELY and apply ice as soon as possible.**

**If you have any questions or concerns, call OSHA at 1-800-321-OSHA (6742).**



For more information:  
**OSHA®** Occupational Safety and Health Administration  
[www.osha.gov](http://www.osha.gov) (800) 321-OSHA (6742)

## Protección contra la hipertermia para trabajadores

### Enfermedades debidas al calor

Estar expuesto al calor puede causar malestares y llevar a la muerte. El más serio de estos males es la insolación. Otros males, como agotamiento, calambres y erupciones cutáneas causadas por el calor, también deben evitarse.

Hay precauciones que el empleador debe aplicar siempre que las temperaturas estén altas y el trabajo exija un esfuerzo físico.

### Factores de riesgo para enfermedades debidas al calor

- Temperatura y humedad altas, estar expuesto directamente al sol, falta de brisa o viento
- Poco consumo de líquidos
- Mucho esfuerzo físico
- Ropa impermeable
- No haber estado expuesto recientemente a lugares de trabajo calientes

### Síntomas del agotamiento por calor

- Dolor de cabeza, mareos o pérdida de conocimiento
- Debilidad y piel húmeda
- Irritabilidad o confusión
- Sed, náuseas o vómitos

### Síntomas de insolación

- Puede haber confusión, incapacidad de pensar claramente, desmayo, colapso o espasmos
- Puede dejar de sudar

### Para evitar enfermedad a causa del calor, su empleador debe

- Proveer capacitación sobre los factores de riesgo que llevan a la hipertermia y cómo evitarlos.
- Poner a disposición de los trabajadores bastante agua fresca cerca del lugar de trabajo. Hay que tomar por lo menos medio litro por hora.
- Programar descansos frecuentes para tomar agua a la sombra o en aire acondicionado.



- Revisar periódicamente a los trabajadores en riesgo de sufrir hipertermia debido a la ropa protectora y las temperaturas altas.
- Contemplar el uso de ropa protectora que también refresque.



### Cómo protegerse a sí mismo y a los demás

- Conozca los síntomas de enfermedades a causa de calor; vigílese a sí mismo; póngase de acuerdo con un compañero para vigilarse entre sí.
- Bloquee el sol directo y otras fuentes directas de calor.
- Tome bastantes líquidos. Tómelos con frecuencia y ANTES de sentir sed. Tome agua cada 15 minutos.
- Evite las bebidas alcohólicas o con cafeína.
- Use ropa liviana, suelta y de colores claros.



### Qué hacer cuando un trabajador está enfermo por el calor

- Pídale ayuda a un supervisor. Si no hay supervisor disponible, llame al 911.
- Asegúrese de que alguien acompañe al afectado hasta que llegue ayuda.
- Traslade al trabajador a una zona más fresca o a la sombra.
- Quítele la ropa exterior.
- Abanique y humedezca al afectado con agua; aplíquele hielo (bolsa de hielo o toallas heladas).
- Bríndele agua fresca, si es capaz de beber.

**SI EL TRABAJADOR NO ESTÁ ALERTA o parece estar confundido, puede estar sufriendo de insolación. LLAME AL 911 INMEDIATAMENTE y aplíquele hielo tan pronto como sea posible.**

**Si tiene cualquier pregunta o duda, llame a la OSHA al 1-800-321-OSHA (6742).**

Para más información:

**OSHA®** Administración de Seguridad y Salud Ocupacional  
Departamento del Trabajo de EE.UU.  
[www.osha.gov](http://www.osha.gov) (800) 321-OSHA (6742)

## CONTROL OF HAZARDOUS ENERGIES / LOCKOUT – TAGOUT & TEST

### Objective

*This procedure is to establish minimum requirements for control of hazardous energies. This procedure is used when there is potential for electric shock, unintended or unexpected movement due to gravity, sudden shifting, release of air or hydraulic pressure, or accidental engagement of equipment, appliances, machinery, etc. during maintenance, repair, assembly, etc.. These procedures are for any time an associate must place a part of their body in within a point of operation, or where danger exists due to moving, shifting, settling and energized parts.*

### Responsibility:

Maintenance Supervisors and Community Managers are responsible for considering the potential for injury from hazardous energy sources and making sure that exposed Associates properly recognize the hazardous energies exposures and that Associates authorized to perform the tasks are trained in proper hazardous energies control procedures. Training is to be provided before any associate is exposed. Procedures are to be enforced by the Maintenance Supervisor and Community Managers. At minimum, this training will include:

1. Review of this policy and devices or systems used to identify potential hazardous energies and to control hazardous energies, including check sheets, lock out device, key-locks, blocking devices, tags, etc.
2. Review of required personal protection, (ARC Flash Protection where needed.)
3. Process for determining when hazardous energies exist and need to be controlled, (use of procedures checklist.)
4. Method for controlling energy sources when repairs are made or when replacing equipment, machines, devices, etc. (Closing switches, valves, bleeding or draining valves, dissipating, disconnecting, relieving, or restraining potential and stored energy, blocking, isolating, dissipating or inserting blank flanges, Etc.)
5. Process for procuring energy control devices, including locks, information tags and lockout equipment / devices.
6. Sequence for notification, de-energizing, securing parts from unintended movement or shifting, preventing accidental releases, lockout and verifying lockout or that the actions taken have secured against movement.
7. Requiring that portable power tools, including drills, saws, sprayers, grinders, shakes, are unplugged before an associate engages in clearing jams, making adjustments, or blade, bit, attachment or wheel, replacement.
8. Training of contractors working on site.

### Training Associates

Qualified and authorized associate will be trained in all aspects of Control of Hazardous Energies Policy and Procedures. The training will include the identity of common energy sources, a review of isolating and lockout/tagout devices, and specific procedures for each individual machine, appliance, electrical system, or any piece of equipment included in this program. Maintenance Supervisors and the Community Manager are

responsible for enforcing our training requirements and Hazardous Energies Control Procedures. Training Includes:

1. Completion of our Hazardous Energies Check Sheet and review of procedures with members of the crew or individual before initiating the work tasks.
2. Develop skills and techniques necessary to distinguish sources of hazardous energies, including electricity, springs, air, oil, steam, water, gravity, capacitors, etc.
3. Develop skills and techniques to identify the exposed or potentially energized parts from other parts of equipment.
4. Develop skills and techniques necessary to determine the nominal voltage of exposed live parts and testing for effective control of potentially hazardous energies.
5. Develop skills necessary to work safely on energized circuits when trouble shooting or adjusting, when energy is required.
6. Develop familiarity with the proper and appropriate use of personal protective equipment and tools to provide protection during these tasks, and precautionary techniques to prevent injury and exposures.
7. Develop knowledge and skills to use insulating and shielding materials and insulated tools.
8. Develop knowledge and skills to properly use of test equipment.
9. How to test circuit elements and electrical parts of equipment to which associate may be exposed.
10. How to verify that circuit elements are de-energized, or test that other sources of hazardous energies are properly secured.
11. How to check if the test equipment is properly working before and after each operation.
12. How to determine if any energized condition exists and if it exists as a result of inadvertently induced voltage or unrelated voltage feedback even though specific parts of the circuit have been de-energized.

#### Preparation for Controlling hazardous energies / lockout or tagout:

Associates authorized to perform lockout will be certain as to which switch, valve, or other energy isolating devices apply to the equipment being locked out. More than one energy source (electrical, mechanical, or other) may be involved. The associates will clear any questionable identification of sources with their maintenance supervisor. When necessary, job authorization will be obtained from the department supervisor before lockout commences.

Remember that many types of hazardous energy sources such as springs, air, oil, and steam or water pressure can cause sudden and unexpected movement of machines. To work safely, all hazardous energy sources must be controlled so that no machine or machine part can move.

#### Sequence for Control of Hazardous Energies

1. **Preparation for shut down** – Asses to determine all energy sources associated with the specific piece of equipment or machinery. The “Lockout Equipment List” identifies

the specific methods to be used for isolating the energy sources. These methods will be followed by the authorized or qualified associates performing the servicing or maintenance operations.

2. Notify all affected associate that a lockout is going to be utilized and state the reason. If there are any questions on the proper lockout procedure for a specific piece of equipment, verify the procedures with the Maintenance Supervisor or Community Manager.

### **Machine or Equipment Shutdown**

If the equipment is in operation, shut it down by the normal stopping procedure (stop switch, open toggle switch, etc.)

### **Machine or Equipment Isolation**

All energy control devices that are needed to prevent Associate exposure to sources of hazardous energy will be physically located to isolate the machine or equipment from the energy source(s).

Operate the switch, valve, or other energy isolating devices so that the energy source(s) (electrical, mechanical, hydraulic, and other) is disconnected or isolated from the equipment.

Stored energy, such as that in capacitors, springs, elevated machine members, rotating flywheels, hydraulic systems, and air, gas, steam, or water pressure, must also be dissipated or restrained by methods such as grounding, repositioning, blocking, bleeding down, or otherwise specified for the particular piece of equipment.

Where the re-accumulation of stored energy to a hazardous energy level is possible, verification of isolation will be continued until the servicing or maintenance is complete.

### **Application of hazardous energies control device**

Secure Locks, Blocks, isolating device(s), blinds, ties, covers, etc. with tags to identify the person installing the energies isolation device, date, time and contact information

After ensuring that no personnel are exposed and as a check on having disconnected the energy sources, operate the push button or other normal operating controls to make certain the equipment will not operate.

CAUTION: return operating controls to neutral “safe” or “off” position after the test

The equipment is now considered effectively locked or blocked out.

When equipment design and performance limitations make established lockout procedures not feasible, an alternative worker protection process will be developed and enforced.

- a) For machinery that must be capable of movement in order to perform a maintenance task, such as a cleaning operation, workers are required to use extension tools – extended swabs, brushes, scrapers, etc. to protect themselves from injury.

### **Group Lockout**

When servicing or maintenance is to be performed by a crew, or include joint effort with contractors, each authorized person will provide and secure their own lock and tag on the energy isolation devices. An authorized or when appropriate, a qualified



employee, will assume responsibility of the entire crew so as to determine the exposure status of each group member and ensure continuity of protection.

### Shift Change

In the event an associate leaves his/her lockout/tagout device on a hazardous energies control device, after their shift ends, the device will remain in place until the Associate is located, or it is verified that they are no longer on the premise. The maintenance supervisor will remove the lock, following the appropriate procedures, note the removal on an audit sheet, and return the lockout/tagout device to the Associate during their next shift.

### Restoring Equipment Service

1. After the setup, servicing or maintenance, when the job is complete and equipment is ready for testing or normal service, the following steps will be followed.
2. Remove all non-essential items from the work area, including tools, materials, supplies, parts, etc.
3. See that all equipment components are operationally intact, including guards and safety devices.
4. Repair or replace defective guards before removing lockouts.
5. Remove each lockout device using the correct removal sequence.
6. Make a visual check before restoring energy to ensure that everyone is physically clear of the equipment.
7. Operate the energy isolation devices to restore energy to the machine or equipment.
8. Check the equipment area to see that no one is exposed.
9. When equipment is clear, remove all locks. The energy isolating devices may be operated to restore energy to equipment.

### Outside Personnel (Multi-Employer Worksites)

1. The Maintenance Supervisor and the Community Manager are responsible for informing all outside contractors of our Hazardous Energies Control procedures. Contractors will be expected to follow appropriate hazardous energies control procedures that meet or exceed our policy and procedures. No work will be performed by outside personnel until maintenance has certified that the contractor is aware of our procedures.
2. Electrical contractors will be required to follow our hazardous energies policies and procedures. The only exception will be when they (electrical contractors) are required to develop their own specific procedure(s) for the work they are contracted to perform. The maintenance supervisor will review the procedure(s) and grant permission for the work to proceed. Failure to follow this process is a serious breach of the Hazardous Energies Control Policy and procedures and will result in appropriate action, up to and including termination of the contract with the contractor.

### Lockout Equipment List

Review the following sample. A specific listing will have to be developed at your community.

<b>EQUIPMENT</b>	<b>ENERGY TYPE AND HAZARD</b>	<b>METHOD TO CONTROL HAZARD</b>	<b>LOCATION TO APPLY LOTO</b>	<b>METHOD TO TEST EQUIPMENT IS DE-ENERGIZED</b>
Air Conditioners	Electrical	Lockout	Breaker	
Heating Units	Electrical	Lockout	Breaker	
Washers/Dryers	Electrical	Lockout	Unplug	
Refrigerators	Electrical	Lockout	Unplug	
Garbage Disposals	Electrical	Lockout	Unplug	
Wall Switches	Electrical	Lockout	Breaker in Apt.	
Ceiling Fans	Electrical	Lockout	Breaker in Apt.	
Smoke Detectors	Electrical	Lockout	Breaker in Apt.	
Light Fixtures	Electrical	Lockout	Breaker in Apt.	
Pool Pumps	Electrical	Lockout	Breaker	
Exterior Lighting	Electrical	Lockout	Breaker	
Dishwashers	Electrical	Lockout	Breaker	
Ovens	Electrical	Lockout	Breaker	
Hot Water Heaters	Electrical	Lockout	Breaker in Apt.	

**Control of Hazardous Energies Procedure Checklist**

Equipment ID: Mfgr., Model #, ID # \_\_\_\_\_

Equipment Location(s) \_\_\_\_\_ Date \_\_\_\_\_

Performed: \_\_\_\_\_

Task(S) To Be Performed: \_\_\_\_\_

Name of Person Performing Assessment: \_\_\_\_\_


**Energy Form (check all that apply)**

<p><b>Electrical:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Voltage</li> <li><input type="checkbox"/> High Current</li> <li><input type="checkbox"/> Trickle Feed / Slow inflow</li> </ul> <p><b>Chemical:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Solvent</li> <li><input type="checkbox"/> Coating / Paint</li> <li><input type="checkbox"/> Epoxy</li> <li><input type="checkbox"/> Flammable</li> <li><input type="checkbox"/> Corrosive</li> </ul>	<p><b>Pressure:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Pneumatic</li> <li><input type="checkbox"/> Hydraulic</li> </ul> <p><b>Mechanical:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Capable of crushing</li> <li><input type="checkbox"/> Pinching</li> <li><input type="checkbox"/> Cutting</li> <li><input type="checkbox"/> Striking</li> <li><input type="checkbox"/> Snagging</li> </ul>	<p><b>Stored Energy:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Flywheels</li> <li><input type="checkbox"/> Springs</li> <li><input type="checkbox"/> Differences in Elevation</li> <li><input type="checkbox"/> Elevated parts</li> <li><input type="checkbox"/> Capacitors</li> <li><input type="checkbox"/> Batteries</li> </ul>
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<p><b>Basic Procedures:</b></p> <p><b>Lockout Procedure</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Notify all affected personnel of Lock Out Tag Out</li> <li><input type="checkbox"/> Turn off power as disconnect points / as identified</li> <li><input type="checkbox"/> LOTO or tag each energy control point / disconnect points</li> <li><input type="checkbox"/> Dissipate / disconnect stored energy / see specific Procedures</li> <li><input type="checkbox"/> Block any mechanical parts remove any mechanical links. Lock blocking in place (2 physical blocks are to be used to break and secure any gas/ liquid lines.)</li> <li><input type="checkbox"/> Verify personnel are clear of hazards.</li> <li><input type="checkbox"/> Verify no hazardous energy. Use circuit tester / meter if electricity is involved.</li> <li><input type="checkbox"/> Attempt to re-start machinery or re-energize equipment.</li> <li><input type="checkbox"/> Perform work.</li> </ul> <p><b>Procedure to Return Tool To Operation:</b></p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Verify Danger Zone is clear of equipment, workers, tools, and test equipment.</li> <li><input type="checkbox"/> Unlock and remove any blocking devices; remove linkages</li> <li><input type="checkbox"/> Reposition any safety devices.</li> <li><input type="checkbox"/> Warn workers to stay clear of area.</li> <li><input type="checkbox"/> Remove all locks and tags from energy control points.</li> <li><input type="checkbox"/> Re Start / Re-energize the equipment.</li> <li><input type="checkbox"/> Notify all affected and other persons that the lockout has been cleared.</li> </ul>	<p><b>Specific Procedure:</b></p> <p><b>Specific Lockout Location(s)</b></p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> </ol> <p><b>Dissipate Stored Energy at These Points</b></p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> </ol> <p><b>Block These Parts / Remove Linkages:</b></p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> </ol> <p><b>Verify No Residual Energy By These Methods:</b></p> <ol style="list-style-type: none"> <li>1.</li> <li>2.</li> <li>3.</li> <li>4.</li> </ol>
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**\* Shift Changes:** If this procedure lasts more than one work shift the relief will apply their locks and tags before the departing shift removes their locks and tags r follow specific written department procedures.

**Essex - Energy Control Procedures Audit**      Date:

Specify Equipment Procedure Audited:	
Department:	
	Checklist
	Employee(s) properly notified affected employee(s) prior to starting lockout / Energy control procedures required by the maintenance/repair / adjustment that is in progress
	Employee(s) utilized our LOTO pre planning sheet or is completely familiar with energy control requirements and written procedures to properly identify all potential energy sources that require isolation and control.
	Employee(s) had or obtained sufficient locks, tags, blocks and devices to secure the equipment or device from unintended and unexpected movement
	Employee(s) had verified all hazardous energy was controlled (equipment or device could not move or operate)
	Employee(s) performed task in a safe and timely manner.
	Employee(s) did not reactivate equipment or bypass lockouts while performing tasks
	Employee(s) retrieved tools and equipment after task completion; prior to energy isolation devices were removed.
	Each person involved in the task removed their own energy isolation device(s)
	Employee(s) properly notified downstream workers before restoring power and placing equipment or device back into operation.
	Employee(s) restored power and verified proper operation of equipment or device before departing, Or identified problem, tagged the equipment or machine out of service and repeated proper energy isolation procedures.

Person(s) Involved / Name(s)
Recommendations:
Comments:
Auditor: (name)

## BLOODBORNE PATHOGEN PROGRAM

### Policy and Scope

1. Exposure to bloodborne diseases, blood, tissues, body fluids or other infectious materials is not anticipated during common work tasks performed by Essex associates; however, periodic work tasks, Good Samaritan assistance and occasional emergency responses could expose workers to communicable diseases. For this reason we have adopted the following policies towards preventing exposures to bloodborne pathogens.
2. An exposure includes contact with an associates' bare skin, eyes, nose, or mouth, to anybody fluid, blood, or other potentially infectious materials. Universal precautions, including protecting the skin, eyes, nose and mouth will be practiced whenever an unhealthy exposure could occur in response to a work task, clean up, rendering first aid, or other work task.
3. Associates designated as first aid responders will be trained in CPR, and First Aid and will be provided with information regarding universal infection control practices. Should a potential exposure be anticipated then affected Associates will be introduced to our bloodborne Pathogen Exposure Control Plan. This orientation will take place prior to work assignment that discuss the hazardous tasks in their work place, potential health risks of these tasks, how to identify hazardous condition, methods to reduce risk and appropriate control procedures and what to do if an exposure occurs. Associates should be trained on how to interpret the task list and Exposure Control Plan, as well as how to review tasks to minimize the potential hazards of infection. All attempts will be made to have others abate all known hazards prior to exposing our associates to work in any hazardous areas; however this may not be possible in all cases.
4. The supervisor and Community Manager are responsible for administration and implementation of this program. The program elements include:
  - a. Exposure Determination / through pre task planning
  - b. Engineering and Work Practice Controls Personal Protective Equipment  
Single use Nitrile gloves, eye protection, respiratory protection, body protection
  - c. Trash handling, preventing needle sticks, handling discarded sharps
  - d. Housekeeping / sharps containers
  - e. Vaccination And Post Exposure Evaluation Communication of Hazards
  - f. Training
  - g. Recordkeeping

### Exposure Determination

1. Any contact with body fluids or suspected body fluids, blood, blood products, un-intact skin
2. Cuts and abrasions, punctures from contaminated sharps, including broken glass, discarded needles, contaminated pipes, fittings associated with drains and waste systems, trash bins,

**Engineering and Work practice Controls:**

1. Double bag infectious materials and materials that are potentially infectious, when transporting for waste disposal.
2. Collect all discarded sharps into standard sharps containers. Never overfill, discontinue placing sharps into containers that are two thirds full. Use gloves when handling discarded sharps and never remove an item from a sharps container. Never attempt to recap a discarded needle.
3. Wash hands with soap and water immediately following contact with any infectious biological materials, potentially infectious materials or anybody fluid or suspected body fluids.
4. Wash with soap and water any part to the body that has or is suspected of having come into contact with potentially infectious biological material.
5. Flush eyes, nose and mouth with water following contact with any infectious biological materials, potentially infectious materials or anybody fluid or suspected body fluids.
6. Wash hands after removing and discarding gloves. Hand washing facilities are available and immediately accessible to all associates.

**Universal Precautions:**

1. Universal precautions should be followed on all tasks involving blood or other infectious material. This means that all blood and potentially infectious material are treated as if they contain Hepatitis B, Hepatitis C, HIV, Malaria, syphilis, or other bloodborne pathogens. Particular attention should be given to contaminated sharp objects that may penetrate the skin including, but not limited to, needles, broken glass, and exposed ends of wires, broken, corroded pipes that are part of the waste systems. Universal precautions include:
  - a. The provision and use single Nitrile or latex gloves to protect hands and fingers.
  - b. Masks and eye protection.
  - c. Resuscitation bags and mouthpieces.
  - d. Gowns, aprons or specialized clothing where required by established engineering practices.
  - e. Hand-washing facilities (washing hands is recommended for a minimum of 30 seconds)
  - f. Other decontamination where required by established engineering practices.
  - g. Use and provision of sharps containers.
  - h. Good hand hygiene.

**Housekeeping**

1. All contaminated equipment and surfaces will be thoroughly cleaned and disinfected as soon as possible following contact with potentially infectious biological material. Contaminated areas will be restricted until clean-up efforts are completed.

2. Cleaning procedures will be performed in a manner that offers maximum protection to those involved in the process. Engineering or mechanical means will be utilized as opposed to actual contact during cleaning procedures. Gloves and other appropriate personal protective equipment shall be utilized during cleaning procedures. Contaminated waste will be placed in appropriate leak-proof containers, double bagged and placed in the garbage for disposal. All contaminated waste will be disposed of immediately.
  - a. Cover a spill or body fluid with paper towels, rags or biohazard response and clean up materials.
  - b. Gently pour the decontamination solution over the rags or towels until saturated; the decontamination solution should be a solution of 5.25% sodium hypochlorite mixed at a 1:10 – 1:100 ratio with water (standard practice is . cup of bleach per gallon of water
  - c. Lysol or other EPA registered tuberculoidal disinfectant; check the label to ensure it meets this standard
  - d. Leave for at least 10 minutes to ensure that all bloodborne pathogens are killed
  - e. Wipe up and dispose of properly

#### **Hepatitis B Vaccination and Post Exposure Evaluation**

1. In the event an Associate is exposed or potentially exposed to blood or infectious material, an exposure report will be completed a confidential medical evaluation and follow-up will be immediately available to the exposed employee, at no cost. These medical evaluations will be conducted by an accredited laboratory and at the direction of a treating physician. Follow-up procedures will include: a confidential medical evaluation documenting the circumstances of exposure; identifying and testing the source individual, if possible and feasible; testing the exposed employee's blood (if consented by the employee); post-exposure prophylaxis counseling; and evaluation of reported illnesses. All diagnoses medical treatments and future medical needs will remain confidential.
2. Immediately following any incident where there is likelihood that an associate has been exposed to potentially infectious biological material to the point of cross-contamination or body fluid exchange, the associate will be offered a hepatitis B vaccination at no cost to the associate. Any associate may decline the hepatitis B vaccination by signing a declination form. An associate that declines the vaccination may request it at any time thereafter and it will be made available again, at no cost to the associate

#### **Evaluation of any related illness**

1. The evaluating health care professional will be provided with the following information:
  - a. A description of the exposed associate's duties as related to the incident.
  - b. Documentation of the routes of exposure and circumstances under which the exposure occurred. Results of blood testing from source individual, if available.
  - c. All relevant medical records and information concerning the status of vaccination.

2. Essex will receive a written report within 15 days of completion of the medical evaluation stating only that the associate has been informed of the findings of the evaluation and any medical conditions resulting from the exposure incident.
3. All other findings and information will remain confidential between the health care provider and the exposed associate and will not be included in any report the company.
4. All required and recommended medical evaluation procedures will be made available at no cost to the associate.

#### **Communication of Hazards**

1. All contaminated waste generated by this company will be disposed of immediately. Any potentially infectious biological material generated and contained in quantities that would require handling as a regulated waste will be placed in leak-proof containers and labeled or identified accordingly with the words "BIOHAZARD" on all internal and external primary containers.

#### **Training Program for Exposure Control**

1. All associates identified as having potential exposure to potentially infectious biological material will participate in a comprehensive training program prior to initial assignment to tasks where exposure is likely. The training program will include at least the following elements:
  - a. Explanation of epidemiology and symptoms of covered diseases.  
Explanation of modes of transmission of covered diseases.
  - b. Explanation of the exposure control plan and identification or responsible parties.
  - c. Explanation of methods for recognizing tasks and activities that may involve exposure to potentially infectious biological material.
  - d. Explanation of the end use and limitations of methods utilized to reduce the likelihood of associate exposure to potentially infectious biological material.
  - e. Information about the basis for selection and the types, use, requirements, and limitations of personal protective equipment provided by the employer.



- f. Information about the offering of the hepatitis B vaccination upon exposure.
- g. Reporting requirements.
- h. Explanation of the procedures that will follow an exposure incident.
- i. Explanation of labeling used at the facility. Opportunity for questions to be answered.

This required training will be administered prior to initial assignment and be repeated annually for all associates that are determined to be exposed to potentially infectious biological material during the scope and application of their job duties.

#### **Recordkeeping for Exposure Incidents**

1. Essex will establish and maintain an accurate medical record for each associate that experiences an exposure incident. Essex will also establish training records to ensure training requirements are met. All medical and training records will be made available to the Associate or their representative upon written request.

#### **Crime Scene and/or Bodily Fluids**

1. In the unfortunate event in which an associate comes across a crime scene or any or blood/bodily fluids, Associates must not attempt to clean-up crime scenes or situations involving blood or body fluids. Your supervisor will advise you of a professional company to handle the cleanup.

#### **Record Keeping**

1. Following an occupational exposure to blood and other infectious materials, related information, records and documentation will become a permanent record and be retained for a minimum 30-years. These records will remain confidential and may only be disclosed or reported to any party with the expressed consent of the affected employee. Medical records will remain available to the Associate at their request.
2. Training records will include the date, agenda, instructor's name and attendance list. These training records will be maintained for the duration of employment and no less than 3 years.

## **Hepatitis B Vaccine Fact Sheet**

### **Archive Document – DO NOT DISCARD**

The following information is derived from the Centers for Disease Control and Prevention (CDC) and the National Vaccine Information Center (NVIC).

#### **Hepatitis B Disease**

Hepatitis B is primarily an adult disease transmitted through infected body fluids, most frequently infected blood, and is prevalent in high risk populations such as needle using drug users (28%); sexually promiscuous heterosexual (22%) and homosexual (9%) adults; residents and staff of custodial institutions such as prisons; health care workers exposed to blood; persons who require repeated blood transfusions and babies born to infected mothers (2%).

Hepatitis B is not common in childhood and is not highly contagious.

Hepatitis B is not a killer disease for most people. Symptoms of hepatitis B include nausea, vomiting, fatigue, low grade fever, pain and swelling in the joints, headache and cough that may occur one to two weeks before the onset of jaundice (yellowing of the skin) and enlargement and tenderness of the liver, which can last for three to four weeks. Fatigue can last up to one year. According to Harrison's Principles of Internal Medicine (1994) 'most patients do not require hospital care', "95% of patients have a favorable course and recover completely" and the case fatality ratio is "very low (approximately 0.1%). Those who recover completely acquire lifelong immunity from the disease.

#### **Hepatitis B Vaccine Safety**

Public health organizations and the CDC endorse the vaccine as a safe and effective way to prevent disease and death. The Institute of Medicine and NVIC cite a lack of conclusive evidence and adequate unbiased scientific study on the adverse effects or long-term safety of the hepatitis B vaccine. During the past decade, there have been many reports in the medical literature that hepatitis B vaccination is causing chronic immune and neurological disease in children and adults.

Common short-term reactions to the hepatitis B vaccine include fatigue, weakness, fever, headache and joint pain. One or several of these symptoms were reported in up to 17% of all hepatitis B injections.

#### **Hepatitis B Vaccine Efficacy**

All vaccines stimulate only an artificial, temporary immunity, and the length of immunity conferred by the hepatitis B vaccine and the future need for more "booster" doses later in life is still not clear. Current research shows that about "30-50% of people who develop adequate antibody after three doses of vaccine will lose detectable antibody within 7 years".

#### **Vaccine Schedule**

The recommended dose schedule for hepatitis B vaccine is a three shot dose including the initial shot, and follow up shots at 1-2 months and 4-6 Months. The second and third dose should be separated by at least 2 months.

**Hepatitis B Vaccination Acceptance**

I understand that due to my reasonable occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. I understand the above information related to the vaccine and hepatitis B and have been given the opportunity to ask any questions about this to my employer or the health care provider. I further understand that by accepting this vaccine, I expose myself to any and all risks associated with vaccine use. Further, if my employment with this employer is terminated prior to the completion of the full series of vaccinations, I am responsible for ensuring that I follow-up and complete my vaccine schedule. If in the future I choose not to be vaccinated or discontinue the vaccination schedule, I will contact this employer and ask for and complete the necessary Hepatitis B Vaccination Declination form.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

**Hepatitis B Vaccination Declination**

I understand that due to my reasonable occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Signature \_\_\_\_\_

## DRIVER SAFETY POLICY

### Policy and Scope

1. ESSEX PROPERTY TRUST promotes safe driving and expects associates to comply with traffic laws, be conscious of road safety, and demonstrate safe driving and other good road safety habits when driving for Company business, and to any Company-sponsored functions. It is a requirement that all associates follow safe driving practices as outlined in this document. Our goal is to maximize the safety of our associates by promoting safe driving within the organization.

### Requirements

1. Any driver of a company vehicle or driver authorized for use of a personal vehicle during company business, in any manner, must meet the following requirements.
  - a. Possess a valid California or other state driver's license.
  - b. At least 3-years driving experience
  - c. Maximum of either 2-moving violations or 2-accidents or both.
  - d. No suspension or revocation of driving privileges.
  - e. Submit a copy of a MVR printout. Printout current date within 7 days of the interview.
  - f. Provide Essex Property Trust your Driver License information when the participating property utilizes the CHP "PUL Notice" Program.
  - g. Has no serious violations on their MVR.
  - h. Once hired and authorized to operate a vehicle on behalf of Essex Property Trust, maintains an acceptable driving record per company policy.
  - i. Follow the guidelines stated within this policy at all times.
2. When authorized to use a personal vehicle to execute business on behalf of Essex Property Trust, the driver must provide:
  - a. Insurance Company Name, Insurance Policy # and Expiration Date.
  - b. The vehicle year, make, model, Vin # is listed as an insured vehicle.

### Driver Selection

1. Every effort will be made to select qualified associates to operate vehicles while performing company business. Human Resources and Community Managers will participate in the review and selection process. The following considerations will be made before authorizing an associate to operate a vehicle to conduct business on behalf of Essex Property Trust.
  - a. 3 years driving experience will operate a vehicle while performing company business.
  - b. Proper completion of written application.
  - c. Auto insurance coverage, (as needed) for Personal Vehicles.
  - d. Oral Interview (applicant represents themselves well and demonstrates appropriate attitude to safety is addressed in the interview)
  - e. Oral Interview to determine knowledge and skills (driving rules, difficult road conditions and situations, map reading, route selection, follow directions, etc.)
  - f. Behind the wheel driving evaluation /supervised road test (written format for consistent review of operators) See Attachment "A"

- g. Review of DMV report / within one week (criteria listed below will be considered)
- h. You must be a certified user to request your record. DMV Driver Record Request System can be found at <https://www.dmv.ca.gov/portal/dmv/detail/online/dr>
- i. When necessary, the California State point system will be applied as if the violations were issued in California.
- j. Any applicant with 50% or more of the points leading to revocation or suspension of the applicant's license is considered unacceptable when accumulation of points is within the past year.
- k. Follow up on references, when possible
- l. Follow up on out of state driver records for any applicant who has held a valid driver's license from another state, within the past three years.

### MVR Acceptability Criteria

#### Traffic & Parking Violations

1. Minor violations include: One (1) minor violations within a 12-month period or three (3) minor violations during a three-year period may result in loss of privileges to the company provided vehicle. It may also subject you to further disciplinary action, including possible employment termination. Drivers who receive a major violation will have driving privileges revoked until further review. Revocation could be permanent.
  - a) Speeding less than 20 mph over the limit.
  - b) Seat belt violation.
  - c) Failure to stop at a stop sign or stoplight.
  - d) Failure to have proof of insurance during a traffic stop.
  - e) Use of a cell phone or texting while driving.
  - f) **Management's Discretion on how to address tickets resulting from minor violations. Required participation in a traffic school may be required.**
2. Major violations include: If you receive a major driving violation conviction, it will result in loss of the privilege of using the company vehicle and may result in the loss of your authorization to operate a vehicle on company business in any manner. It may also subject you to further disciplinary action, including possible employment termination.
  - a) Failing to report a collision
  - b) Driving under a suspended or revoked license
  - c) Attempting to elude a peace officer
  - d) Hit and run or leaving the scene of an accident
  - e) Vehicle theft due to negligence (including failure to park the vehicle in a secure, well-lit area or parking garage, failure to lock doors, leaving keys in plain view, or leaving a vehicle running while unattended)
  - f) Vehicular manslaughter, homicide or assault arising out of the operation of a motor vehicle
  - g) Use of false motor vehicle documents, such as license or registration

- h) Failure to obey school crossing guard or any school bus violation
- i) Passing on the wrong side, on a hill or where prohibited
- j) Reckless, careless or negligent driving
- k) Driving on the wrong side of a divided highway
- l) Participating in racing or a speeding contest
- m) Driving while under the influence of alcohol, even if under the legal limit; driving while intoxicated at the legal limit or above; and/or driving while under the influence of drugs, whether prescription drugs or any controlled/illegal substances
- n) Implied consent or refusing the test
- o) Speeding more than 24 mph over the limit
- p) Eluding a police officer
- q) Failure to keep an acceptable motor vehicle record

### Driver Responsibilities

Each driver is responsible for obeying all motor vehicle laws.

1. **Traffic Laws/Speeding** – Drive within the speed limit at all times obeying all traffic laws. Associates should drive at speeds that are safe for the conditions, recognizing that, in some circumstances (such as rain or fog) this may be below the posted speed limit. When considering what a ‘safe’ speed is, associates should give consideration not only to weather and road conditions, but also to the potential impact of a collision on those who are inherently vulnerable, such as pedestrians, motorcyclists, and cyclists.
2. **Defensive Driving** – Associates should drive appropriately for the road conditions, driving courteously by letting other vehicles merge and being patient at pedestrian crossings. This will discourage the potential for aggressive behavior with others sharing the road.
3. **Seatbelts** – It is required by law to wear a seatbelt at all times and ensure that passengers do the same.
4. **Cellular Phones/Text Messaging** – Associates may not use a hand-held cell phone while operating a vehicle – whether the vehicle is in motion or stopped at a traffic light. This includes, but is not limited to, answering or making phone calls, engaging in phone conversations, and reading or responding to emails, instant messages, and text messages. Cell phone usage while driving is permitted only with “hands free” devices. Otherwise, allow incoming calls to go to voicemail and respond to the call when you stop driving.
5. **Alcohol, Drugs and Driving** – The use of alcohol prior to driving is not permitted. Never drive under the influence of medications or other drugs that are likely to affect alertness or driving performance. Associates should not drive if they are unfit to do so.
6. **Rest** – Rest is important to ensure associates are fully alert when driving. Some of the common signs of fatigue generally recognized by drivers include.
  - a) Yawning,
  - b) Heavy eyes,
  - c) Blurred vision,
  - d) Reduced concentration or ‘zoning out’,
  - e) Delayed reactions,

- f) Difficulty in keeping the car within a lane or drifting off the road,
- g) More frequent and unnecessary variations in driving speed, and
- h) Difficulty remembering the last few miles

By the time drivers recognize the above symptoms, fatigue has already started to affect driving ability. Attempting to fight the signs of fatigue (such as winding down the window, turning up the volume of the radio) and continuing to drive is very dangerous.

### Accidents: What To Do!

1. In the event of a vehicle accident remember these three critical steps
  - a) Security - Make sure you and your vehicle are not in a place where you could easily get hit again. This step includes placement of cones, triangles, flares and possibly moving your vehicle to a safe location, well off the roadway
  - b) Notify - Once you are in a safe location, immediately call your supervisor or community manager to notify him/her of the accident and whether or not someone is injured. The police should be notified and a report completed at any time there is an injury or suspected injury.
  - c) Document - Draw a diagram of the accident scene and take needed photos to secure valuable information, including pictures to document occupants of the other vehicle, damage to the other vehicle or object, if safe to do so, take pictures of the accident scene, capturing the surrounding area, street signs
2. Ensure your own safety first. Help any injured people and call for assistance if needed. Gather and exchange details with the other vehicle owner such as registration, insurance policy information, name, address, phone numbers, and information of any witnesses to the accident. Contact the community manager to the insurance company to file a report.
  - a) If you damage another vehicle that is unattended, leave a note on the vehicle with your contact details.
  - b) Follow up - If there is an injury, or major damage, report the crash to your manager as soon as you can.
3. Photos to take at a crash scene / WHEN SAFE CONDITIONS EXIST:
  - a) Overall accident scene from a short distance. (two or three different angles)
  - b) Close-up of damage to each vehicle
  - c) Skid marks
  - d) Objects that may have obstructed view (bushes, large trailers, etc.)
  - e) Existing damage to other parties vehicle (signs of rust)
  - f) Accident scene with driver and all passengers (to identify who was in the vehicle)
  - g) License plates of witnesses vehicles
  - h) Driver and occupants of the other vehicle(s)

### Preventable Accidents

1. A preventable accident is defined as any accident that results in property damage and/or personal injury, and in which the driver failed to exercise every reasonable precaution to prevent the accident.
2. Classification of preventable accidents
  - a) Distracted driving
  - b) Following too close
  - c) Driving too fast for conditions
  - d) Failure to observe clearances
  - e) Failure to obey signs or signals from other drivers
  - f) Failure to reduce speed
  - g) Improper turns
  - h) Improper parking Improper passing
  - i) Failure to yield
  - j) Improper backing up
  - k) Failure to obey traffic signals or directions
  - l) Exceeding the posted speed limit
  - m) Driving While Intoxicated (DWI) or Driving Under the Influence (DUI) or similar charges.



### Safety Rules / For Drivers

1. Speed should never be faster than a rate consistent with existing speed laws and road, traffic, and weather conditions. Obey speed limits; excessive speed is a major cause of collisions.
2. Buckle-up, it's the law! Wearing a seat belt improves your chances of survival if you are involved in a collision. Proper wearing of the seatbelt improves your ability to control your vehicle.
3. Driving requires your full attention; avoid driving while distracted. If you need to talk on your cell phone, or use other electronic devices, pull out of traffic and park in a safe place while using. Always leave yourself a way out.
4. Signal well in advance of turning, changing lanes, or stopping [a minimum of 3 seconds, 100 feet. Signaling intentions neither gives the right-of-way nor guarantees a safe lane change.
5. Change lanes only when absolutely necessary, and always check your blind spot.
6. Backing is inherently dangerous and pre planning should prevent the need to back your vehicle. Back up only when necessary and when you have clear view of oncoming traffic. If you have to back, check behind the vehicle before backing.
7. Associates must perform a complete "circle check" (walk completely around the vehicle and inspect for any dangerous/hazardous circumstances) before starting, or moving or backing the vehicle.
8. Use the inside lane (fast lane) only when absolutely necessary.
9. Maintain reasonable distance; allow for speed, road and weather conditions [follow the 3-second plus rule]. Observe Timed Interval and Following Distance guidelines.
10. Tailgating is not tolerated.
11. Never contest right-of-way. Always yield to avoid collision. Always be a courteous driver!
12. Adjust for others merging into traffic flow. Be a courteous driver.
13. Merge into traffic without forcing yourself in.
14. Obey all traffic signs and signals with a full and complete stop. Stop at yellow lights; do not try to beat the light.
15. Do not pass any vehicles at intersections, railroad crossings or where vision may be limited.
16. Company vehicle use is a privilege; treat the vehicles as if they were your own.
17. No unauthorized persons will drive or ride in company vehicles. All persons authorized to drive company vehicles will be required to complete the driver selection procedures.
18. Passengers are limited to the number of seats and seat belts that are available.
19. Drivers will follow all applicable State regulations. FOLLOW THE SPEED LIMIT & BUCKLE UP!
20. Drivers will perform a daily pre trip vehicle safety inspection (Pre-Trip). See Vehicle Inspection Guide
21. Drivers will immediately report any unsafe conditions or vehicle problems to the Maintenance Supervisor or Community Manager. Vehicles with problems that could affect safe operation ARE NOT TO BE DRIVEN UNTIL THE CONDITION IS CORRECTED.

22. Driving while under the influence of drugs or alcohol will be cause for immediate Dismissal and revoke privileges to operate Company or personal vehicles for Company business.
23. If a driver is on prescribed medication, this information should be reported to the Community Manager BEFORE driving a company vehicle or personal vehicle on behalf of the company. The Maintenance Supervisor and the Community Manager will determine if driving while using the prescribed medications is acceptable.
24. The transportation or storage of alcohol and/or drugs or fire arm in company vehicles is PROHIBITED.
25. Collisions are to be reported IMMEDIATELY to the Maintenance supervisor or Community Manager or to your supervisor. Vehicle Accident Kits are in the glove box and are to be completed by the driver at the scene of the collision.
  - a) NEVER ADMIT FAULT at a collision scene. Be cordial and polite.
  - b) Take pictures of all who were riding in the other vehicle, pictures of the vehicle, your vehicle, and surrounding area.
  - c) Jot down notes as soon as possible about the road conditions, traffic signals, signs, lights, and other conditions that had effect on the situation immediately before the incident.
26. Tickets and moving motor vehicle violations are to be reported to the Community Manager or supervisor within 24 hours.
27. Park legally. Drivers will be reimbursed for all parking fees, but WILL NOT BE reimbursed for parking tickets.
  - a) The Associate is responsible for immediate payment of parking tickets, and must notify the supervisor of the parking ticket.
28. Decals & stickers are to be placed on company vehicles.
29. Smoking is prohibited in company vehicles
30. Do not leave valuables or anything that looks valuable in the vehicle when not attended. Always lock the vehicle when not attended / even at the gas station.
  - a) Protect yourself and your valuables.

Vehicle Safety Check

**Vehicle Maintenance Inspection Checklist**

Date: \_\_\_\_\_ License#: \_\_\_\_\_ Mileage: \_\_\_\_\_

Vehicle Make, Model, Pool Car # \_\_\_\_\_ Pre Trip c Post Trip c

	M	Tu	W	Th	F	Sa	
ITEM	OK	OK	OK	OK	OK	OK	PROBLEM
Head lamps							
Stop lamps							
Tail lamps							
Turn signals							
Mirrors							
Gauges/Speedometer							
Tires/Wheels							
Exhaust							
Wipers & Fluids							
Air / Defroster/ Heater							
Brakes							
Fluid Levels							
Emergency Equipment							
Horn							
Seatbelt							
Body / Interior							
Unusual Noises							

*If no problems noted, then submit form at end of week. Any problems, then submit form immediately and start a new page. Management sign-off required for maintenance issues.*

Any new body damage? If yes, describe: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Comments: \_\_\_\_\_  
 \_\_\_\_\_

Driver Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Manager's Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## Attachment "A"

## Annual &amp; Pre Hire Driver Performance Evaluation

Operations To Check	Good	Poor
<b>1. Looks behind &amp; all sides before entering vehicle</b> ✓ Pre-driving inspection ✓ Visual Inspection of Vehicle, Tires, Etc. ✓ Fastens seat belt ✓ Starts engine and checks gauges ✓ Understands Instruments and gauges ✓ Adjusts mirrors		
<b>2. Looks behind and signals before pulling into traffic</b>		
<b>3. Placing vehicle in motion</b> ✓ Starts engine without difficulty ✓ Checks gauges and breaks within 100 feet of starting ✓ Starts unit in motion smoothly ✓ Maintains consistent speeds during operations ✓ Uses clutch properly/ where applicable ✓ Times and shifts gear properly / where applicable		
<b>4. Driving Habits</b> ✓ Avoids "jack rabbit starts" ✓ Avoids severe breaking and abrupt turns ✓ Negotiates Curves safely ✓ Good vision practices / Keeps eyes moving / Avoids Fixed Stair ✓ Correctly anticipates moves of other drivers and pedestrians and avoids conflicts. ✓ Avoids being boxed in when lanes ahead are blocked ✓ Recognizes the lane of least resistance and positions the vehicle accordingly. ✓ Does not ride in the blind zone of other drivers ✓ Turns on headlights to be seen by other drivers ✓ Allows extra following distance when crowded by a tailgater ✓ Applies brakes smoothly ✓ Makes smooth stops ✓ Keeps both hands on wheel ✓ Yields right-of-way whenever there is a question ✓ Centers vehicle in driving lane ✓ Adjusts speed when approaching intersections. ✓ Frequent use of mirrors ✓ Good driving posture ✓ Slows down before entering "no Control" intersection or where there is possibility of conflict. ✓ Drives and operates the vehicle in a way predictable to other drivers. (starts, stops, lane changes, forward motions, pulling into parking lots and left turn lanes)		
<b>5. Passing Habits</b> ✓ Uses good judgment in deciding when to pass ✓ Passes others safely Allows adequate room to complete the pass		

<p><b>6. Drives in right lane except to pass</b>  <b>Approaches green traffic lights prepared to stop for signal.</b>                  ✓ Reads traffic lights in advance                  ✓ Evaluates traffic patterns early                  ✓ Looks for cross traffic at intersections                  ✓ Varies speed to meet traffic conditions                  Checks rear mirror for other drivers, and hazards</p>		
<p><b>7. Obeys all traffic signs, signals and road markings</b>                  ✓ Applies breaks gradually, avoiding excessive use or sudden stops                  ✓ Breaking and Slowing is well controlled and smooth                  ✓ Brakes as soon as need is recognized                  ✓ Stops smoothly                  ✓ Stops and restarts with gradual motion                  ✓ Uses brakes properly on grades</p>		
<p><b>8. Backing</b>                  ✓ Avoids unnecessary backing                  ✓ Checks area before backing                  ✓ Avoids backing from blind side                  ✓ Warns others when backing                  ✓ Makes smooth backing maneuver                  ✓ Uses mirrors to good advantage                  ✓ Backs only when he knows the everything is clear</p>		
<p><b>9. Stays in right lane when going up hills and around curves</b></p>		
<p><b>10. Chooses a safe place to turn around, off the road, or in a place with clear view both ways, turns skillfully</b></p>		
<p><b>11. Parking</b>                  ✓ Parks without hitting curb                  ✓ Sets parking brake                  ✓ On hills, turns wheels into curb                  ✓ Shuts off engine and removes the key                  ✓ Parks to avoid backing up                  ✓ Checks traffic &amp; ground conditions before exiting vehicle</p>		
<p><b>12. Shifting gears &amp; use of clutch / as appropriate</b>                  ✓ Starts in low gear                  ✓ Proper use of clutch                  ✓ Proper shifting up and down range                  ✓ Does not lug engine</p>		
<p><b>13. Maintains a safe following distance</b>                  ✓ Avoids being boxed in                  ✓ Is alert to live parking                  ✓ Maintains steady speed on open straight-aways                  Drives to get a good view of the roadway ahead</p>		
<p><b>14. Is a courteous Driver</b></p>		

## CONFINED SPACE ENTRY

### Policy and Scope:

1. Essex Property Trust, has established these safe working procedures for entering and performing operations in confined spaces. The objective is for the Maintenance Supervisor and Community Managers to identify and label spaces within their properties that are confined spaces, and prevent entry unless confined space entry procedures are followed.
  - a. Is the space large enough and configured in a way to allow a person to bodily enter and perform assigned work,
  - b. Has limited or restricted means for entry or exit (the way in or out do not meet the standards for safe exits – As a general rule, if you have to use a ladder, stairway over 70 degrees steep, enter through a small opening, have to crawl over or under pipes or obstructions, have to negotiate steep or slippery ramps, ventilation or exhaust ducts, pipe chassis, crawl spaces, and attics, etc.)
  - c. It is not designed for continuous Associate occupancy
2. The Maintenance Supervisor and Community Manager are responsible for making sure that any contractor who enters a confined space follows appropriate entry procedures, controls internal hazards and monitors the air quality and maintains safe conditions for the work to proceed.

### Permit Required Space / Permit Entry

1. A permit-required confined space means a confined space that either 1) contains or has the potential to contain a hazardous atmosphere, 2) contains a material that has the potential for engulfing an entrant, 3) has an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or by a floor which slopes downward and tapers to a smaller cross-section, or 4) contains any other serious safety or health hazard.
2. Essex Property Trust will not enter confined space that cannot be reclassified for alternate entry.

\*Note: All confined spaces are considered to be a permit-required confined space until the space is tested and evaluated by the Entry Supervisor who must determine if the confined space may be reclassified as an alternative entry or non-permit required confined space.

### Non Permit Required Space / Alternate Entry

1. When it can be demonstrated that all physical hazards in the space are eliminated or isolated through engineering controls so the only hazard posed by the permit space is an actual or potential hazardous atmosphere.
2. It can be demonstrated that continuous forced air ventilation alone is sufficient to maintain the permit space safe for entry and that, in the event the ventilation stops working, entrants can exit the space safely.
3. Monitoring and inspection data are developed that support the previous conclusions.
4. If an initial entry of the permit space is necessary to obtain the data required, the entry is performed according to the procedures set forth in this document concerning entry into a permit-required confined space
5. The determinations and supporting data required are documented and certified by the Entry Supervisor including the date, location and supervisor's name and signature

When these conditions are met, Associates who enter a confined space need only comply with the following alternate entry procedures.

### Alternative Entry / Procedures

1. Complete the confined space hazard analysis to document alternate entry conditions exist or can be sustained during the duration of the work tasks.
2. Any condition making it unsafe to remove the entrance cover must be eliminated before the cover is removed.
3. The opening to the confined space must be immediately guarded by a railing, temporary cover, or other temporary barrier to prevent falls to a lower level of 6 feet or more.
4. Evaluate the situation carefully. A negative response to any of the following questions requires that the confined space be considered a permit entry condition and should not be entered.
  - a. Do things **Look Normal**?
  - b. Do things **Sound Normal**?
  - c. Do things **Smell Normal**?
  - d. If there is a built in ventilation system, is it operating? Is it running?
  - e. Can this work area be ventilated with the available equipment?
  - f. Where equipment and piping is involved, are there any visible leaks or unusual noises that could indicate unsafe or life-threatening conditions may exist?
  - g. If a person were to enter this work space, could they get out quickly and easily if conditions change quickly and unexpectedly or if a person were to be injured
5. The atmosphere in the confined space must be tested and continuously monitored for the duration of entry operations. Test Results should demonstrate Safe Conditions, as noted on the confined space entry documentation / worksheet.
6. No hazardous atmosphere is permitted within the confined space whenever an Associate is inside the space
7. Continuous forced air ventilation must be provided and directed to areas where the Associate is performing entry operations.
  - a. Best practice is to test the air before changing conditions through forced air ventilation.
  - b. Allow 15 minutes of ventilation before entering the confined space.
  - c. Continued ventilation should supply 4 air exchanges within the space, every hour.
8. Only authorized associates are allowed to enter the confined workspace.
9. If a hazard is detected the Associate must leave the space immediately and the space must be evaluated to determine how the hazard developed
10. Measures must be implemented to protect Associates from the hazard(s) before reentering the space
11. A safe method for entering and exiting the space must be provided such as a ladder or approved hoisting and retrieval system
12. Where changes in the use or configuration of the space may increase the hazards the space must be reevaluated by a competent person.

13. When possible, the space should be isolated to prevent accidental contact with mechanical systems, electrical systems, pipeline flows, compressors, fans, or other hazards that could injure an entrant.
14. No smoking allowed inside of the confined space and no smoking is allowed near the entrance to the space.

### Emergency Procedures

1. Non-entry self-rescue is the preferred method for rescue of employee(s) from confined space. Associates will be instructed to leave at the first indication of a change in the air quality, or change in the status of mechanical, electrical, pneumatic, or other systems within the confined space.
2. A rescue plan with equipment for emergency rescue will be available for assisted rescue when an entrant cannot self-rescue.
3. The Maintenance Supervisor and Community Manager will evaluate the space, work conditions, environmental hazards and adequacy of controls before allowing a rescuer to enter the space.
4. Adequate ventilation of the space will continue
5. The Maintenance Supervisor will monitor the assembly of rescue equipment and that procedures are followed during an assisted rescue effort.
6. If the injured entrant is exposed to any substance with a required SDS or similar document, that SDS or document will be made available to the medical provider treating the entrant(s)
7. Maintenance supervisor will call for emergency rescue services and coordinate placement of Associates to direct the emergency rescuers to the incident site.

### Concluding Entry Operations

1. The Maintenance Supervisor or Community Manager or other competent Associate will verify that all workers have exited the confined space at breaks, and when work tasks are concluded.
2. The Maintenance Supervisor or Community Manager or other competent Associate will verify the confined space is closed and secured from entry by others.
3. Tools and equipment will be picked up and removed. Hazardous substances, contaminated substances or other debris that could be unhealthy to other associates or residents will be properly contained and disposed of.



**Confined Space Hazard Analysis**

**Determining Permit Entry or Non Permit Required Entry**

Space: \_\_\_\_\_

Date: \_\_\_\_\_

1. Hazards found in the space:

<b>Hazard Description</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Hazard Description</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>
Lack of Oxygen <19.5%	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sulfur Dioxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oxygen Displacement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Carbon Monoxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combustible Gases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Temperature Extremes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combustible Vapors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Engulfment/ Standing Liquid, Liquid Flow / Drowning / Powders /	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combustible Dusts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Entrapment / Constriction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toxic Gases: _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Converging Walls / Floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Toxic Vapors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pressure Systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chemical Contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Welding/Burning/Open Flame	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Electric Hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Dehydration / heat Exhaustion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Exposures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Falls to lower / Same level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Microbial Action	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unknown or Spilled Liquids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydrogen Sulfide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other: _____ -	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. What materials are normally found in the space? \_\_\_\_\_

Other serious safety and health hazards:

<b>Hazard Description</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Hazard Description</b>	<b>Yes</b>	<b>No</b>	<b>NA</b>
Hazardous Energy/ Accidental startup	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Moving machinery	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Steam	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hydraulic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pneumatic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stored Energy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Sharp Objects, Impalement hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Can the hazards identified above be controlled in a way to prevent hazardous exposure to the entrant during planned work activities? Yes  No

If it is not possible to effectively control the hazards noted above than the workspace must remain as a "Permit Required" entry.

- 4. When the hazards identified above are controlled and Pre entry hazard assessment of the confined space verifies that the only remaining hazard is an actual or potential hazardous atmosphere that will be effectively controlled by providing continuous forced air ventilation. This ventilation alone is sufficient to maintain the permit space safe for entry

**Conclusion (Choose One)**

\_\_\_\_\_ This space has potential hazards that can not be effectively controlled to prevent unsafe or unhealthy exposures to an entrant that his makes the confined space a permit required confined space.

\_\_\_\_\_ This space has no potential serious safety and health hazards, and is reclassified as a non-permit confined space. Entry Procedures will follow our safety policy and JSA , and at minimum:

- Include the pre-entry monitoring and inspection data to support the conclusions,
- Make the pre-entry test data available to each Associate who enters the permit space.
- Procedures for providing continuous forced air ventilation at flow rates to allow at least 4-air exchanges per hour, until all Associates have left the space

\_\_\_\_\_ This space has potential serious safety and health hazards, but they can be removed or controlled to prevent unhealthy or unsafe exposure to the entrant before entry. For this reason the space is reclassified as a non-permit confined space. Entry Procedures will follow our safety policy and JSA.

- Include the pre-entry monitoring and inspection data to support the conclusions,
- Make the pre-entry test data available to each Associate who enters the permit space.
- Procedures for providing continuous forced air ventilation at flow rates to allow at least 4-air exchanges per hour, until all Associates have left the space;  
Ait Supplied at 2041 cfm,  
allow for 4 air changes, \_\_\_\_\_ minutes  
Consider reduced air flow with one (90° bend) additional reduced air flow at 2-90° bends.
- Arrange the air supply to make sure a clean source of air is introduced into the confined space. – Intake at 5 feet from confined space entrance
- Point air supply at end wall if possible to prevent pockets of unmoving air

Emergency Response / Rescue Plan: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Confined Space Entry Documentation**

**General Information**

Location on Site:	Entry Date:
Emergency Number: (____)____-____ Fire (911)	Entry Start Time:
	Entry End Time

Description of Activity:

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**Required Signatures**

	Name (print)	Signature	Training Completed · Yes · No	Date
Entry Supervisor				
Qualified Attendant				
Qualified Entrant 1				
Qualified Entrant 2				
Qualified Entrant 3				
Qualified Entrant 4				

**Air Monitoring Log**

Instrument Used, Including Model Number & Calibration Date:

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Pre Entry Testing · Yes · No/ O<sub>2</sub> level \_\_\_\_\_ LEL Level \_\_\_\_\_ H<sub>2</sub>S Level \_\_\_\_\_ CO Level \_\_\_\_\_

Ventilation Initiated · Yes · No Time \_\_\_\_\_

Date	Time	Top					Middle					Bottom					Tester	
		Minutes	OXY	LEL	CO	H <sub>2</sub> S	Other	OXY	LEL	CO	H <sub>2</sub> S	Other	OXY	LEL	CO	H <sub>2</sub> S		Other
	entry																	
	30																	
	60																	
	90																	
	120																	
	150																	
	180																	
	210																	
	270																	
	300																	
	330																	
	360																	
	390																	
	420																	
	450																	
	480																	

**Action Levels**

<b>Percent Oxygen</b>	<u>&lt;19.5% or &gt;23.5%</u>	<b>H<sub>2</sub>S or Sulfur Dioxide</b>	<u>5 ppm</u>
<b>Percent LEL</b>	<u>Any % over 10</u>	<b>Dust</b>	<u>At or above PEL or LEL</u>
<b>Hydrocarbon / Volatile</b>	<u>5 ppm</u>		
<b>Carbon Monoxide</b>	<u>30 ppm Cal OSHA</u>		

## RESPIRATORY PROTECTION

### Purpose

1. This program applies to all Associates who are required to wear respirators during normal work operations, as well as during some non-routine or emergency operations, such as a spill response to hazardous substance release.
2. The respiratory protection program is overseen by Dane Sydow and the Maintenance Supervisor who issues the appropriate respiratory protection. Respiratory equipment will be NIOSH certified only, and selection will be made by Dane Sydow in conjunction with Benchmark Environmental Engineering the companies (Environmental Consultant).
3. Respirator selection is based on the tasks being performed, the respiratory hazards that may develop during common work tasks and unique situations in our work place and when optional use is requested by the associate.
4. Workplace assessments will be conducted to identify work areas, processes, or tasks that require workers to wear respirators, and evaluate hazards.
5. Respirator use will be monitored by the responsible supervisor or community manager to ensure that respirators are used in accordance with their certifications and in areas where respiratory protection is determined to be required.
6. Fit test and training program records will be maintained by the responsible supervisor or Community Manager, where mandatory and optional uses are occurring.
7. Whenever it is feasible to do so, our policy is to protect our associates through engineer controls such as local ventilation, or substitution with a less harmful substance. When this is not possible or feasible, our approach will include administrative controls limiting duration of exposure to keep exposure levels below PEL's and when these methods are not appropriate or adequate, or if the exposures are brief and intermittent, and when use is voluntary, we provide appropriate respirators to protect Associates from potentially hazardous environments. Expenses associated with training, medical evaluations and respiratory protection equipment will be borne by Essex Property Trust.
8. Dane Sydow and the responsible supervisor or community manager will evaluate the program and updating the written program to reflect workplace changes that affect respirator use.
9. Associates who are required to wear respiratory protection will be medically cleared, fit tested, trained in the following:
  - a. Initial and annual training and perform quantitative fit-tests for Associates required to use respirators
  - b. Why the respirator is necessary and how improper fit, usage, or maintenance can compromise the protective effect of the respirator.
  - c. The nature of the hazards to which the respirator is protecting against, signs and symptoms of over exposure and proper and safe use, and disposal of the substance(s).
  - d. Limitations and capabilities of the respirator.
  - e. Effective use in emergency situations, including situations where the respirator is inappropriate or could malfunction
  - f. How to inspect, put on and remove, and check the seal of the respirators, and importance of clean shaven faces
  - g. Procedures for maintaining and proper storage of the respirator.

- h. Selection of NIOSH certified respiratory protection options.
  - i. Proper storage and maintenance of respiratory protection equipment.
  - j. Determining when respirator usage is no longer required.
  - k. Filter and cartridge replacement schedules.
10. Associates who choose to use the respirator voluntary purposes will be medically cleared and trained in accordance with Appendix B. The Supervisor will review any respirator purchased and used by an associate who decides to bring their own respirator to the workplace, to make sure that it will not cause injury or harm to the worker,
- a. Read and follow all instructions provided by the manufacturer on use, maintenance, cleaning and care and warnings regarding the respirators limitations.
  - b. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
  - c. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designated to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors or very small solid particles of fumes or smoke.
  - d. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

### Responsibilities

1. Supervisors are responsible for ensuring that the respiratory protection program is implemented in their particular areas. Supervisors must also ensure that the program is understood and followed by the associates under their charge. Duties of the Supervisor include:
- a. Participate in competent person training for respiratory protection as proved by Benchmark Environmental Engineering.
  - b. Identify tasks and operations that may require respirators.
  - c. Ensure that Associate sunder their supervision (including new hires) have received appropriate annual medical evaluation, training, and fit-testing.
  - d. Ensure the availability of appropriate respirators, replacement parts and accessories.
  - e. Monitor the workplace for tasks and work activities that may require the use of respiratory protection.
  - f. Enforce the proper use of respirators when necessary.
  - g. Adhering to medical restrictions for the Associates when assigning work.
  - h. Ensuring that respirators are properly cleaned, and maintained
  - i. The Respirator Program Administrator and Benchmark Environmental Engineering will ensure that the appropriate types of respiratory protection and training are provided to each associate.

- j. Ensure that adequate funds are available, budgeted for the purchase of respiratory protection equipment and related supplies for each property.
  - k. Community Managers who are on properties with ACM or PACM will attend respirator training.
2. Associates
- a. Each Associate has the responsibility for looking after his/her own safety and to wear his/her respirator when and where required and in an approved manner.
  - b. Associates must care for and maintain their respirators as instructed, and store them in a clean and sanitary location and inform his/her Supervisor if the respirator no longer fits well.
  - c. Associates must inform his/her Supervisor or the Respirator Program Administrator of any respirator hazard that they feel has not been adequately addressed in the workplace and of any other concerns that they have regarding the program.
  - d. Completing the mandatory Respirator Medical Evaluation Questionnaire / Attached.
  - e. The medical examination can be performed by a medical examiner of the company's choice.
  - f. Medical clearance will confirm that the associate can wear the respirator without causing injury to the associate. The medical clearance sheet must be brought to the respirator training class. Associates must have a medical clearance before they can be trained and fit-tested for a respirator. Medical evaluations will be provided at no cost to the employee.
  - g. When attending a fit test and training class the associate must be clean shaven, or the facial hair must fit within the respirator and not interfere with skin contact and secure fit.
  - h. Providing the initial respirator training is the responsibility of the employer, while making sure the associate attends the initial and refresher training is the responsibility of the employee's supervisor.

### Training and Information

1. Essex Property Trust will provide effective training to associates who are required to use respirators. The training will be comprehensive, in a language understandable to the associate, and recur annually and more often if necessary.
2. Benchmark Environmental Engineering, the company's consultant, will provide training and information.
3. Maintenance supervisors and community managers at properties where ACM or PACM are required to attend respirator training.
4. Associates or Maintenance technicians who are tasked with performing repairs consistent with Asbestos Class III are required to take respirator training.
5. Any other Associate whose job function exposes them to hazards that exceed permissible exposure levels are required to take respirator training prior to performing the work that would result in an exposure. For example maintenance supervisors and maintenance technicians who use paint sprayers are required to take Respirator Training.

6. Training will be provided to associates who choose to wear respiratory protection when performing tasks, for comfort reasons, where there is no exposure to dusts, vapors, gases, or fume at or above the PEL. This training will be in accordance with Appendix B (Attached).
  - a. Associates will be instructed on the use and the limitations of their respirators.
  - b. There is not one all-purpose respirator.
  - c. The respirators on which the associate will be trained were selected by the consultant and approved by the senior management of the company. The uses and limitations of the respirator on the NIOSH approval label and other information contained on/in each new respirator package will be covered.
7. Associates will be trained on the proper donning of the respirator.
  - a. A respirator must be put on and worn properly if it is to fit and offer effective protection.
  - b. The associate will be instructed to always inspect the respirator prior to donning. Instruction will include how to inspect the respirator.
  - c. Donning instructions are found on or in each new respirator package and will be fully explained and demonstrated to the wearer
  - d. Once proper donning and adjustment procedures have been demonstrated, each Associate will complete the same procedure as the trainer talks the Associate through the directions.
  - e. While wearing a respirator, the associate will be instructed on how to conduct a user seal check.
  - f. A user seal check is a method of determining if the respirator has been put on properly and has been fitted properly. A user seal check must be conducted each time the respirator is worn. Refer to user seal check procedures on each respirator package. They are sometimes referred to as positive pressure and negative pressure user seal checks. If a proper fit cannot be accomplished, the wearer must select another respirator and repeat the user seal check procedure.
  - g. Immediately Dangerous to Life or Health (IDLH)
  - h. A training roster will document training sessions.

### Respirator Section

The following 7 safety and health factors are also considered:

1. Skin Absorption - Skin absorption is not generally considered as a respirator selection criteria; however, where information indicates systemic injury or death may result from absorbing a gas or vapor through the skin or eyes, Olson Steel will consider the use of supplied air-suites or other impervious suites that provide self-contained breathing apparatus.
2. Warning Properties - Warning properties such as odor, eye irritation, and respiratory irritation that rely upon human senses are not foolproof; however, they do provide some indication to the wearer that the service life of the cartridge or canister is reaching the end, the face piece is not fitted properly, or there is some other respirator malfunction.

If odor, taste or the irritation threshold of the substance is many times greater than the Permissible Exposure Limit (PEL), Olson Steel considers the substance to have poor

warning properties and the respirator types will be selected accordingly. PAPR, and positive pressure supplied-air, and Air Line Continuous flow type respirators will be considered.

3. Sorbent Efficiency - Where evidence shows immediate or less than 3-minute breakthrough time on the cartridge or canister, air-purifying respirators will not be allowed and respirator types will be selected accordingly. Self-contained pressure demand, respirators, PAPR and positive pressure supplied-air and Air Line Continuous flow type respirators will be considered.
4. Eye Irritation - Where eye irritation is likely to result from exposure during routine work operations, full-face piece respirators will be selected.
5. Immediately Dangerous to Life or Health (IDLH) - Where conditions are so dangerous that there is immediate threat to life or health Respirator types will be selected based on their ability to provide the worker time to escape the unhealthy environment without suffering permanent health damage. This type respirator will be able to provide at least 30 minutes of protection from this crises situation.
6. Respiratory protection for substances that do not have an IDLH will be selected strictly on the basis of the respirator's protection factor and use limitations.
7. Lower Flammable Limit (LFL) - In cases where the concentrations of hazardous substances may reach levels at or above the (LFL) and where exposure to these concentrations could be immediately hazardous to the employee's life, only respirators providing maximum protection will be issued and used. Self-contained pressure demand, respirators, and positive pressure supplied-air and airline continuous flow type respirators will be considered.

Dane Sydow Administrator will revise and update the hazard assessment as needed and hen Associates feel that respiratory protection is needed during specific work activities.

### Respirator Cartridges & Particulate Filters

1. Cartridges or canisters used as the filtration elements in Air-purifying respirators have a useful life that is limited by the length of time it is used and by the concentration level of the contaminants being filtered out.
2. Particulate filters and cartridges become more efficient as the particulate loading increases; however resistance to breathing through the filters gradually increases until it reaches unacceptable levels, at which time the filters are required to be replaced. A cartridge and filter replacement strategy is developed for each work situation, however they will be replaced no less than monthly and may include daily or weekly replacements, depending on in air concentrations and exposure time, loading characteristics, relative humidity, warning properties and visual inspections when using particulate filters.
3. Non-particulate filters for filtering out contaminants such as gases, and vapors will have a shorter usable life when they are used in an atmosphere with high levels of contaminants. Break through times will be discussed and replacement may include daily to weekly replacement intervals. When possible we will use cartages with end of service indicators, or end of life software or manual calculations to predict change schedules when in air concentrations are known.
4. Air filtration respirators do not supply oxygen, and can be used only in areas where the air contains enough oxygen to sustain life (not less than 19.5% oxygen at sea level). These types of respirators are not to be used where concentrations of contaminants are immediately dangerous to life or health (IDLH atmospheres).
5. When using an air-purifying respirator in a contaminated atmosphere, the Associate must leave the contaminated area immediately if:
  - a. Breathing becomes difficult



- b. Dizziness or other distress occurs
- c. Tastes or smells enter the mask
- d. Air being breathed is heated by the chemical reactions occurring in the cartridge.
- e. Particulate filters P100 will be replaced after 30 days of use and Cartridge filters when used according to the change out plan established by the environmental consulting company or no longer than 40 hours after removing from the package.

### Respirator Cartridges & Particulate Filters

1. Cartridges or canisters used as the filtration elements in Air-purifying respirators have a useful life that is limited by the length of time it is used and by the concentration level of the contaminants being filtered out.

### Fitting Respirators / Mandatory Use

1. When respiratory protection is required, properly fitting respirators are essential for associates to receive the level of protection this program is intended to provide. Associates required to wear respirators will be required to be clean-shaven when performing the tasks that require respiratory use and other PPE will not interfere with tight seal.
2. Because of the great variety in face sizes and shapes Essex Property Trust provides a selection of respirators that includes different sizes and shapes, from different manufacturers. In this way we will make every effort to match the respirator with the wearer, preventing unfiltered air leaks.
3. In addition to having a proper match between the wearer and the face piece, the following rules will be observed to ensure a good face seal:
  - a. Straps must be in place and worn in the appropriate position.
  - b. Headbands are adjusted by pulling the free ends tight and until a comfortable fit is obtained.
  - c. Face piece must be properly adjusted.
  - d. Position chin firmly in the chin cup and manually shift the rubber mask until the most comfortable position is located. (Seeing yourself in a mirror helps determine proper size and fit)
  - e. Final adjustments to the headband are made at this time.
4. Proper fit must be checked each time the respirator is worn according to the manufacturer's instructions
  - a) Positive Pressure Test: This test is performed by closing off the exhalation valve with your hand. Breathe air into the mask. The face fit is satisfactory if some pressure can be built up inside the mask without any air leaking out between the mask and the face of the wearer.
  - b) Negative Pressure Test: This test is performed by closing of the inlet openings of the cartridge with the palm of your hand. Some masks may require that the filter holder be removed to seal off the intake valve. Inhale gently so that a vacuum occurs within the face piece. Hold your breath for ten (10) seconds. If the vacuum remains, and no inward leakage is detected, the respirator is fit properly.

- c) Respirators are not to be worn when projections under the face piece prevent a good face seal (i.e. growth of beard, sideburns, temple pieces on glasses or a skull cap that projects under the face piece).
- d) Associates with facial hair that intrudes into the area where the respirator seals against the face will not be fitted with a respirator.
- e) Workers who are not clean shaven in the respirator seal area are not allowed to wear a respirator even though a satisfactory fit may be obtained during positive and negative fit tests.
- f) The fitted respirator must be tested using an appropriate qualitative (e.g., Bitrix or irritant smoke). Fit testing will be repeated on an annual basis.  
NOTE: This requirement does not apply to positive pressure respirators (i.e., powered air-purifying respirators, supplied-air respirators, and self-contained breathing apparatus). If an Associate is unable to obtain a satisfactory fit with the type of respirator furnished, we will make efforts to correct the problem by providing respirators of different sizes, shapes, and materials or exclusion of the Associate from situations where respiratory protection is required).

### Qualitative Fit Test Procedures

#### Bitrex Protocol

Bitrex™ (Denatonium Benzoate) Solution Aerosol Qualitative Fit Test Protocol. The Bitrex™ (Denatonium benzoate) solution aerosol QLFT protocol uses the published saccharin test protocol because that protocol is widely accepted. Bitrex is routinely used as a taste aversion agent in household liquids which children should not be drinking and is endorsed by the American Medical Association, the National Safety Council, and the American Association of Poison Control Centers. The entire screening and testing procedure shall be explained to the test subject prior to the conduct of the screening test.

1. Taste Threshold Screening. The Bitrex taste threshold screening, performed without wearing a respirator, is intended to determine whether the individual being tested can detect the taste of Bitrex.
  - a) During threshold screening as well as during fit testing, subjects shall wear an enclosure about the head and shoulders that is approximately 12 inches (30.5 cm) in diameter by 14 inches (35.6 cm) tall. The front portion of the enclosure shall be clear from the respirator and allow free movement of the head when a respirator is worn. An enclosure substantially similar to the 3M hood assembly, parts #14 and #15 combined, is adequate.
  - b) The test enclosure shall have a 3/4 inch (1.9 cm) hole in front of the test subject's nose and mouth area to accommodate the nebulizer nozzle.
  - c) The test subject shall don the test enclosure. Throughout the threshold screening test, the test subject shall breathe through his or her slightly open mouth with tongue extended. The subject is instructed to report when he/she detects a bitter taste.
  - d) Using a DeVilbiss Model 40 Inhalation Medication Nebulizer or equivalent, the test conductor shall spray the Threshold Check Solution into the enclosure. This Nebulizer shall be clearly marked to distinguish it from the fit test solution nebulizer.
  - e) The Threshold Check Solution is prepared by adding 13.5 milligrams of Bitrex to 100 ml of 5% salt (NaCl) solution in distilled water.

- f) To produce the aerosol, the nebulizer bulb is firmly squeezed so that the bulb collapses completely, and is then released and allowed to fully expand.
- g) An initial ten squeezes are repeated rapidly and then the test subject is asked whether the Bitrex can be tasted. If the test subject reports tasting the bitter taste during the ten squeezes, the screening test is completed. The taste threshold is noted as ten regardless of the number of squeezes actually completed.
- h) If the first response is negative, ten more squeezes are repeated rapidly and the test subject is again asked whether the Bitrex is tasted. If the test subject reports tasting the bitter taste during the second ten squeezes, the screening test is completed. The taste threshold is noted as twenty regardless of the number of squeezes actually completed.
- i) If the second response is negative, ten more squeezes are repeated rapidly and the test subject is again asked whether the Bitrex is tasted. If the test subject reports tasting the bitter taste during the third set of ten squeezes, the screening test is completed. The taste threshold is noted as thirty regardless of the number of squeezes actually completed.
- j) The test conductor will take note of the number of squeezes required to solicit a taste response.
- k) If the Bitrex is not tasted after 30 squeezes (step 10), the test subject is unable to taste Bitrex and may not perform the Bitrex fit test.
- l) If a taste response is elicited, the test subject shall be asked to take note of the taste for reference in the fit test.
- m) Correct use of the nebulizer means that approximately 1 ml of liquid is used at a time in the nebulizer body.
- n) The nebulizer shall be thoroughly rinsed in water, shaken to dry, and refilled at least each morning and afternoon or at least every four hours.

2. ) Bitrex Solution Aerosol Fit Test Procedure.

- a) The test subject may not eat, drink (except plain water), smoke, or chew gum for 15 minutes before the test.
- b) The fit test uses the same enclosure as that described in 4. (a) Above.
- c) The test subject shall don the enclosure while wearing the respirator selected according to section I. A. of this appendix. The respirator shall be properly adjusted and equipped with any type particulate filter(s).
- d) A second DeVilbiss Model 40 Inhalation Medication Nebulizer or equivalent is used to spray the fit test solution into the enclosure. This nebulizer shall not be clearly marked to distinguish it from the screening test solution nebulizer.
- e) The fit test solution is prepared by adding 337.5 mg of Bitrex to 200 ml of a 5% salt (NaCl) solution in warm water.
- f) As before, the test subject shall breathe through his or her slightly open mouth with tongue extended, and be instructed to report if he/she tastes the bitter taste of Bitrex.
- g) The nebulizer is inserted into the hole in the front of the enclosure and an initial concentration of the fit test solution is sprayed into the enclosure using the same number of squeezes (either 10, 20 or 30 squeezes) based on the number of squeezes required to elicit a taste response as noted during the

screening test.

- h) After generating the aerosol, the test subject shall be instructed to perform the exercises in section I. A. 14. Of this appendix.
- i) Every 30 seconds the aerosol concentration shall be replenished using one half the number of squeezes used initially (e.g., 5, 10 or 15).
- j) The test subject shall indicate to the test conductor if at any time during the fit test the taste of Bitrex is detected. If the test subject does not report tasting the Bitrex, the test is passed.
- k) If the taste of Bitrex is detected, the fit is deemed unsatisfactory and the test is failed. A different respirator shall be tried and the entire test procedure is repeated (taste threshold screening and fit testing).

### Respirator Fit Test Form

This is a qualitative fit test using Bitrex, a bitter tasting substance approved by the American Medical Association, National Safety Council and the American Association of Poison Control Centers. Testing will include an assessment of the fit and comfort of the selected respirator, room for personal protection, position on the face and room to talk. In addition:

1. Chin properly placed,
2. Adequate strap tension, / not too tight
3. Fit across nose bridge,
4. Proper size and span space between nose and chin,
5. Tendency to slip on the face,
6. Opportunity to self observes in a mirror to evaluate fit and position.

The Fit Test Procedures will include the following procedures:

1. User Seal Check / verification of clean shaven, positive and negative pressure test
2. Sensitivity screen to make sure you can detect the taste to Bitrex.
3. Normal Breathing / 60 seconds / standing and no talking
4. Deep Breathing / 60 seconds / head stationary
5. Head Turning Side to Side / Normal Breathing – / 60 seconds
6. Moving Head Up and Down / Normal Breathing – / 60 seconds
7. Talking /60 seconds/ Talking loud enough to be heard
8. Jogging In Place / 60 seconds
9. Normal Breathing / 60 seconds.

Associate Name:	Medical Clearance	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Department:			
Date:	Fit Tester: David Levin, CSP		

Fit testing conducted in compliance with Cal OSHA 5144, Appendix A / Bitrex™ Protocol

Compatible with eye glasses / PPE \_\_\_\_\_ Yes \_\_\_\_\_ No

Does Associate have facial hair, dentures, or other attributes that will prevent a positive face fit test?  
 \_\_\_ Yes \_\_\_ No

Respirator Make,	Model	Size	_____1/2	_____Full
		Fit Test	Could not fit test due to:	
Positive Pressure fit check		Pass	Fail	
Negative Pressure Fit Check		Pass	Fail	
Head Stationary Normal Breathing / 60 Seconds		Pass	Fail	
Deep Breathing / 60 seconds / head stationary		Pass	Fail	
Head Turning Side to Side / Normal Breathing – / 60 seconds		Pass	Fail	
Moving Head Up and Down / Normal Breathing – / 60 seconds		Pass	Fail	
Talking /60 seconds/ Talking loud enough to be heard		Pass	Fail	
Jogging In Place / 60 seconds		Pass	Fail	
Normal Breathing / 60 seconds.		Pass	Fail	

I understand the information provided to me on how to clean, store, and inspect the respirator for which I have been fit tested. I am familiar with the conditions under which it should be used. I am familiar with the applicable Cal-OSHA and OSHA standards such as Title 8 CCR Section 5144 and 29CFR 1910.134. As conditions vary from one situation and task to another, I will become familiar about the contaminants that may be encountered which will require the use of my respirator.

\_\_\_\_\_  
 Associate Signature

\_\_\_\_\_  
 Date

(Side 2)

## Attachment B

**Subchapter 7. General Industry Safety Orders**  
**Group 16. Control of Hazardous Substances**  
**Article 107. Dusts, Fumes, Mists, Vapors and Gases**

**§5144. Respiratory Protection.**

**Appendix B to Section 5144: (Mandatory) Information for Associates Using Respirators When Not Required Under the Standard**

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designated to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

**NOTE**

Authority cited: Section 142.3, Labor Code. Reference: Section 142.3, Labor Code.

**HISTORY**

1. New appendix D to section 5144 filed 8-25-98; operative 11-23-98 (Register 98, No. 35).

**Medical Questionnaire / To The Employee:**

Can you read (circle): Yes / No

Associates who are required to wear a respirator must complete this questionnaire. Please take a few minutes to complete this form now or at a time or place that is convenient to you. To maintain your confidentiality, please seal the completed questionnaire into the addressed and pre stamped envelope and it will be mailed to the industrial clinic where a health care professional will review it. If necessary, you may be asked to visit the clinic to participate in a medical examination.

**Part A. Section 1. (Mandatory)** The following information must be provided by every Associate who has been selected to use any type of respirator (please print).

1. Today's date:
2. Your name:
3. Your age (to nearest year):
4. Sex (circle one): Male/Female
5. Your height:                      ft.              in.
6. Your weight:                      lbs.
7. Your job title:
  
8. A phone number where you can be reached by the health care professional who reviews this questionnaire (include the Area Code): (      )-      -
9. The best time to phone you at this number:
10. Has your employer told you how to contact the health care professional who will review this questionnaire (circle one): Yes/No
11. Check the type of respirator you will use (you can check more than one category):
  - a. \_\_\_N, R, or P disposable respirator (filter-mask, non-cartridge type only).
  - b. \_\_\_Other type (for example, half- or full-face piece type, powered-air purifying, supplied-air, self-contained breathing apparatus).
12. Have you worn a respirator (circle one): Yes/No  
If "yes," what type(s):

**Part A. Section 2. (Mandatory)** Questions 1 through 9 below must be answered by every Associate who has been selected to use any type of respirator (please circle "yes" or "no").

1. Do you currently smoke tobacco, or have you smoked tobacco in the last month: Yes/No
2. Have you ever had any of the following conditions?
  - a. Seizures (fits): Yes/No



- b. Diabetes (sugar disease): Yes/No
  - c. Allergic reactions that interfere with your breathing: Yes/No
  - d. Claustrophobia (fear of closed-in places): Yes/No
  - e. Trouble smelling odors: Yes/No
3. Have you ever had any of the following pulmonary or lung problems?
- a. Asbestosis: Yes/No
  - b. Asthma: Yes/No
  - c. Chronic bronchitis: Yes/No
  - d. Emphysema: Yes/No
  - e. Pneumonia: Yes/No
  - f. Tuberculosis: Yes/No
  - g. Silicosis: Yes/No
  - h. Pneumothorax (collapsed lung): Yes/No
  - i. Lung cancer: Yes/No
  - j. Broken ribs: Yes/No
  - k. Any chest injuries or surgeries: Yes/No
  - l. Any other lung problem that you've been told about: Yes/No
4. Do you currently have any of the following symptoms of pulmonary or lung illness?
- a. Shortness of breath: Yes/No
  - b. Shortness of breath when walking fast on level ground or walking up a slight hill or incline: Yes/No
  - c. Shortness of breath when walking with other people at an ordinary pace on level ground: Yes/No
  - d. Have to stop for breath when walking at your own pace on level ground: Yes/No
  - e. Shortness of breath when washing or dressing yourself: Yes/No
  - f. Shortness of breath that interferes with your job: Yes/No
  - g. Coughing that produces phlegm (thick sputum): Yes/No

- h. Coughing that wakes you early in the morning: Yes/No
  - i. Coughing that occurs mostly when you are lying down: Yes/No
  - j. Coughing up blood in the last month: Yes/No
  - k. Wheezing: Yes/No
  - l. Wheezing that interferes with your job: Yes/No
  - m. Chest pain when you breathe deeply: Yes/No
  - n. Any other symptoms that you think may be related to lung problems: Yes/No
5. Have you ever had any of the following cardiovascular or heart problems?
- a. Heart attack: Yes/No
  - b. Stroke: Yes/No
  - c. Angina: Yes/No
  - d. Heart failure: Yes/No
  - e. Swelling in your legs or feet (not caused by walking): Yes/No
  - f. Heart arrhythmia (heart beating irregularly): Yes/No
  - g. High blood pressure: Yes/No
  - h. Any other heart problem that you've been told about: Yes/No
6. Have you ever had any of the following cardiovascular or heart symptoms?
- a. Frequent pain or tightness in your chest: Yes/No
  - b. Pain or tightness in your chest during physical activity: Yes/No
  - c. Pain or tightness in your chest that interferes with your job: Yes/No
  - d. In the past two years, have you noticed your heart skipping or missing a beat: Yes/No
  - e. Heartburn or indigestion that is not related to eating: Yes/No
  - f. Any other symptoms that you think may be related to heart or circulation problems: Yes/No
7. Do you currently take medication for any of the following problems?
- a. Breathing or lung problems: Yes/No
  - b. Heart trouble: Yes/No
  - c. Blood pressure: Yes/No

- d. Seizures (fits): Yes/No
8. If you've ever used a respirator, have you ever had any of the following problems?  
(If you've never used a respirator, check the following space and go to question 9)
- a. Eye irritation: Yes/No
  - b. Skin allergies or rashes: Yes/No
  - c. Anxiety: Yes/No
  - d. General weakness or fatigue: Yes/No
  - e. Any other problem that interferes with your use of a respirator: Yes/No
9. Would you like to talk to the health care professional who will review this questionnaire about your answers to this questionnaire: Yes/No

**Answering these questions is voluntary.** Questions 10 to 15 below must be answered by Associates who must wear a full-face-piece respirator or a self-contained breathing apparatus (SCBA).

10. Have you ever lost vision in either eye (temporarily or permanently): Yes/No
11. Do you currently have any of the following vision problems?
- a. Wear contact lenses: Yes/No
  - b. Wear glasses: Yes/No
  - c. Color blind: Yes/No
  - d. Any other eye or vision problem: Yes/No
12. Have you ever had an injury to your ears, including a broken ear drum: Yes/No
13. Do you currently have any of the following hearing problems?
- a. Difficulty hearing: Yes/No
  - b. Wear a hearing aid: Yes/No
  - c. Any other hearing or ear problem: Yes/No
14. Have you ever had a back injury: Yes/No
15. Do you currently have any of the following musculoskeletal problems?
- a. Weakness in any of your arms, hands, legs, or feet: Yes/No

- b. Back pain: Yes/No
- c. Difficulty fully moving your arms and legs: Yes/No
- d. Pain and stiffness when you lean forward or backward at the waist: Yes/No
- e. Difficulty fully moving your head up or down: Yes/No
- f. Difficulty fully moving your head side to side: Yes/No
- g. Difficulty bending at your knees: Yes/No
- h. Difficulty squatting to the ground: Yes/No
- i. Climbing a flight of stairs or a ladder carrying more than 25 lbs: Yes/No
- j. Any other muscle or skeletal problem that interferes with using a respirator: Yes/No

*Part B. Any of the following questions, and other questions not listed, may be added to the questionnaire at the discretion of the health care professional who will review the questionnaire.*

1. In your present job, are you working at high altitudes (over 5,000 feet) or in a place that has lower than normal amounts of oxygen: Yes/No

If "yes," do you have feelings of dizziness, shortness of breath, pounding in your chest, or other symptoms when you're working under these conditions: Yes/No

2. At work or at home, have you ever been exposed to hazardous solvents, hazardous airborne chemicals (e.g., gases, fumes, or dust), or have you come into skin contact with hazardous chemicals: Yes/No

If "yes," name the chemicals if you know them: \_\_\_\_\_, \_\_\_\_\_,  
\_\_\_\_\_.

3. Have you ever worked with any of the materials, or under any of the conditions, listed below:

- a. Asbestos: Yes/No
- b. Silica (e.g., in sandblasting): Yes/No
- c. Tungsten/cobalt (e.g., grinding or welding this material): Yes/No
- d. Beryllium: Yes/No
- e. Aluminum: Yes/No
- f. Coal (for example, mining): Yes/No
- g. Iron: Yes/No
- h. Tin: Yes/No

- i. Dusty environments: Yes/No
- j. Any other hazardous exposures: Yes/No

If “yes,” describe these exposures:

- 4. List any second jobs or side businesses you have:
- 5. List your previous occupations:
- 6. List your current and previous hobbies:
- 7. Have you been in the military services? Yes/No

If “yes,” were you exposed to biological or chemical agents (either in training or combat):  
Yes/No

- 8. Have you ever worked on a HAZMAT team? Yes/No
- 9. Other than medications for breathing and lung problems, heart trouble, blood pressure, and seizures mentioned earlier in this questionnaire, are you taking any other medications for any reason (including over-the-counter medications): Yes/No

If “yes,” name the medications if you know them:

- 10. Will you be using any of the following items with your respirator(s)?
  - a. HEPA Filters: Yes/No
  - b. Canisters (for example, gas masks): Yes/No
  - c. Cartridges: Yes/No
- 11. How often are you expected to use the respirator(s) (circle “yes” or “no” for all answers that apply to you)?:
  - a. Escape only (no rescue): Yes/No
  - b. Emergency rescue only: Yes/No
  - c. Less than 5 hours per week: Yes/No
  - d. Less than 2 hours per day: Yes/No
  - e. 2 to 4 hours per day: Yes/No
  - f. Over 4 hours per day: Yes/No

- 12. During the period you are using the respirator(s), is your work effort: a. Light (less than 200 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: \_\_\_\_ hrs. \_\_\_\_ mins.

*Examples of a light work effort are sitting while writing, typing, drafting, or performing light assembly work; or standing while operating a drill press (1-3 lbs.) or controlling machines.*

b. Moderate (200 to 350 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: \_\_\_\_ hrs. \_\_\_\_ mins.

Examples of moderate work effort are sitting while nailing or filing; driving a truck or bus in urban traffic; standing while drilling, nailing, performing assembly work, or transferring a moderate load (about 35 lbs.) at trunk level; walking on a level surface about 2 mph or down a 5-degree grade about 3 mph; or pushing a wheelbarrow with a heavy load (about 100 lbs.) on a level surface.

c. Heavy (above 350 kcal per hour): Yes/No

If "yes," how long does this period last during the average shift: \_\_\_\_ hrs. \_\_\_\_ mins.

Examples of heavy work are lifting a heavy load (about 50 lbs.) from the floor to your waist or shoulder; working on a loading dock; shoveling; standing while bricklaying or chipping castings; walking up an 8-degree grade about 2 mph; climbing stairs with a heavy load (about 50 lbs.).

13. Will you be wearing protective clothing and/or equipment (other than the respirator) when you're using the respirator: Yes/No

If "yes," describe this protective clothing and/or equipment:

14. Will you be working under hot conditions (temperature exceeding 77 deg. F): Yes/No

15. Will you be working under humid conditions: Yes/No

16. Describe the work you'll be doing while you're using your respirator(s):

17. Describe any special or hazardous conditions you might encounter when you're using your respirator(s) (for example, confined spaces, life-threatening gases):

18. Provide the following information, if you know it, for each toxic substance that you'll be exposed to when you're using your respirator(s):

Name of first toxic substance:

Estimated maximum exposure level per shift:

Duration of exposure per shift:

Name of second toxic substance:

Estimated maximum exposure level per shift:

Duration of exposure per shift:

Name of third toxic substance:

Estimated maximum exposure level per shift:

Duration of exposure per shift:

The name of any other toxic substances that you'll be exposed to while using your respirator:

19. Describe any special responsibilities you'll have while using your respirator(s) that may affect the safety and well-being of others (for example, rescue, security):

**Apéndice C: Cuestionario de Evaluación Médico obligado por la OSHA  
(La agencia de seguridad y salud ocupacional) Parte 29 CFR 1910.134 Mandatorio para  
Proteccion del Sistema Respiratorio**

Marque con un circulo para indicar sus respuestas a cada pregunta.

Para el empleado: Puede usted leer (circule uno): Sí o No

Su patrón debe dejarlo responder estas preguntas durante horas de trabajo o en un tiempo y lugar que sea conveniente para usted. Para mantener este cuestionario confidencial, su patrón o supervisor no debe ver o revisar sus respuestas. Su patrón debe informarle a quien dar o enviar este cuestionario para ser revisado por un profesional de sanidad con licencia autorizado por el estado.

**Parte A. Sección 1. (Mandatorio).** La siguiente información debe de ser proveida por cada empleado que ha sido seleccionado para usar cualquier tipo de respirador (escriba claro por favor).

1. Fecha : \_\_\_\_\_
  2. Nombre: \_\_\_\_\_
  3. Edad: \_\_\_\_\_
  4. Su sexo (circule uno) Masculino o Femenino
  5. Altura: \_\_\_\_\_ pies \_\_\_\_\_ pulgadas
  6. Peso: \_\_\_\_\_ libras
  7. Su ocupación, título o tipo de trabajo: \_\_\_\_\_
  8. Número de teléfono al donde pueda ser llamado por un profesional de sanidad con licencia que revisara este cuestionario (incluya el área): \_\_\_\_\_
  9. Indique la hora mas conveniente para llamarle a este numero: \_\_\_\_\_
  10. ¿Le ha informado su patrón como comunicarse con el profesional de sanidad con licencia que va a revisar este cuestionario (circule una respuesta)? . . . . . Sí o No
  11. Anote el tipo de equipo protector respiratorio que va utilizar (puede anotar mas de una categoría)
    - a. \_\_\_\_\_ Respirador disponible de clase N, R, o P (por ejemplo: respirador de filtro mecánico, respirador sin cartucho)
    - b. \_\_\_\_\_ Otros tipos (respirador con cartucho químico, máscara con cartucho químico, máscara con manguera con soplador (PAPR), máscara con manguera sin soplador (SAR), aparato respiratorio autónomos (SCBA)).
  12. ¿Ha usado algun tipo de respirador ? . . . . . Sí o No
- Si ha usado equipo protector respiratorio, que tipo(s) ha utilizado:
- \_\_\_\_\_
- \_\_\_\_\_

**Parte A. Seccion 2. (Mandatorio):** Preguntas del 1 al 9 deben ser contestadas por cada empleado que fue seleccionado a usar cualquier tipo de respirador. Marque con un circulo para indicar sus repuestas.

1. ¿Corrientemente fuma tabaco, o ha fumado tabaco durante el ultimo mes? . . . . . Sí o No
2. ¿Ha tenido algunas de las siguientes condiciones medicas?
  - a. Convulsiones : . . . . . Sí o No



- b. Diabetes (azucar en la sangre): . . . . . Sí o No
- c. Reacciones alergicas que no lo deja respirar: . . . . . Sí o No
- d. Claustrofobia (miedo de estar en espacios cerrados): . . . . . Sí o No
- e. Dificultad oliendo excepto cuando ha cogido un resfriado: . . . . . Sí o No
3. ¿Ha tenido algunas de los siguientes problemas pulmonares?
- a. Asbestosis: . . . . . Sí o No
- b. Asma: . . . . . Sí o No
- c. Bronquitis cronica: . . . . . Sí o No
- d. Emfisema: . . . . . Sí o No
- e. Pulmonía: . . . . . Sí o No
- f. Tuberculosis: . . . . . Sí o No
- g. Silicosis: . . . . . Sí o No
- h. Neumotorax (pulmon colapsado): . . . . . Sí o No
- i. Cáncer en los pulmones: . . . . . Sí o No
- j. Costillas quebradas: . . . . . Sí o No
- k. Injuria o cirujía en el pecho: . . . . . Sí o No
- l. Algun otro problema de los pulmones que le ha dicho su medico: . . . . . Sí o No
4. ¿Corrientemente tiene alguno de los siguientes síntomas o enfermedades en sus pulmones?
- a. Respiración dificultosa . . . . . Sí o No
- b. Respiración dificultosa cuando camina rapido sobre terreno plano o subiendo una colina: . . . . . Sí o No
- c. Respiración dificultosa cuando camina normalmente con otras personas sobre terreno plano: . . . . . Sí o No
- d. Cuando camina normalmente en terreno plano se encuentra corto de resuello? . . . . . Sí o No
- e. Respiración dificultosa cuando se esta bañando o vistiendo: . . . . . Sí o No
- f. Respiración dificultosa que lo impede trabajar: . . . . . Sí o No
- g. Tos con flema: . . . . . Sí o No
- h. Tos que lo despierta temprano en la mañana: . . . . . Sí o No
- i. Tos que ocurre cuando esta acostado: . . . . . Sí o No
- j. Ha tosido sangre en el ultimo mes: . . . . . Sí o No
- k. Silbar o respirar con mucha dificultad: . . . . . Sí o No
- l. Silbar que lo impede trabajar: . . . . . Sí o No
- m. Dolor del pecho cuando respira profundamente: . . . . . Sí o No
- n. Otros síntomas que crea usted estar relacionados a los pulmones: . . . . . Sí o No
5. ¿Ha tenido algunos de los siguientes problemas con el corazón?
- a. Ataque cardiaco: . . . . . Sí o No
- b. Ataque cerebrovascular: . . . . . Sí o No
- c. Dolor en el pecho: . . . . . Sí o No

- d. Falla de corazón: ..... Sí o No
- e. Hinchazón en las piernas o pies (que no sea por caminar): ..... Sí o No
- f. Latidos irregulares del corazón: ..... Sí o No
- g. Alta presión: ..... Sí o No
- h. Algun otro problema cardio-vascular o cardiaco: ..... Sí o No
6. ¿Ha tenido algunos de los siguientes síntomas causados por su corazón?
- a. Dolor de pecho frecuente o pecho apretado: ..... Sí o No
- b. Dolor o pecho apretado durante actividad física: ..... Sí o No
- c. Dolor o pecho apretado que no lo deja trabajar normalmente: ..... Sí o No
- d. En los últimos dos años ha notado que su corazón late irregularmente: ..... Sí o No
- e. Dolor en el pecho o indigestión que no es relacionado a la comida: ..... Sí o No
- f. Algunos otros síntomas que usted piensa ser causado por problemas de su corazón o de su circulation ..... Sí o No
7. ¿Esta tomando medicina por alguno de los siguientes problemas?
- a. Respiración dificultosa: ..... Sí o No
- b. Problemas del corazón: ..... Sí o No
- c. Alta presión : ..... Sí o No
- c. Alta presión : ..... Sí o No
- d. Convulsiones: ..... Sí o No
8. ¿Le ha causado alguno de los siguientes problemas usando el respirador? (si no ha usado un respirador, deje esta pregunta en blanco y continúe con pregunta 9).
- a. Irritación de los ojos: ..... Sí o No
- b. Alergias del cutis o sarpullido: ..... Sí o No
- c. Ansiedad que ocurre solamente cuando usa el respirado: ..... Sí o No
- d. Debilidad, falta de vigor o fatiga desacostumbrada: ..... Sí o No
- e. Algun otro problema que le impida utilizar su respirador: ..... Sí o No
9. ¿Le gustaría hablar con el profesional de sanidad con licencia autorizado por el estado que revisara este cuestionario sobre sus respuestas? ..... Sí o No
- Las preguntas del 10 al 15 deben ser contestadas por los empleados seleccionados para usar una máscara con cartucho químico o aparato respiratorio autónomo (SCBA). Los empleados que usan otro tipo de respirador no tienen que contestar estas preguntas.**
10. ¿Ha perdido la vista en cualquiera de sus ojos (temporalmente o permanente): ..... Sí o No
11. ¿Corrientemente tiene algunos de los siguientes problemas con su vista?
- a. Usa lentes de contacto: ..... Sí o No
- b. Usa lentes: ..... Sí o No
- c. Daltoniano (dificultad distinguiendo colores): ..... Sí o No
- d. Tiene algún problema con sus ojos o su vista: ..... Sí o No
12. ¿Ha tenido daño en sus oídos incluyendo rotura del tímpano: ..... Sí o No

13. ¿Corrientemente tiene uno de las siguientes problemas para oír?
- a. Dificultad oyendo: . . . . . Sí o No
  - b. Usa un aparato para oír: . . . . . Sí o No
  - c. Tiene algun otro problema con sus oídos o dificultad escuchando: . . . . . Sí o No
14. ¿Se ha dañado o lastimado su espalda? . . . . . Sí o No
15. ¿Tiene uno de los siguientes problemas de su aparato muscular or esqueleto?
- a. Debilidad en sus brazos, manos, piernas o pies : . . . . . Sí o No
  - b. Dolor de espalda: . . . . . Sí o No
  - c. Dificultad para mover sus brazos y piernas completamente: . . . . . Sí o No
  - d. Dolor o engarrotamiento cuando se inclina para adelante o para atras: . . . . . Sí o No
  - e. Dificultad para mover su cabeza para arriba o para abajo completamente: . . . . . Sí o No
  - f. Dificultad para mover su cabeza de lado a lado: . . . . . Sí o No
  - g. Dificultad para agacharse doblando sus rodillas: . . . . . Sí o No
  - h. Dificultad para agacharse hasta tocar el piso: . . . . . Sí o No
  - i. Dificultad subiendo escaleras cargando mas de 25 libras: . . . . . Sí o No
  - j. Alguno problema muscular o con sus huesos que le evite usar un respirador: . . . . . Sí o No

**Parte B - Las siguientes preguntas pueden ser agregadas al cuestionario a discrecion del profesional de sanidad con licencia autorizado por el estado.**

1. ¿Esta trabajando en las alturas arriba de 5,000 pies o en sitios que tienen menos oxígeno de lo normal?. Sí o No  
 Si la respuesta es "Sí", se ha sentido mareado, o ha tenido dificultad respirando, palpitations, o cualquier otro síntoma que usted no tiene cuando no esta trabajando bajo estas condiciones: . . . . . Sí o No
2. ¿En el trabajo o en su casa, ha estado expuesto a solventes o contaminantes peligrosos en el aire (por ejemplo, humos, neblina o polvos) o ha tenido contacto del cutis con químicas peligrosas . . . . . Sí o No  
 Escriba las químicas y productos con las que ha estado expuesto, si sabe cuales son:

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3. ¿Ha trabajado con los siguientes materiales o las condiciones anotadas abajo?:
- a. Asbestos: . . . . . Sí o No
  - b. Sílice (Limpiar mediante un chorro de arena): . . . . . Sí o No
  - c. Tungsteno/Cobalto (pulverizar o soldadura): . . . . . Sí o No
  - d. Berilio: . . . . . Sí o No
  - e. Aluminio: . . . . . Sí o No
  - f. Carbón de piedra (minando): . . . . . Sí o No
  - g. Hierro: . . . . . Sí o No
  - h. Estaño: . . . . . Sí o No
  - i. Ambiente polvoriento: . . . . . Sí o No

j. Otra exposicion peligrosa: ..... Sí o No

Describa las exposiciones peligrosas: \_\_\_\_\_  
 \_\_\_\_\_

4. ¿Tiene usted otro trabajo o un negocio aparte de este? \_\_\_\_\_  
 \_\_\_\_\_

5. Apunte su previos trabajos: \_\_\_\_\_

6. Apunte sus pasatiempos: \_\_\_\_\_  
 \_\_\_\_\_

7. ¿Tiene servicio militar? ..... Sí o No

Si la respuesta es "Sí", ha estado expuesto a agentes químicos o biologicos durante entrenamiento o combate: . . . .  
 ..... Sí o No

8. ¿Alguna vez ha trabajado en un equipo de HAZMAT (equipo respondedor a incidentes de materiales peligrosos con emergencia)? . . . . . Sí o No

9. ¿Esta tomando alguna medicina que no haya mencionado en este cuestionario (incluyendo remedios caseros o medicinas que compra sin receta)? . . . . . Sí o No

Si la respuesta es "Sí", cuales son: \_\_\_\_\_

10. ¿Va a usar algunas de las siguientes partes con su respirador?

a. filtros HEPA (filtro de alta eficiencia que remueve partículas tóxicas en la atmósfera): . . . . . Sí o No

b. Canastillo (por ejemplo, máscara para gas): . . . . . Sí o No

c. Cartuchos: . . . . . Sí o No

11. ¿Cuántas veces espera usar un respirador?

a. Para salir de peligro solamente (no rescates): . . . . . Sí o No

b. Recates de emergencia solamente: . . . . . Sí o No

c. Menos de 5 horas por semana: . . . . . Sí o No

d. Menos de 2 horas por día: . . . . . Sí o No

e. 2 a 4 horas por día: . . . . . Sí o No

f. Mas de 4 horas por día: . . . . . Sí o No

12. ¿Durante el tiempo de usar el respirador, su trabajo es...?

a. **Ligero** (menos de 200 kcal por hora): . . . . . Sí o No

Si la respuesta es "sí", cuanto tiempo dura la obra \_\_\_\_\_ horas \_\_\_\_\_ minutos

Ejemplos de trabajos ligeros: estar sentado escribiendo, escribiendo a máquina, diseñando, trabajando la línea de montaje, o estar parado gobernando un taladro o máquinas:

b. **Moderado** (200-350 kcal por hora ): . . . . . Sí o No

Si la respuesta es "sí" cuanto tiempo dura en promedio por jornada \_\_\_\_\_ horas \_\_\_\_\_ minutos

Ejemplos de trabajos moderados : sentado clavando o archivando; manejando un camión o autobús en trafico pesado; estar de pie taladrando, clavando, trabajando la línea de montaje, o transfiriendo una carga (de 35 libras) a la altura de la cintura; caminando sobre tierra plana a 2 millas por hora o bajando a 3 millas por hora; empujando una carretilla con una carga pesada (de 100 libras) sobre terreno plano.

c. **Pesado** (mas de 350 kcal por hora): ..... Sí o No

Si la respuesta es "sí" cuanto tiempo dura en promedio por jornada \_\_\_\_\_ horas \_\_\_\_\_ minutos

Ejemplos de trabajos pesados: levantando cargas pesadas (mas de 50 libras) desde el piso hasta la altura de la cintura o los hombros; trabajando cargando o descargando; transpalar; estar de pie trabajando de albañil o demenuzando moldes; subiendo a 2 millas por hora; subiendo la escalera con una carga pesada (mas de 50 libras).

13. ¿Va a estar usando ropa o equipo protector cuando use el respirador? ..... Sí o No Si la respuesta es "sí" describa que va a estar usando \_\_\_\_\_

14. ¿Va a estar trabajando en condiciones calurosas (temperatura mas de 77 grados F)? ..... Sí o No

15. ¿Va a estar trabajando en condiciones húmedas? ..... Sí o No 16.

Describa el tipo de trabajo que va a estar usted haciendo cuando use el respirador. \_\_\_\_\_

17. Describa cualquier situacion especial o peligrosa que pueda encontrar cuando este usando el respirador (por ejemplo, espacios encerrados, gases que lo puedan matar, etc.) \_\_\_\_\_

18. Provea la siguiente informacion si la sabe, por cada sustancia tóxica que usted va a estar expuesto cuando este usando el respirador(s):

Nombre de la primera sustancia tóxica \_\_\_\_\_

Maximo nivel de exposición por jornada de trabajo \_\_\_\_\_

Tiempo de exposición por jornada \_\_\_\_\_

Nombre de la segunda sustancia tóxica \_\_\_\_\_

Maximo nivel de exposición por jornada de trabajo \_\_\_\_\_

Tiempo de exposición por jornada \_\_\_\_\_

Nombre de la tercera sustancia tóxica \_\_\_\_\_

Máximo nivel de exposición por jornada de trabajo \_\_\_\_\_

Tiempo de exposición por jornada \_\_\_\_\_

El nombre de cualquier sustancia tóxica que usted va a estar expuesto cuando este usted usando el respirador \_\_\_\_\_

19. Describa alguna responsabilidad especial que usted va a tener cuando usted este usado el respirador(s) que pueda afectar la seguridad o la vida de otros ( por ejemplo, rescate, seguridad). \_\_\_\_\_

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