

SAFETY WORKSHEET - Page 1 of 2

PLEASE FILL IN THE BLANKS WITH COMPLETE, LEGIBLE ANSWERS, CHECK ALL CATEGORIES WHICH APPLY, AND CIRCLE ALL APPLICABLE ITEMS WITHIN CATEGORIES:

Total number of employees _____ (includes all full-time and part-time people on your payroll)

Total number of contracted employees _____ (not on your payroll but work in your facilities)

Name of Responsible Safety Officer: _____

What nickname do employees call the company? _____

Please check each statement which is true for your business:

- We have supervisors, foremen, leaders who will be giving safety instructions.
- This business has specialized employees, departments or job classifications.
- This business has more than one location. (Please list all locations on back.)
- We contract our employees to work offsite at other business establishments.
- We have employees who are assigned first aid duties as part of their regular job duties.
- We maintain a 100% non-smoking work environment.

Full Description of Business — type of business, type of products, department names, **description** of activities engaged in by your employees if not obvious from department/product name. (Attach additional pages as needed.):

200	<input type="checkbox"/>	Asbestos (exposure possible due to presence in workplace)	40.5	<input type="checkbox"/>	Dryer (clothes)
			41	<input type="checkbox"/>	Dumpster
12	<input type="checkbox"/>	Backpack (leaf) blower	47	<input type="checkbox"/>	Elevators
13	<input type="checkbox"/>	Box Stapler	55	<input type="checkbox"/>	Employee Suggestion Box
15	<input type="checkbox"/>	Business Vehicles or Personal Vehicles used for business purposes	70.1	<input type="checkbox"/>	Ergonomics, Retail Operations
		These vehicles may transport:	73.5	<input type="checkbox"/>	Extension Cords
16	<input type="checkbox"/>	Clients/Employees	74	<input type="checkbox"/>	Fax Machine(s)
17	<input type="checkbox"/>	Materials/Products/Car	83	<input type="checkbox"/>	Fire Hoses
		rgo	90	<input type="checkbox"/>	Fire Sprinkler System
20	<input type="checkbox"/>	Chemicals--janitorial, kitchen, pest control (please circle)	215	<input type="checkbox"/>	Forklift(s)
			218	<input type="checkbox"/>	Hand Truck/Pallet Jack
22	<input type="checkbox"/>	Clean Room (janitorial cleaning specifications)	220	<input type="checkbox"/>	Hoists/Hoisting Equipment, Jacks, and Lifts (please circle)
204	<input type="checkbox"/>	Compressed Air and Gas	221	<input type="checkbox"/>	Hot Conditions (where workers can become dehydrated)
205	<input type="checkbox"/>	Compressors and Tanks	112	<input type="checkbox"/>	Janitorial Equipment
30	<input type="checkbox"/>	Computer(s)			
35	<input type="checkbox"/>	Copiers, Laser Printers			

SAFETY WORKSHEET - Page 2 of 2

- 190 Kitchen for Employee Use: (check all that apply)
 - 190.1 Coffee Maker (25)
 - 190.2 Garbage Disposal (106)
 - 190.3 Hand Dishwashing(107.9)
 - 190.4 Hot Plate/Stove (109)
 - 190.5 Household Dishwasher
 - 190.6 Microwave Oven (130)
 - 190.7 Popcorn Popper (141.3)
 - 290.8 Refrigerator (141.5)
 - 190.9 Rice Cooker
 - 191 Toaster Oven
 - 114 Lawn Mowers (push, riding)
 - 222 Ladder (Extension, Stair)
 - 223 Loading Dock
 - 224 Lockout/Tagout Safety
 - 225 Machines, Industrial--Electrical, Gasoline/Fuel, Hydraulic, Pneumatic
- **ATTACH INDUSTRIAL TOOLS WORKSHEETS**
 - 230 Machine Guarding
 - 120 Material Handling/Lifting
- Material Safety Data Sheets (MSDS) from **ALL** suppliers required to issue MSDS:
- 125 MSDS--All info in one location
 - 126 MSDS--Multiple copies in various work locations
 - 135 Noise--higher than normal office, high or very high levels (please circle)
 - 232 Oily Rag Can
 - 139 Paper Cutter, hand
 - 139.5 Parking Lot for Employees
 - 140 Personal Protective Equipment (Required or supplied, check all types that apply)
 - 140.1 Lower Back (weight belt)
 - 140.2 Clothing (coverall, lab coat)
 - 140.3 Eye/face (safety glasses, face shield)
 - 140.4 Foot (boots/shoes)
 - 140.5 Hand (gloves)
 - 140.6 Head (hard hats)
 - 140.7 Hearing
 - 140.8 Radiation
 - 140.9 Respirators
 - 141 Poison Oak
 - 238 Powered Hand Tools
 - 141.4 Recycling Program
 - 142 Rolling Stools

- 143 Roll-up Garage/Warehouse Door(s)
- 145 Sanitizing/Decontamination (equipment, clothing, tools)
- 147 *Sexual Harrassment Policy* (check box only if you do not already have a written policy)
- 153 Soldering Iron
- 155 Space Heaters (Ceiling, Suspended)
- 155.1 Space Heaters (Electrical, Fuel)
- 160 Stairs
- 165 Step Stools, Step Ladders
- 170.1 Storage, Outside
- 177 Tools, Hand--chisel, cutters, files, hack saw, hammer, knives, pliers, punches, saw, scrapers, screwdriver, stamps, wrenches (circle all used)
- 180 Tools, Small Electrical
- Tools & Equipment, Industrial - (Electrical, Gasoline/Fuel, Hand, Hydraulic, Pneumatic, Powder Activated) - **ATTACH INDUSTRIAL TOOLS WORKSHEETS**
- 183 Vacuum Cleaner--Household, Industrial, Wet/Dry (circle)
- 255 Vehicle Maintenance--Electrical, Physical, Mechanical (circle)
- 256 Vehicle Safety Programs
- 184.5 Volunteer (unpaid) workers
- 185 Washing Machine
- 186 Water Dispenser (Cold only)
- 187 Water Dispenser (Hot & Cold)
- 260 Welding/Cutting
 - 261 Arc Welding
 - 262 Gas Welding/Cutting
- 2000 *Workplace Violence Prevention*
ATTACH WORKPLACE VIOLENCE WORKSHEET

IF THERE ARE ANY OTHER BUSINESS ACTIVITIES OR EQUIPMENT YOU THINK MIGHT IMPACT SAFETY, PLEASE ATTACH A SEPARATE LIST

AUTOMATIC CATEGORIES IN EVERY IIPP

Please indicate any categories of safety information that you wish to have deleted from your program.

- 10 Accident Investigations
- 40 Drugs and Alcohol
- 45 Earthquake
- 60 Employee Safety Material Posting Area
- 65 Environmental Control Systems
- 70 Ergonomics
- 72 Everyday Office Supplies
- 73 Exits
- 75 File Cabinets
- 80 Fire Extinguishers
- 95 First Aid Kit(s)--office(s), shop(s), vehicle(s)
- 100 First Aid Training
- 105 Floors
- 107 Glass Breakage
- 110 Housekeeping
- 111 Hurricane
- 115 Lighting
- 137 Office Machines-- General
- 150 Smoking
- 170 Storage
- 175 Thunderstorm & Lightning
- 181 Tornado

WORKPLACE VIOLENCE PREVENTION WORKSHEET - Page 1 of 2

PLEASE FILL IN THE BLANKS (TYPE OR PRINT LEGIBLY) WITH COMPLETE ANSWERS AND CHECK ALL CATEGORIES WHICH APPLY TO YOUR PLACE OF BUSINESS:

Total number of employees: _____ (includes all full-time and part-time people on your payroll)

Total number of workers contracted by your company: _____

Does your company have an Injury and Illness Prevention Program? _____

Name of Responsible Safety Officer: _____

Please check each statement which is true for your business:

- We have supervisors, foremen, leaders who will be giving safety instructions.
- This business has specialized employees, departments or job classifications.
- This business has more than one location. If there are multiple locations, please photocopy this form and complete a separate form for each location.

Fully describe the type of business, type of products, department names, and a **description** of activities engaged in by your employees (if not obvious from department/product name):

Does your place of business have any of the following which may have a bearing on workplace security? Please check all that apply:

- Business Vehicles or Personal Vehicles used for business purposes. These vehicles may transport:
 - Clients/Employees
 - Materials/Products
- Computer(s), Cameras, other tools/equipment that are common on the Black Market
- Elevators
- Loading Dock
- Outbuildings
- Outside Fire Escapes
- Outside Storage
- Parking Lot for Employees
- Roll-up Garage/Warehouse Door(s)
- Stairs
- Tools or Equipment which are or could be used as weapons

WORKPLACE VIOLENCE PREVENTION WORKSHEET - Page 2 of 2

Is yours the only business in the building?_____, or do you share the building with other businesses?_____ Are you located in a complex (i.e., a mall or business park)?_____

Is there an agreement for mutual workplace security with the surrounding businesses?_____

Does the public have access to your place of business?_____ If yes, is public access restricted in any way? _____ If yes, how is access controlled?_____

Do employees have access to the building and/or work areas after hours?_____

How does the company determine which employees will be issued keys?_____

Do employees handle cash?_____ If yes, do employees engage in cash transactions with customers?_____ If yes, what kinds of protections exist to protect employees from robbery (i.e. counters, security windows, etc.)?_____

Has the company ever been the target of a robbery?_____ If so, what changes have been made to prevent future robberies?_____

Does the company have a security system in place?_____ If yes, please describe the components (i.e. security guards, surveillance cameras, computerized locks, etc.)

If no, does the company have plans to put a security system in place in the near future?_____

If yes, what kind?_____

Describe the company's physical location. Include a description of the building itself, its entrances and exits, any surrounding buildings, open areas, parking lots, landscaping, gates, etc.:

This form was completed by:

Name_____ Official Title_____

Signature_____ Date_____

INSTRUCTIONS FOR COMPLETING ORDER FORM AND WORKSHEETS

NOTICE: ALL FORMS MUST BE COMPLETED AND SIGNED BY AN AUTHORIZED REPRESENTATIVE OF THE CUSTOMER COMPANY.

ORDER FORM —

1. TOP SECTION — This information must **contain the name, address, phone numbers, etc. of THE COMPANY FOR WHOM THE SAFETY PROGRAM IS BEING WRITTEN**. Please attach a business card and a piece of letterhead or some other printed item containing the official company name and address. If you would like an order number, please fax your order form to 510-523.2242 with that request. The order number assigned is also the invoice number.
2. MIDDLE SECTION — Please fill in the PO#, CK# of payment made in advance, amount PAID \$ and amount DUE \$. If you need to be invoiced, please note that **RCG does not extend terms except by special arrangement**. It is assumed when orders are received that payment is either made **in full in advance** or a **C.O.D.** package will be accepted. If you must use a PO and be invoiced instead, please call 510.523.2242 for verification.

WORKSHEETS —

1. SAFETY WORKSHEET — This completed form **MUST** accompany the other worksheets or a program cannot be produced. It contains key information.
 - a. Check off every item or situation encountered by the company (please note exceptions listed below) and write the company name in the space at the bottom.
 - i. **"Kitchen for Employee Use"** (item #190, pg. 2 of 2) — this item should be checked if your employees have access to a kitchen where actual cooking can be done. Whether you have an actual kitchen or not, be sure to check each of the individual pieces of kitchen equipment listed in items 190.1 through 190.9 that your employees have access to.
 - ii. **"Sexual Harassment"** (item #147) and **"Workplace Violence"** (item #2000) are special categories. If you **do not** have these policies and need one or both of them, then check the appropriate boxes and we will add them to your IIPP. If you already have either policy, please write "already have" next to the category so we will not duplicate your efforts.
 - iii. **"AUTOMATIC CATEGORIES IN EVERY IIPP"** — this form is to be used only if you want any of these categories eliminated from your IIPP. We do NOT recommend it!

Continued on reverse

- b. **BUSINESS CATEGORY WORKSHEETS** — These include:
- Agricultural Worksheet (2 pages)
 - Automotive Worksheet
 - Hospitality/Food Service Worksheet
 - Industrial Chemical Worksheet
 - Industrial Tools/Equipment/Machines Worksheet (3 pages) — please note that page 1 of this set is for Contractors; you may only need pages 2 and 3 of this set.
 - Personal Services Worksheet
 - Medical Worksheet
 - Workplace Security Worksheet (2 pages)
- i. Some businesses require a combination of these. Be sure to read through all of the categories on all of the worksheets. Check off anything that applies to your place of business, and write your company name in the space provided at the bottom. If you don't use particular worksheets, simply eliminate the unused ones from the final set you turn in with your order.
- ii. Many businesses are not aware of their need for information on INDUSTRIAL CHEMICALS. In general, companies using any chemicals beyond basic janitorial cleaning products will need to complete the Industrial Chemical Worksheet.
- iii. Some businesses combine a number of services and products. If you have multiple departments, we recommend that each department have a separate IIPP. In such cases, separate worksheets will need to be completed for EACH DEPARTMENT. A master IIPP which covers the entire business can also be provided; however, such programs require special pricing. Call for more information.
- iv. If you are unsure about any of the items listed on any worksheet, use a question mark, and we will decide for you, based on the rest of the worksheets, if the category will be used. We will call you if we need more information.

HOW TO EXPEDITE YOUR ORDER

1. **Fax the signed order form** to 510-523.2242 to establish your place in the production line. Then, mail your worksheets, the original signed order form, your deposit check, and any attachments (such as copies of previous safety programs or equipment manuals) to: **Relational Compliance Group ATTN: Production, P.O.Box 1278, Alameda, CA 94501**
- a. Keep a photocopy of all documents you mail.
 - b. Under normal circumstances, the finished program is shipped within 10 working days after the date the program is received by Production. The 10 days are counted from the next business day after the deposit is received.
 - c. All orders are shipped UPS ground unless otherwise specified.
2. **RUSH ORDERS** — If your order needs to be shipped earlier than 10 days after receipt by Production **PLEASE CALL FOR SPECIAL TERMS.**
- a. If a rush order requires overtime by Production crew, extra charges will apply.
 - b. If a rush order requires special research, extra charges will apply and the shipping date will need to be negotiated based on availability of research data.
 - c. Shipping charges will be added to cover UPS Red or Blue, FEDEX or Express Mail.



P. O. Box
 Alameda, CA 94501
 510.523.2242 Voice/Fax / 916. 391.1164

DATE _____
 ORDER NO. _____

RELATIONAL COMPLIANCE GROUP

ORDER FORM

Company Name _____
 Phone () _____ Fax () _____ Email _____
 Address _____
 City _____ State _____ Zip _____
 Shipping Address _____
 Special Notes _____

ITEM	QTY	UNIT PRICE	*	TOTAL	OFFICE USE
Employer's Guide to IIPP (Basic Program)		599.00			
Agricultural Worksheet		200.00			
Automotive Worksheet		100.00			
Hospitality/Food Service Worksheet		100.00			
Industrial Chemical Worksheet		100.00			
Industrial Tools / Machines / Equipment		300.00			
Medical Worksheet		100.00			
Personal Services Worksheet		100.00			
Workplace Violence Prevention Worksheet		200.00			
Supervisor's Copy of IIPP (8½" x 11")		25.00	*		
Handbook Master Typesetting Fee(One fee required for each type of handbook ordered)		100.00			
IIPP Employee Handbooks (8½" x 5½")		15.00	*		
Workplace Violence Prevention IIPP		399.00			
Workplace Violence IIPP Handbooks		10.00	*		
Bloodborne Exposure Control Master IIPP		599.00			
Bloodborne IIPP Employee Handbooks		10.00	*		
Spanish Translation of IIPP		400.00			
Special Research/Writing (call for rates)					
CUSTOMER PO	\$	SUB-TOTAL _____%TAX (*) If taxable in California			
CHECK NUMBER	\$				
AMOUNT PREPAID	\$				
AMOUNT DUE COD	\$				
			ORDER TOTAL		

CONTINUED ON REVERSE SIDE
 BOTH SIDES MUST BE COMPLETED

10/19/01

*.\SALES\FORMS\ORDER.FRM

ORDER FORM - SIDE 2 OF 2
BOTH SIDES MUST BE COMPLETED

TERMS AND CONDITIONS OF SALE:

- 1) All prices are FOB Relational Compliance Group
- 2) Due to customer-specific printing, all orders require a minimum 50% prepay. Balance COD, certified check or cash in advance.
- 3) All sales final.

ORDERING INFORMATION:

- 1) Written orders must be received prior to processing an order.
- 2) \$50.00 minimum order required.
- 3) Prices listed include freight.
- 4) Prices listed do not include sales tax.
- 5) Prices are subject to change without notice.
- 6) Make checks payable to "Relational Compliance Group."

SHIPMENT AND DELIVERY:

- 1) U.S. shipments are FOB Relational Compliance Group, Alameda, California via regular UPS or U.S. Mail Service. The above conditions will apply unless instructed otherwise.
- 2) All ship dates are approximate. RCG attempts to deliver within 10 business days of receipt of order, including all necessary worksheets.

BY SIGNING THIS FORM I AGREE TO THE FOLLOWING:

1. I authorize Relational Compliance Group to produce a customized Injury and Illness Prevention Program for my company.
2. I understand that the Injury & Illness Prevention Program will be based on the "Worksheets" attached. The "Worksheets" may not be a definitive listing of all existing hazards. The language generated based on the "Worksheets" should not be considered an absolute solution to all indicated hazards. No responsibility for the implementation, management, or operation of safety procedures is assumed by Relational Compliance Group, its subsidiaries, its sub-contractors, or its agents.
3. I warrant, by authorizing this Injury and Illness Prevention Program, that I will only use the Injury and Illness Prevention Program for the purpose of compliance with Federal and State safety and health regulations and for the purpose of making a safer workplace. I agree and promise not to reproduce, sell, market, transfer, in whole or in part, or utilize Relational Compliance Group provided materials in any way not authorized by Relational Compliance Group in writing, except when promoting safety, and compliance with safety regulations within my company.
4. I agree to pay the full amount of the invoice associated with this order in a timely manner, not to exceed the terms of the invoice.

Signature _____ Date _____

Print or Type Name _____ Title _____