

YORK TECHNICAL COLLEGE

ENVIRONMENTAL HEALTH
AND SAFETY HANDBOOK

2014 Edition



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YORK TECHNICAL COLLEGE

ENVIRONMENTAL HEALTH AND SAFETY HANDBOOK

DISCLAIMER

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YORK TECHNICAL COLLEGE

INTRODUCTION TO

ENVIRONMENTAL HEALTH AND SAFETY

The College recognizes its obligation to provide for environmental health and safety on the campus. It is the intent of York Technical College to provide a safe and healthy environment for all faculty, employees, students, contractors, and others who may work at or visit the College's facilities and grounds. This means that steps will be taken to minimize health hazards and risk of injury. The physical well-being of students, faculty, staff, and visitors will be given our ultimate consideration.

The responsibility for the Environmental and Health Program is assigned to the Chief of Campus Security. Health and safety should be of concern to everyone. However, the success of this program requires the full cooperation of all faculty, staff, and students in adhering to applicable rules. It is the responsibility of the leaders at all levels, faculty and staff to include general education in safe practices and specialized training in safe use of equipment and facilities in their particular department/area.

Students are to be instructed in the proper use of materials and equipment used in specific curriculum areas as outlined in course requirements. Students are also expected to adhere to all safety practices, which apply throughout the various campus areas.

The safety rules, procedures, and practices described in this manual are not to be misconstrued as representing all safety rules, procedures, and practices that may apply to any one category.

Tim Turney
Safety Manager
York Technical College

HAZARD COMMUNICATIONS PROGRAM

1. General

The following Hazard Communication Program (HAZCOM) has been established to ensure compliance with all directives pertinent to Code of Federal Regulations (29 CFR 1910.1200). It is the intent of this program to provide all York Technical College employees with a reference guide to working with hazardous chemicals.

Type of Business: Education

2. Location of Hazard Communication Program

The written Hazard Communication Program is available for review by all employees at the Facilities Building – York Technical College, 452 South Anderson Road, Rock Hill, S.C. 29730. Copies of the plan may be obtained by calling the Administrative Coordinator in the Facilities Management's office at 981-7223.

The Facilities Management's Administrative Coordinator is responsible for updating and maintaining the hazard communication program, employee training, labeling, and ensuring that Material Safety Data Sheet (MSDS) forms are obtained/maintained.

3. Hazard Communications Program

The Safety Manager, Facilities Manager, Department Chair for BCAS Science Department, VP of Finance is the overall hazard communications coordinator.

The master file of Material Safety Data Sheets (MSDS) is located in the Facilities Building. However, it is the responsibility of Department Chairs and faculty to maintain sufficient MSDS files in the labs. Each department will have an appointed contact that is responsible for maintaining their departmental MSDS files. Reconciliation of the chemicals on hand and the MSDS sheets will be conducted at regular intervals by the Departmental Heads.

4. Employee Training

The Human Resource Department and/or properly trained supervisors will coordinate and/or conduct basic employee training. When appropriate, external agencies may be contracted to conduct training as required.

Prior to beginning work with hazardous chemicals, employees will be required to attend a hazard communications training class. They will view a video concerning HAZCOM or other appropriate audio-visual training materials. Supervisors will ensure that new employees are trained, and that the training is documented.

Supervisors will conduct additional training when new chemicals are introduced into the work area. Retraining is not required if the new chemical creates hazards similar to existing chemicals for which training has already been conducted.

The trainer, instructors, or Department Chairs will require all employees attending the hazard communication course to sign a sheet verifying their attendance.

Each employee attending the safety course may receive a lecture and/or audiovisual training. Training will include the following:

- The location and availability of the written hazard communication program and MSDS
- Training on the physical and health hazards of the chemicals in the work area
- How to reduce or prevent exposure to hazardous chemicals through proper work practices, engineering procedures, emergency procedures, and personal protective equipment to be used
- Procedures to reduce or prevent worker exposure to chemicals
- Procedures to follow for exposure
- Methods and observations used to verify the presence or release of a hazardous chemical.
- Explanation of the details of the program, labeling, the MSDS, and how employees can obtain and use appropriate information
- Procedures to follow if exposed to a chemical

5. Container Labeling

It is the responsibility of the instructors, the supervisors, and the Department Chairs to insure proper labeling of containers. This is to be consistent with the information contained in the appropriate MSDS. Container labels will be in

accordance with current and accepted Occupational Safety and Health Administration (OSHA) and National Fire Protection Association (NFPA) standards.

All containers for use in each laboratory or work site are to be properly and clearly marked with the following: the contents of container, a hazard warning label, and the name and address of the manufacturer. Missing, defaced or illegible labels will be replaced immediately with clean, properly marked ones. Notices will be placed on bulletin boards that provide container labeling systems, and location of the HAZ-COM program.

Portable containers into which hazardous chemicals are transferred from labeled containers, and which are intended only for the immediate use of the employee who performs the transfer, are not required to be labeled. All other portable containers are to be labeled with the content and hazard of the specific target organ.

6. Labeling on Shipped Containers

It will be the responsibility of Shipping/Receiving to insure that all boxes, containers, and cartons which are suspected of containing chemicals are appropriately labeled. Shipments that show damage, leaking or spillage will be refused.

7. Hazardous Waste Disposal

York Technical College does not ship any hazardous waste from our Shipping and Receiving area. However, each department is responsible for contracting with a vendor for disposal of any hazardous waste generated by their labs/classes. Purchase requisitions are completed when contracting with a vendor.

Actual disposal of waste is in compliance with Environmental Protection Agency (EPA), OSHA, Department of Transportation (DOT), and South Carolina Department of Health and Environmental Control (SC DHEC) regulations. Records pertaining to the disposal of waste materials should be maintained by the Department Chair or designee.

8. Maintaining Material Safety Data Sheet (MSDS)

A central MSDS file is maintained within the Facilities Management office. OSHA mandates that a master or central MSDS Library be current.

All laboratories and workshops will only maintain MSDS files related to the materials/chemicals used in the lab or work area. Instructors and/or Department Chairs will be responsible for providing access to the MSDS files within the labs or work areas. MSDS sheets for chemicals no longer in use by the college must be maintained for 30 years after the date of the last time it was used. Department Heads are to notify the College MSDS coordinator (Administrative Coordinator in Facilities management), via email, when chemicals have become obsolete to the department.

MSDS files will be required for all chemicals ordered and used on campus by maintenance or academic labs. All MSDS files will have complete information in each of the following categories:

- Identities used on label
- Chemical and common names
- Physical and chemical characteristics
- Physical hazards
- Health hazards
- Primary routes of entry
- Air exposure limits (PELS, TLVS)
- Carcinogen
- Precautions for safe handling
- Control measures
- Emergency and first aid procedures
- Date MSDS files were completed
- Name/address/phone number of chemical manufacturer

9. Missing MSDS

The Department Heads will contact suppliers for any missing MSDS or missing MSDS category information, and any new MSDS sheets will be forwarded to the Administrative Coordinator in Facilities Management. Documentation of requests will be maintained by the Department Heads.

10. Hazardous Non-Routine Tasks

It is the practices of York Technical College that no employee or student will begin work on a project or any non-routine task without first notifying his/her supervisor or instructor.

Any non-routine task will require specific training concerning the hazards associated with the task. Training will include information on:

- Specific chemical hazard
- Protective/safety measures that the employee can take
- Measures that York Technical College has taken to reduce hazards, such as administrative controls, engineering controls, and personal protective equipment (PPE) required
- Emergency procedures in the event of an accident or chemical exposure

11. Unlabeled Pipes

Prior to beginning any work on unlabeled pipes, employees shall contact Facilities Management Director at extension 7282. Appropriate training regarding potential hazards and safety precautions must be followed. Information for the piping system, which identifies the location of all pipes and their contents, is available from Facilities Management.

The following items may be contained within pipes around all campuses and in buildings: propane or natural gas, electrical wires, water and/or chemicals.

12. List of Hazardous Chemicals

Inventories of hazardous chemicals and materials used at York Technical College can be found on the College's website under the Public Safety webpage.

13. Contractors

It will be the responsibility of the Facilities Management Director to inform contractors of the hazards in the work area on campus to which they are assigned. This is critical in any active laboratory where chemicals/compressed gas are in use or stored. Contractors are to be informed of any restrictions involving use of compressed gases, flame, or chemicals to be utilized by the contractor as part of the job.

It is the responsibility of the Facilities Management Director to provide contractors and their employees with the information listed below. This information will be given to the contractor's employees prior to their entering the work site.

- a) Hazardous chemicals on the work site
- b) Precautions the employee may take to reduce the possible exposure
- c) Steps that the college has taken to reduce the risks
- d) Emergency assistance contact numbers
- e) Location of MSDS files on campus - MSDS files are maintained in labs, shops, and/or the following locations:
 - Administration Building – AD-10
 - A Building – A-101, A-104, A-248, A-123
 - B Building – B-4, A
 - C-Building – C-107
 - Child Development Center – M-104 (Administrative Assistant's Office)
 - D Building – D-19 and Automotive Shop Office
 - G Building – Electric Vehicle Lab
 - Hood Center – M-165 (Administrative Assistant's Office)
 - F Building – Printing Services' Office
 - Facilities Building – Facilities Management Director's Office and Purchasing Manager's Office
 - Student Services Building – SS-111 (Admin. Assistant's Office)
 - Science & Technology Building – MSDS files in all labs

14. Updating and Evaluating the HAZCOM Program

Periodically the Hazard Communication Program will be reviewed and updated. The update will consist of each of the following elements of the HAZCOM program:

- Hazard assessment
- Assessment of applicable regulations
- Written plan(s)
- Policy and procedures
- Training
- Inspection audits

INJURY AND ILLNESS PREVENTION PROGRAM

1. Responsibility

The Human Resources Department is charged with the responsibility of implementing the Injury and Illness program. The Human Resources Department shall ensure that the program is in compliance with the South Carolina statutes and the rules and regulations established by the South Carolina Department of Labor, Licensing and Regulation. The Benefits and Employment Manager will be the primary contact in the Human Resources Department for this program.

2. Applicability

The provisions of this program apply to all employees of York Technical College.

3. Safety Organization

As stated by South Carolina law, every public and private employer in the State which is subject to workers' compensation with one or more employees shall establish a safety committee which shall function on behalf of and be responsible to all work sites of the employer.

The Environmental/Safety Manager is responsible for the areas of general environmental health and safety, hazardous waste disposal, chemical hygiene plan and laboratory safety, hazard communication/right to know, and all other pertinent OSHA regulatory requirements.

The Benefits and Employment Manager is the person responsible for the implementation and monitoring of the College's injury and illness prevention programs under the supervision of the Human Resources Director.

4. Statement of Authority

The Environmental/Safety Manager is granted the authority by the description of his/her duties to take immediate corrective action whenever a hazardous situation exists which could result in personal injury or damage to college property.

5. Safety Committee

The Campus Safety Committee consists of two subcommittees (General and Academic). Members of the committees provide representation from all areas of the College, including a representative from our off-campus sites. The Committee make-up is subject to change. The Committee is advisory in nature and shall develop recommendations regarding the correction of hazards affecting work place safety.

6. Safety Communications

York Technical College is committed to the safety of its employees and campus property. It is the obligation of every employee to correct an unsafe condition, if possible, and/or report the situation immediately to his/her supervisor when unsafe conditions exist.

It is the responsibility of the Environmental/Safety Manager to make the campus community aware of any state or federal changes in rules and regulations pertaining to environmental health and safety. This is done by direct memorandum with any department affected by the changes or by notice in a campus e-mail.

7. Safety Training

It is the practice of York Technical College that all college employees receive safety training. The program is established to provide initial safety orientation regarding rules, practices and job-specific procedures for executing their duties.

Training will be offered as part of the internal Professional Development master plan. Appropriate training opportunities will be offered to provide relevant information concerning emergency procedures and hazard communication plans. New employees are instructed to review safety requirements with their immediate supervisor for additional safety training before performing hazardous work duties. Additional training will be scheduled as necessary to address specific needs.

York Technical College will provide training when a new chemical, piece of equipment, process, or procedures are implemented or when a hazard is discovered. Supervisory personnel will schedule periodic refresher safety training.

8. Department Involvement

Each department must be committed to take an active role in safety training.

All departments are encouraged to hold periodic safety meetings with their employees. The Dean or Department Chair will furnish the Environmental/Safety Manager with a list of potential hazards that directly affect their employee's health and job environment. This list will be used for repetitive safety training of all employees.

It is the responsibility of the Human Resources Department in conjunction with supervisory personnel to identify all employees who require special safety training, based upon an employee's job duties.

Communication of the following OSHA mandated regulations will be provided through training sessions among supervisors and employees:

- Emergency and Fire Prevention
- Hazard Communication
- Occupational Safety and Health Standards Regarding Laboratory Safety
- Bloodborne Pathogens Standards
- Lockout/Tagout
- General Electrical Safety Guidelines
- Confined Space Entry
- Back Safety
- Ladder Safety Training
- Others - As Required

9. Unsafe or Unhealthy Conditions

Each employee has a personal responsibility to prevent accidents and to observe and practice safety rules and instructions relating to their daily work environment. Each employee should caution fellow workers when they exhibit unsafe work habits and remind them of the proper safety procedures. Accident prevention is everyone's responsibility.

Any unsafe or perceived unhealthy conditions should be immediately reported by employees, students, or visitors to the campus to the Safety Manager at 981-7063 and/or Public Safety at 327-8013. Emergency situations should be immediately reported to Public Safety at 327-8013.

10. College Reporting Procedure

All work-related injuries or illness should be reported immediately to supervisors and the Benefits and Employment Manager (981-7183) in the Human Resources Department. All student-related injuries should be reported to the Associate Vice President for Academic and Student Affairs (327-8016). In the event of an emergency, call 911 and immediately notify Public Safety at phone number 327-8013. All Public Safety personnel are trained to administer medical or first aid treatment and CPR, if required.

All accidents require follow-up investigations to identify problems in the work place in order to avoid recurrences. The results of each investigation will be documented in writing.

11. Written Documentation

The Environmental/Safety Manager or designee, along with the Department Supervisor, will investigate the circumstances of the accident. A written report will be prepared from the accident information with complete and accurate documentation. The Environmental Safety Manager or designee completes the report.

The Campus Safety Committee may review any accident or investigation report. The accident report should include the following information:

- a) Date, time and location of the accident; describe the accident, any injury, and include as much information as can be obtained. Information from the injured party, photographs, diagrams, eyewitness names, addresses and statements and notes should be included. If a police report is made it should be included in the documentation.
- b) Describe the circumstances of the accident. State the cause of the accident. Sometimes the cause of the accident cannot be determined until all the data are compiled and analyzed.
- c) After the cause is determined, determine a solution to avoid future accidents. The supervisor of the area and the Environmental/Safety Manager or designee should make this decision and make efforts to implement corrective action.

The Campus Safety Committee evaluates selected accidents, interprets the number of accidents, and makes written recommendations. The Environmental/Safety Manager or designee chairs this committee.

12. Work Place Hazards Identification

A hazard is defined as the potential for harm or damage to people, college property or the environment.

It is the responsibility of all students, faculty, and staff to report any and all possible work place hazards. All employees should report potential hazards to the immediate attention of their supervisors. All supervisors should report all safety hazards to the Facilities Management Director for immediate resolution.

13. Work Place Hazards

York Technical College cannot provide a safe environment without educating the students and employees. Participation and awareness by the students and employees are essential.

The following rules apply in all situations:

- No employee/student should undertake a job that appears to be unsafe.
- No employee/student is expected to undertake a job until he/she has received adequate safety instructions and training, and is authorized to perform the task.
- No employee/student should use chemicals without full understanding of their toxic properties and without the knowledge required to safely work with the chemicals.
- Mechanical safeguards must be kept in place at all times.
- Employees/students must report any unsafe conditions to their immediate supervisor/instructor. In turn, the supervisor/instructor is responsible for correcting or causing the condition to be corrected.
- Any work-related injury or illness must be reported to the Human Resources Department at 981-7183.
- Personal protective equipment (PPE) must be used as required for each situation. It is the responsibility of the College to provide PPE as required at no cost to employees. All equipment must be properly maintained.

14. Worksite Inspections

All departments will conduct periodic safety inspections within their respective area.

The Facilities Management Director will schedule periodic inspections and shall review written inspection reports.

15. Compliance

Hazards identified by work site inspections shall be corrected at the department level. Maintenance personnel shall correct problem areas highlighted on the inspection report.

16. Documentation and Record Keeping

In order to comply with city, state and federal regulations, current and accurate record keeping of all College accidents (in the VP for Business Affairs' office) and incidents relating to safety matters must be documented and maintained by the Human Resource Department. In addition, this office keeps and maintains records of employee training and hazard identification.

17. OSHA Record Keeping Requirements

The OSHA record keeping requirements are as follows:

1. Complete an accident report on every work-related accident, injury or illness requiring medical treatment.
2. At the end of the calendar year, record any lost-time due to injury or illness on the OSHA 200 Summary Log. Only work-related injuries and illnesses which result in lost time are recorded on this form.
3. The OSHA 200 Log should be posted during the month of February in a place where employees can review it. After February, the Human Resources Department shall file the log.
4. Prepare a supplemental record of occupational injury or illness on OSHA form 101.5. Records must be maintained in the college files for five (5) years.

EMPLOYEE EMERGENCY AND FIRE PREVENTION PROGRAM

This plan is published in accordance with OSHA 29CFR1910.38

1. General

The following Emergency and Fire Prevention Program has been established to insure compliance with all directives pertinent to the Code of Federal Regulations. It is the intent of this plan to provide York Technical College employees, students and visitors with an appropriate Emergency Action Plan.

2. Responsibilities

In cooperation with the Human Resource Department, the Facilities Management Office (Maintenance, Custodial, Grounds, & Public Safety) is charged with the overall responsibility for campus emergency procedures.

3. Definitions

The following are defined as campus emergencies:

- Injury or illness
- Fire
- Tornado
- Crime(s) in progress
- Bomb threat
- Chemical spill/explosion

4. Injury or Illness

Non-Life Threatening Situations

Contact Public Safety at 327-8013 and provide the following information:

- Location of victim
- Type of injury (if known)
- Whether or not victim is conscious

Life Threatening Situations:

York Technical College has strategically placed automated external defibrillators at several campus locations for use during a cardiac emergency.

For life threatening situations:

- Call 911 and then immediately contact Public Safety at extension 8013. Relay all information requested, including whether or not the victim is bleeding and/or breathing.
- IF VICTIM IS NOT BREATHING, administer cardio pulmonary resuscitation (C.P.R.), if you are trained. Begin BLS (basic life support) procedures.
- A public safety officer will respond to the victim's location. All public safety officers are first aid and CPR trained.

5. Fire

The majority of the buildings on campus are equipped with fire alarms. Some buildings are sprinkled throughout and some are partially sprinkled. Fire alarm and sprinkler systems are tested semi-annually by a contracted service as required by NFPA and local fire codes.

If you are in the interior of a building and smoke and/or flame is detected, activate the nearest fire alarm pull station, and evacuate the building. If you detect smoke or flame from the outside of a building, go to the nearest telephone and notify Public Safety at 327-8013. Do not attempt to enter the building!

6. Evacuation Procedures

- a) Go to the nearest exit.
- b) DO NOT ATTEMPT TO USE THE ELEVATOR.
- c) Stay low to the floor if smoke is present.
- d) Once outside the building, move away from the immediate area.
- e) If there is a telephone available, call Public Safety at ext. 8013 to report your location.
- f) If evacuation is impossible, stay low to the floor.
- g) Try to remain calm until help reaches your area.

7. Tornado/Severe Weather

Definitions

WATCH: A “Watch” is when the National Weather Service announces that conditions exist whereby development of severe weather or a tornado is likely.

WARNING: A “Warning” is when the National Weather Service has determined that a tornado has been sighted or that severe weather is imminent.

NOTIFICATION PROCEDURE: Upon receipt of a "*WARNING*" notice, Public Safety will notify various offices and departments.

Sirens will usually sound indicating an emergency situation is at hand. Emergency weather radios are located at the switchboard area in the Administration Building and in the Public Safety Office in A Building and in the Facilities Management office. The President or designee and/or Public Security Officers will inform employees of any dangerous weather. Information will be disseminated as quickly as it is received from the Emergency Preparedness office.

Faculty members assume the role of monitors and coordinators for their students during such emergencies. Deans should check with Public Safety to determine safest location in buildings housing their departments and have that information at hand. See number 2 below for suggested safe places.

Procedure

Faculty members should inform their students of the following:

1. Faculty are encouraged to review emergency evacuation procedures with students at the beginning of each semester.
2. Evacuate students to nearest inside halls and rooms on first floors, basements or rooms with no windows. Students are to be seated against the walls and told to cover their head. Suggested “safe” Areas: Refer to the Emergency Floor Plans in your building.
3. Ensure classroom doors are closed after all persons are evacuated.
4. Walk; do not run, during the evacuation.

5. Do not use elevators during the emergency.
6. Do not attempt to carry all personal belongings.
7. Evacuate quietly and calmly.
8. A primary and an alternate student should be appointed (at the first class meeting) to be prepared to assist any disabled student in the class during an emergency (fire, power failure, etc.). Disabled students should be consulted as to their desired method of evacuation (e.g., with or without the wheelchair). Additionally, instructors are encouraged to assign disabled students to seats nearest the door to expedite their evacuation.
9. Do not leave secure areas until instructed to do so. The President and/or Public Safety Officers will direct students and faculty back into classrooms when the weather situation returns to normal and it is safe for reentry.
10. Faculty is not to dismiss students unless instructed to do so by the President or his designee.

8. Crime(s) in Progress

If you observe suspicious person(s), a special activity, or a crime in progress, contact Public Safety immediately at extension 8013.

Describe the type of action taking place. Give a complete physical description of the individual(s) involved to include race, estimate of age, height, weight, and clothing. Do not attempt to apprehend or place yourself or others at risk.

Local law enforcement officials will be called for assistance.

9. Bomb Threats

If a bomb threat is received in any manner (i.e. telephone call, letter, in person) call Public Safety immediately at extension 8013.

Public safety officers will respond immediately, assess the situation, and take appropriate action.

Local law enforcement officials will be contacted for assistance.

10. Chemical Spills

All spills must be properly handled and the waste disposed of properly. Any spill that is of a significant volume (typically one gallon or more) and not contained in the building or poses a vapor or fume threat must be reviewed, coordinated or remediated by properly trained personnel. Contact Public Safety at extension 8013. Public Safety will notify the Facilities Management Office for appropriate response.

11. Notifications and Updates

Emergency procedures outlined in this plan are distributed to newly hired employees during orientation.

Procedures will be updated and distributed as required during the calendar year on a periodic basis.

12. Evacuation Requirements

If evacuation of a building is required, a York Tech Alert will be sent out providing instructions. **EVACUATE THE BUILDING IMMEDIATELY!** Refer to the Emergency Floor Plans in your building for assembly points. When you evacuate the building, take only necessary belongings (i.e. purse, coat or jacket, etc.) with you. Do not expect to be allowed to return to the building until the emergency has been cleared.

CHEMICAL HYGIENE PROGRAM

York Technical College is dedicated to ensuring the safety and well-being of its faculty, staff and students. This program has been prepared to establish laboratory procedures and practices that will insure that all laboratory workers, and others who may enter the laboratory setting, are protected from potentially hazardous substances associated with laboratory operations. All laboratories using chemicals at any of York Technical College campuses come under the provisions of this plan. The Chemical Hygiene program developed herein establishes overall organization and supervisory responsibilities to provide a safe working environment. The responsibility for safety rests with the person actively performing the work.

The contents of this document apply to all faculty, staff, and students engaged in the laboratory use of hazardous substances, even in small quantities for academic purposes. A laboratory is any facility where hazardous chemicals are used in small quantities not on a production basis, to include photo laboratories and other non-conventional laboratory areas.

1. Purpose

The Chemical Hygiene Program is developed to reduce the significant risks of exposure to hazardous chemicals for employees and students working in laboratories. Occupational Safety and Health Administration (OSHA), Permissible Exposure Limits (PELs), Short Term Exposure Limits (STELs), and Threshold Limit Values (TLVS) of the American Conference of Governmental Industrial Hygienists should not be exceeded.

2. Responsibilities

The Environmental/Safety Manager is responsible for the implementation and compliance with the OSHA regulations and the contents of this plan.

The Department Chairs shall be responsible for all chemical hygiene activities in the departments.

The Environmental/Safety Team shall:

- Work with the College Safety Committee, AVP's, deans, directors and department managers to develop and implement appropriate chemical hygiene practices
- Monitor use and disposal of chemicals used in laboratories
- Ensure that proper audits are maintained and disseminate knowledge of current legal requirements as they pertain to regulated substances
- Maintain all required reports and records required by regulatory agencies
- Continually seek ways to improve the Chemical Hygiene Program

The Department Chair or his appointee shall:

- Be responsible for compliance with the Chemical Hygiene Program
- Coordinate the dissemination of information with the Environmental/Safety Manager
- Perform chemical hygiene inspections of all laboratories
- Inspect and ensure that adequate safety supplies and materials are available in each laboratory
- Inspect and test safety showers and emergency eyewash stations

3. Laboratory Facilities

Appropriate general ventilation shall be available for laboratories and storage areas. Adequate hoods, sinks, eyewash fountains and drench showers shall be present as required. Provisions for hazardous waste management, handling, and disposal will be in compliance with Federal, state, and local regulations.

All equipment shall be regularly maintained and continually evaluated for efficiency by the Department Chair, the instructor, and the science lab coordinator. Fume hoods will be tested quarterly and a report will be filed with the results.

4. Basic Rules and Procedures for Working with Chemicals

Federal, state, and local regulations will be followed when handling all chemicals. There are special procedures for the management, handling, and disposal of hazardous wastes.

What is a Hazardous Waste?

Hazardous waste is a solid, liquid, or a compressed gaseous material that you no longer use, and store until you have enough to treat or dispose. Certain wastes can cause serious problems if not handled and disposed of carefully. Such wastes could: 1.) cause death or serious irreversible or incapacitating illness; 2.) damage or pollute the land, water, or air. The U. S Environmental Protection Agency (EPA) and the State of South Carolina's Department of Health and Environmental Control (DHEC) have classified hazardous wastes into the following categories:

Characteristic Wastes:

Characteristic wastes are materials that may be hazardous if they have one or more of the following characteristics:

- Ignitable waste (Easily flammable with a flash point less than 60· C (140· F)
- Corrosive waste (pH less than 2 or greater than 12.5).
- Reactive waste (Unstable or undergoes rapid or violent chemical reaction with water or other material and releases toxic gases).
- Toxic waste (If an extract from the waste is tested and found to contain high concentration of heavy metals or specific organic compounds that could be released into ground water).

Listed Wastes:

The EPA and DHEC identify approximately 500 chemicals and hazardous wastes by technical name in four (4) different lists. If the name of the waste material generated by your operation appears in any one of these four lists, you must consider the waste as a hazardous waste. Contact the Facilities Management Director for these lists.

Regulating Hazardous Waste:

Regulations pertaining to the disposal of hazardous wastes originate from the Resource Conservation Recovery Act (RCRA). These regulations specify that hazardous wastes can be legally disposed by EPA approved disposal facilities. Hazardous waste generators have direct control over how efficiently hazardous wastes are managed within their laboratories or work place. Each hazardous waste generator shall properly identify, segregate and temporarily store hazardous wastes. This can help protect their operation from any regulatory actions by the EPA and/or DHEC. EPA and DHEC can levy substantial fines or prison sentences against persons handling and/or disposing of hazardous wastes improperly. The Facilities Management Director of the College will assist College faculty and staff in achieving compliance with the regulations.

Responsibilities of Hazardous Waste Generators:

All personnel generating hazardous wastes have the following responsibilities with regard to hazardous wastes in their laboratory or work place:

- To select chemicals carefully, become familiar with their individual hazards, and to manage and dispose of all hazardous wastes in compliance with all mandated regulations.
- To properly identify, segregate, collect, and label all hazardous wastes.
- To contact the Department Chair if they need containers to collect and store hazardous wastes in their work-place or laboratory.
- To ensure that the hazardous waste containers are always kept closed except when adding waste to or removing waste from the container.
- To ensure that all hazardous waste containers are properly labeled and stored in a safe location.
- To ensure that different waste streams (radioactive, chemical, or biological) will not be mixed together.
- To initiate a meaningful waste minimization plan through substitution, scale reduction, purchase control and/or recycling.

Deciding which wastes are hazardous and which are non-hazardous can present some difficulties. It is the responsibility of the generator to make the determination if their wastes are hazardous.

Collecting and Storing Hazardous Waste:

Hazardous waste liquids must be collected in appropriate containers. Each container must be properly identified as to its contents.

The hazardous waste must be properly labeled. Do not mix dissimilar wastes (e.g. organic and aqueous solutions.) To save money, consolidate similar wastes. Every hazardous waste container must be closed and sealed with proper lid except when adding to the container. Containers closed with rubber stoppers, corks, or para-film wrappers are not acceptable.

- Do not fill liquid waste receptacles to more than 80% capacity. The outside of the containers must be free of hazardous waste residues.
- Contaminated solid waste like gloves, paper towels and glass rods may be collected in appropriate containers. All needles, syringes, and razors must be placed in containers specifically designed for sharp objects. Contact the Department Chair or his appointee if you need any additional information.

Labeling Hazardous Waste Containers:

To comply with applicable Federal and State regulations, every hazardous waste container must be tagged properly. The following information must be provided by the generator on each tag.

- Name of faculty member.
- Names of chemicals inside the container.

The information will help the hazardous waste contractor to plan packing requirements prior to arriving to our accumulation point.

Unknown Hazardous Waste Materials:

Hazardous waste management regulations specifically prohibit transportation, storage, and disposal of unknown waste materials. For this reason, unknowns cannot be accepted. The generation of unknown wastes can be prevented if proper management practices are in place at your laboratory or work place. Should you need assistance in properly identifying your unknowns, the Department Chair or his designee may be able to guide you in the proper direction.

Waste Minimization/Source Reduction:

With a little planning, the amount of hazardous wastes generated can be reduced. Waste minimization results in lower disposal costs and fewer regulatory constraints. All hazardous waste generators must implement the following methods at their worksite to minimize the amount of hazardous waste generated by their operation.

- Substitution - Whenever possible, replace hazardous materials with non-hazardous ones.
- Scale Reduction - Micro-scale experiments are becoming popular not only in research laboratories but also in teaching laboratories. Scale reduction of experiments and procedures will reduce the quantity of hazardous waste generated. Two costs are involved: the cost of purchasing chemical(s) and the cost associated with the disposal. Although initially it may be cheaper to buy chemicals in large quantities, the cost associated with the disposal of the subsequent waste is high.

Online Safety Training: http://ehs.sc.edu/training/online_list.htm

Online Safety: <http://ehs.sc.edu/sites.htm>

Reference: Section D.6, University of South Carolina Safety Program Guide, <http://ehs.sc.edu/laboratory.htm> . University of South Carolina. December 8, 2003.

Chemical Spills:

Proper spill methods should be reviewed prior to using a chemical.

Eye contacts - Promptly flush with water for at least 15 minutes and then seek medical attention.

Skin contact - promptly flush with water, remove any contaminated clothing, and seek medical attention.

Ingestion - Eating, drinking, smoking, gum chewing, and the application of cosmetics in laboratories is prohibited. Hands should be washed prior to and after lab activities. Food and beverages shall not be stored in refrigerators or areas for laboratory operations.

Cleanup is to be directed and performed only by properly trained personnel. A spill shall be promptly confined by using a spill kit if needed. All nonessential personnel shall leave the spill area, and decontaminate if necessary. If the spill is flammable, turn off electrical and flame sources but maintain ventilation if possible.

All spills of hazardous substances shall be reported as regulations require. Each laboratory shall develop and maintain specific clean up SOPs (Standard Operating Procedures) for most likely spill risks.

Preventative Procedures

- Do not use damaged equipment or glassware.
- Use equipment only for its designated purposes.
- Inoperative equipment should be clearly labeled to prevent use.
- All contaminated items must be removed prior to exiting the laboratory.
- All exposed skin must be thoroughly washed.
- Laboratory coats shall not be worn outside the laboratory.
- Practical jokes and horseplay are prohibited in laboratories.
- Mouth pipetting and suctioning are prohibited.
- Long hair and loose clothing must be confined.
- Closed-toe shoes shall be worn. Sandals or perforated shoes are not permitted during lab exercises.
- Work areas shall be kept clean and uncluttered.

- Appropriate eye protection, skin protection, and protective clothing aprons shall be worn.
- Contact lenses should be avoided.
- All personnel should be alert to unsafe conditions and assure prompt correction.
- Waste shall be deposited in appropriately labeled receptacles and in accordance with the established procedures.

5. Chemical Hygiene Support Activities

- When a hazardous substance is received, those who will be involved with the material shall know information on proper handling, storage and disposal. A Material Safety Data Sheet (MSDS) shall be on file in the laboratory and in the Facilities Management Office.
- No container shall be accepted from the vendor without a proper identification label, and an MSDS, if one is not on file.
- Chemicals whose containers have been opened shall be stored in an area with local exhaust ventilation and in appropriate storage cabinets.
- Stored chemicals shall be examined annually for replacement, deterioration and container integrity.
- Amounts of storage permitted in laboratories shall be as small as practical.
- Storage on bench tops is not permitted.
- Storage in fume hoods shall be minimized.
- Flammable substances shall be stored in the laboratory only in minimal quantities, preferably in metal safety cans or plastic-encased containers. In no instances shall those amounts specified by the fire code be exceeded. Larger amounts must be kept in approved flammable storage cabinets, not exceeding five gallons per 400 square feet. Bulk storage and all drums must be stored in a central approved, non-flammable storage room, preferably outside the building, but with at least one vented outside wall. When transferring flammable liquids from bulk, the containers shall be grounded.
- Compressed gas cylinders shall always be transported using a hand truck and with the valve cap in place and chained. All cylinders in laboratories shall be strapped or chained in place at bench top level. Exposures of compressed gas cylinders to excessive heat or direct sunlight shall be avoided.
- Lab Coordinator with faculty input shall periodically review inventories of chemicals and unneeded items being discarded.

6. Housekeeping, Maintenance and Inspections

The Facilities Management Director and the Department Chair shall conduct formal housekeeping and chemical hygiene inspections. All inspections shall be documented on an inspection checklist showing: (1) location, (2) date of inspection, (3) findings, (4) recommendations, and (5) name of inspector(s).

Facilities Management will handle maintenance of any laboratories.

The Lab Coordinator shall test safety showers and other safety related equipment periodically. All inspections shall be documented showing:

- Room number
- Date of inspection
- Type of equipment
- Deficiencies noted
- Corrective action taken
- Name of inspector

7. Medical Surveillance Program

Medical surveillance shall be in accordance with 29 CFR 1910.1450. The employer shall maintain for each employee a record of any monitoring of employee exposures and any medical examinations or consultations. The records of medical surveillance will be maintained in the employee's file in the Human Resources Department for a period up to 30 years after employment.

8. Establishment

The Medical Surveillance Program shall be the responsibility of the Human Resources Director.

When an employee develops signs or symptoms associated with a hazardous chemical, the employee shall be provided an opportunity for a medical examination.

When exposure monitoring reveals a level above the action level, PEL or STEL, for an OSHA regulated substance; medical surveillance shall be established and/or measures should be taken to eliminate the chemical.

When a spill occurs with possible personnel exposure, the affected employees shall be provided an opportunity for medical examination.

9. Monitoring

The physician shall be provided with the following:

- The identity of the chemical
- A description of the circumstances
- The signs and symptoms of the employee

The physician shall provide the College with the following:

- Recommendations for further medical follow-up
- The results of the examination and testing
- Any medical condition found which might place the employee at increased risk
- A statement that the employee has been fully informed

Lab Equipment

- An easily accessible drench-type safety shower will be installed
- An eye wash fountain or similar device for flushing the eyes will be available
- An ABC-type fire extinguisher will be available
- Fire alarm in close proximity
- Telephone for emergency use other equipment designated by the Facilities Management Director.

10. Recordkeeping

Accident, injury, or exposure records of faculty/staff shall be in writing and kept on file by the Human Resource Department. Student records shall be maintained by the Associate Vice President for Academic and Student Affairs.

Chemical Hygiene Plan records shall show documentation that facilities and precautions are compatible with current knowledge and regulations. The College, in accordance with current statutes, shall retain medical records.

11. Signs and Labels

Signs and labels are available from the Facilities Management department. The Department Chair will insure that each laboratory prominently post signs and use labels as follows:

- Post emergency telephone numbers of Public Safety.
- Post location signs for safety showers, eyewash stations, first aid equipment, and exits.
- Post warning signs at areas or equipment where special or unusual hazards exist.
- Ensure that evacuation routes are prominently displayed.

12. Emergencies, Spills and Accidents

a) In the event of a fire:

- Pull the nearest fire alarm and evacuate the building.
- Contact Public Safety at extension 8013 and report the fire.
- Provide the building and room location
- Provide the chemical and/or material involved
- If a medical emergency occurs, call 911 and contact Public Safety at extension 8013 for assistance.
- If trained, provide emergency first aid treatment.

b) Any spills of hazardous substance in the lab must be reported to the Science Department Chair or his appointee.

c) Any spills of reportable quantities of hazardous substance must be cleaned up and waste disposed of in a manner specified by SC DHEC, OSHA or EPA.

d) All faculty/staff accidents shall be reported to the Human Resources Department and all student accidents shall be reported to the Associate Vice President for Academic and Student Affairs.

13. Disposal of Hazardous Waste from Labs

Other than chemical waste that can be neutralized as part of routine student laboratory exercises and disposed of through the laboratory sewage system, all chemicals shall be transported off campus for appropriate disposal. The following items are guiding principles regarding hazardous waste disposal.

- a) Laboratory waste disposal procedures shall, at a minimum, include
- How waste is to be collected

- How waste is to be segregated
 - How waste is to be labeled and stored
 - How waste is to be transported (on campus)
 - The definition and classifications of the various types of waste
- b) Unlabeled containers of chemicals and solutions shall be disposed of promptly.
- c) Fume hoods shall not be used as a means for disposal for volatile liquids.

14. Right to Know

Each employee has the “Right to Know” concerning the hazards of working with chemicals in the laboratory work place. This Hazard Communication Standard is set forth in 29 CFR 1910.1200. This “Right to Know” applies to any person who comes in contact with any hazard. The appropriate Department Chair shall assure that each employee is informed of the “Right to Know” prior to commencing work in any lab.

Each Laboratory will obtain and maintain the Material Safety Data Sheets (MSDS) for every hazardous chemical used in that area.

Each employee shall obtain pertinent information concerning the hazards of chemicals and follow appropriate safety procedures. They shall be informed of the location of the Chemical Hygiene Plan, where the MSDSs are kept, and how to access the information.

EXPOSURE CONTROL PLAN

1. INTRODUCTION

York Technical College is complying with the OSHA standard by implementing a written exposure control plan that contains the following:

- a schedule of how and when the standard will be implemented
- exposure determination
- methods of compliance
- Hepatitis B vaccination and post exposure follow up
- labeling
- training
- record keeping

This written exposure control plan is accessible to all employees and students. Copies of the plan are also available in the BCAS Division office (A-104).

Forms: Contact division offices, Human Resources, and/or Facilities Management for forms mentioned throughout this section. Samples of the following forms are located in Appendix I.

- A. Bloodborne Pathogen Exposure Determination
- B. Employee Informed Hepatitis B Vaccination Declination
- C. Student Informed Hepatitis B Vaccination Declination
- D. Employee Verification of Previous Vaccination
- E. Student Verification of Previous Vaccination
- F. Student Injury Report
- G. Workers Compensation – First Report of Injury or Illness
- H. Student/Employee Informed Refusal for Post-exposure Medical Evaluation
- I. Employee Verification of Receiving Training on Hepatitis B Exposure and Vaccination
- J. Student Verification of Receiving Training on Hepatitis B Exposure and Vaccination

2. Purpose

The purpose of this exposure control plan is to eliminate or minimize employee/student occupational exposure to blood or certain other body fluids

and to comply with the OSHA Bloodborne Pathogens Standard, 29 CFR 1910.1030.

3. Exposure Determination

Exposure determinations have been conducted to identify the job categories in which employees may incur occupational exposure to blood or other potentially infectious materials.

Exposure Category I is defined as job classes in which faculty/at risk employees/students perform procedures or other job-related tasks that involve an inherent potential for mucous membrane or skin contact with blood, body fluids, or tissues, or a potential for spills or splashes of them. Use of appropriate protective measures is required for every employee/student engaged in Category I tasks.

Exposure Category II is defined as job classes in which faculty/at risk employees/students perform tasks that involve no exposure to blood, body fluids, or tissues, but employment may require performing unplanned Category I tasks. Appropriate protective measures should be readily available to every employee/student engaged in Category II tasks.

Exposure Category III is defined as job classes in which faculty/at risk employees/students perform tasks that involve no exposure to blood, body fluids, or tissues, and Category I tasks are not a condition of employment. Persons who perform these duties are not called upon as part of their employment to perform or assist in emergency medical care or first aid, or to be potentially exposed in some other way.

It is the responsibility of the Department Chair/Supervisor to communicate the exposure category determination to each faculty member/at-risk employee/student in the orientation process. Faculty, students, and other at-risk employees identified as Category I or II will verify their exposure determination by signing a written statement after they have received appropriate infection control education. See Appendix I for Sample Form A.

Each department is to keep a list of job descriptions and employees at risk to exposure. This information should be updated if any employee's tasks change.

4. Employee Responsibilities

Each faculty, at-risk employee, and/or student of York Technical College is responsible for adhering to policy and procedures regarding exposure control as discussed in the plan. It is also the responsibility of the faculty/at-risk employee/student to obtain education through attendance of an orientation session and safety/infection control updates.

Communication of concerns by faculty/at-risk employees/students regarding exposure control practices should be directed to the appropriate Department Chair and Dean/Supervisor.

5. Compliance

A. Universal Precautions

1. Universal precautions will be observed in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious material will be considered infectious regardless of the perceived status of the source individual. Engineering controls, safe work practices, and the use of personal protective equipment and clothing are in place to minimize or prevent exposure to blood and body surfaces.
2. Department Chairs are responsible for monitoring compliance with universal precautions and the condition and use of engineering controls. The Department Chair is responsible for taking action to correct identified problems as needed.

B. Engineering Controls

1. Engineering controls are used to eliminate or minimize faculty, at-risk employee/student exposure. When exposure remains after the engineering controls are instituted, personal protective equipment is utilized. Inspection of these controls should be performed at regular intervals.
2. Containers
 - a. Sharps containers, waste containers, and laundry containers will be used to control hazards at their source as needed.

- b. All contaminated material will be labeled with the biohazard legend or be placed in a red container.
- c. Containers should be inspected daily.

C. Work Practice Controls

1. Universal precautions will be used by all students, faculty, and staff when handling potentially bio-hazardous materials.
2. Hand washing
 - a. Hand washing facilities will be provided and all faculty/at-risk employees/students will wash their hands immediately or as soon as possible after removal of gloves or personal protective equipment.
 - b. Hand washing should be done with an antimicrobial hand wash. Lather hands for 10 seconds with hand wash, rinse, and dry with a disposable towel. This should be done between glove changes.
 - c. Faculty/at-risk-employees/students wash hands and other skin with soap and water, or flush mucous membranes with water immediately or as soon as possible following contact with blood or other potentially infectious materials.
3. Eye wash stations are available in each laboratory and will be used in case of splashes.
4. Handling of Infectious Waste Substances
 - a. Disposal of infectious waste substances will be in accordance with all applicable federal, state, and local regulations.
5. Workplace Habits
 - a. Eating, drinking, smoking, rinsing the mouth, applying cosmetics or lip balm, and handling contact lenses are prohibited in work areas where there is a reasonable likelihood of exposure. (Example: Anatomy and Physiology Laboratory)
 - b. Food and beverages are not to be kept in refrigerators, freezers, shelves, cabinets, or on counter tops or bench tops where blood or other potentially infectious materials are present.
6. Procedures Involving Blood and Specimen Handling
 - a. All procedures involving blood or other potentially infectious materials are performed so as to minimize splashing, spraying, and generation of droplets.

- b. No mouth pipetting/suctioning of blood or other potentially infectious materials is permitted. Mechanical devices are utilized where indicated.
- c. When specimens of blood or other potentially infectious materials are handled, they are placed in containers which prevent leakage during collection, handling, processing, storage, transport, or shipping. The containers are labeled or color-coded and closed prior to being stored, transported, or shipped.
- d. If outside contamination of primary containers occurs or specimens can puncture the primary container, the container is placed in a second storage container which prevents leakage during handling, processing, storage, transport, or shipping, and is labeled or color-coded as required.

D. PERSONAL PROTECTIVE EQUIPMENT

- 1. Policies Concerning Personal Protective Equipment
 - a. Faculty/at-risk employees/students utilize appropriate personal protective equipment such as gloves; gowns; laboratory coats; face shields, masks, or eye protection; and pocket masks or ventilation devices. These are provided at no cost to faculty/at risk employees.
 - b. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The personal protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the clothing, skin, eyes, mouth, or other mucous membranes of the faculty/at risk employee/student under normal working conditions of use and for the duration of time which the protective equipment will be used.
 - c. Use of personal protective equipment is routinely enforced unless the trained, knowledgeable faculty/at risk employee/student temporarily and briefly declines to use it under his/her own professional/personal judgment where there are specific, rare, and extraordinary circumstances, its use will prevent the delivery of health care or public safety services, or will pose an increased hazard to the safety of the faculty, employee, student, or others.
 - d. When a faculty/at risk employee/student judges not to use the required personal protective equipment, the circumstances will be

investigated and documented, using the appropriate document in order to determine whether changes can be made to prevent such occurrences in the future.

- e. Appropriate personal protective equipment is readily accessible in the worksite. Hypoallergenic gloves, glove liners, powderless gloves, or other similar alternatives shall be readily accessible to those employees who are allergic to the gloves normally provided.

2. Care of Personal Protective Equipment

- a. All personal protective equipment will be cleaned, laundered, or disposed of by the employer at no cost to the faculty or at risk employee.
- b. All repairs and replacements will be made by the employer at no cost to the faculty or at risk employee.
- c. All garments which are penetrated by blood or other potentially infectious materials shall be removed immediately or as soon as feasible.
- d. All personal protective equipment will be removed prior to leaving the work area.
- e. When personal protective equipment is removed, it shall be placed in an appropriately designated area or container for storage, washing, decontamination, or disposal.

3. Gloves

- a. Appropriate gloves are worn when it can be reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, non-intact skin, and mucous membranes; when performing vascular access procedures; and when handling or touching contaminated items or surfaces.
- b. Disposable gloves are not to be rewashed or decontaminated for re-use.
- c. Disposable gloves are to be replaced as soon as practical when they become contaminated or as soon as feasible if they are torn, punctured, or when their ability to function as a barrier is compromised.
- d. Utility gloves may be decontaminated for re-use provided that the integrity of the glove is not compromised. Utility gloves should be discarded if they are cracked, peeling, torn, punctured, or exhibits other signs of deterioration or when their ability to function as a barrier is compromised.

4. Other Personal Protective Equipment
 - a. Masks, in combination with eye protection devices, such as goggles or glasses with solid side shield, or chin length face shields, are worn whenever eye, nose, or mouth contamination with blood or other potentially infectious material can be reasonably anticipated. This equipment protects against splashes, spray, splatter, or blood droplets.
 - b. Appropriate protective clothing, such as, but not limited to, gowns, aprons, lab coats, clinic jackets, and other similar protective body clothing is worn to prevent exposure. The type of clothing depends on the exposure anticipated.

E. HOUSEKEEPING

1. Work Surfaces
 - a. All contaminated work surfaces will be decontaminated with a hospital level disinfectant after completion of procedures and immediately or as soon as feasible after any spill of blood or other potentially infectious materials, as well as at the end of the work shift if the surface may have become contaminated since the last cleaning.
 - b. The laboratory will be cleaned and decontaminated after each use of bio-hazardous material.
 - c. All bins, pails, cans, and similar receptacles intended for reuse which could have become contaminated are inspected, cleaned, and decontaminated with a hospital level disinfectant immediately or as soon as possible following contamination and on a regularly scheduled basis.
2. Sharps

Broken glassware which may be contaminated in a lab, campus clinic, or clinical agency is not picked up directly with the hands, but is cleaned up using mechanical means such as a brush and dustpan, tongs, or forceps, and discarded in the appropriate container. Mechanical items are then decontaminated using a hospital level disinfectant.
3. Regulated Waste
 - a. Regulated waste is discarded immediately or as soon as feasible in containers that are closable, puncture resistant, leak proof on sides and bottom, and labeled or color-coded per OSHA guidelines.

These containers prevent leakage during handling, storage, transport, or shipping.

- b. All regulated waste is disposed of in accordance with applicable United States, state, and local regulations. DHEC is the controlling agency in South Carolina.
- c. During use, containers for regulated waste are easily accessible and located as close as possible to the immediate areas where sharps are used or reasonably anticipated to be found.
- d. Regulated waste containers are maintained upright throughout use and are replaced routinely without allowing them to become overfilled.
- e. When moving regulated waste containers from the area of use, the containers shall be closed immediately prior to removal or replacement to prevent spillage or protrusion of contents during handling, storage, transport, or shipping.
- f. The container shall be placed in a secondary container if leakage of the primary contents is possible. The secondary container shall be closable; constructed to contain all contents and prevent leakage during handling, storage, transport, or shipping; and labeled or color-coded to identify its contents.
- g. Reusable containers shall not be opened, emptied, or cleaned manually or in any other manner which would expose employees to the risk of percutaneous injury.
- h. Students and faculty will follow the protocol of each clinical agency as dictated.

F. CONTAMINATED LAUNDRY

1. Laundry contaminated with blood or other potentially infectious materials will be handled as little as possible. Such laundry will be placed in appropriately marked (biohazard, labeled, or color-coded red bag) bags at the location where it was used. Such laundry will not be sorted or rinsed in the area of use.
2. Whenever contaminated laundry becomes wet and presents a reasonable likelihood of soak-through or leakage, it is placed and transported in bags or containers which prevent soak-through and/or leakage.

3. Faculty/at risk employees/students having contact with contaminated laundry will wear gloves and other appropriate personal protective equipment.
4. If contaminated laundry is shipped off-site to a second facility which does not utilize universal precautions, it is placed in labeled or color-coded bags.

G. HEPATITIS B VACCINATION

York Technical College makes the Hepatitis B vaccination available at no cost to all faculty/at-risk employees in exposure Categories I and II. Faculty/at-risk employees are offered the vaccine upon employment. All students in categories I and II will be strongly encouraged to have the entire HBV vaccination series.

Medical evaluations and procedures including the Hepatitis B vaccination and post exposure follow-up, including prophylaxis are:

- Made available at no cost to the employee;
- Made available to the employee at a reasonable time and place;
- Performed by or under the supervision of a licensed physician or health care professional;
- Provided according to the recommendations of the U.S. Public Health Service. All laboratory tests shall be conducted by an accredited laboratory at no cost to the employee.

Hepatitis B vaccinations are made available after the employee has received the training in occupational exposure and within 10 working days of initial assignment to all employees who have occupational exposure unless the employee has previously received the complete Hepatitis B vaccination series, antibody testing has revealed that the employee is immune, or the vaccine is contraindicated for medical reasons.

Participation in prescreening is not a prerequisite for receiving the Hepatitis B vaccination. If the employee initially declines the Hepatitis B vaccination but at a later date while still covered under the standard decides to accept the vaccination, the vaccination shall then be made available at no cost.

Faculty/at-risk employees/students who decline the Hepatitis B vaccination shall sign the OSHA required Hepatitis B declination form indicating their refusal. Refer to Appendix I for Sample Forms B & C.

Faculty/at-risk employees/students who have previously received the Hepatitis B vaccination series shall complete the verification of previous vaccine form to document when and where the vaccination was received. Refer to Appendix I for Sample Forms D & E.

If a routine booster dose of Hepatitis B vaccine is recommended by the U.S. Public Health Service at a future date, such booster doses shall be made available.

H. POST EXPOSURE EVALUATION AND FOLLOW-UP

Post-exposure evaluations and follow-up will be made immediately available to exposed faculty/at-risk employees/students following a reported exposure incident. All medical evaluations and follow-up will be kept confidential.

Steps to be taken for a post-exposure evaluation and follow-up include:

- a. Completion of a Student/Employee Injury Report within 24 hours to document the route of exposure and the circumstances under which the exposure incident occurred (Refer to Appendix I for Sample Forms F & G);
- b. Identification and documentation of the source individual, unless it can be established that identification is unfeasible or prohibited by state or local law.
- c. Testing of the source individual's blood as soon as feasible and after consent is obtained in order to determine HBV and HIV status. If consent is not obtained, it will be established that legally required consent cannot be obtained. When consent is not required by law, the source individual's blood, if available, shall be tested and results documented.
- d. When the source individual is already known to be infected with HBV or HIV, testing will not be repeated.
- e. Results of the source individual's testing shall be made available to the exposed employee, and the employee shall be informed of

applicable laws and regulations concerning disclosure of the identity and infectious status of the source individual.

The exposed individual's blood will be collected as soon as possible and tested after consent is obtained. Refer to Appendix I for Sample Form H. If she/he consents to baseline blood testing, but not HIV testing, the blood sample will be preserved for at least 90 days. If within 90 days of exposure, the employee elects to have the blood sample tested for HIV; it shall be done as soon as possible. If the exposed individual refuses medical follow-up, an informed refusal form must be completed. Refer to Appendix I for Sample Form H also.

When medically indicated, post-exposure prophylaxis, counseling, and evaluation of the reported illness is offered in accordance with the OSHA standard.

The following information is provided to the health care professional as mandated by OSHA:

- A copy of the OSHA standard 29 CFR 1910.1030 Occupational Exposure to Bloodborne Pathogens;
- A written description of the exposed individual's duties as they relate to the exposure incident;
- Written documentation of the route of exposure and circumstances under which exposure occurred;
- Results of the source individual's blood testing, if available;
- All medical records relevant to the appropriate treatment of the employee, including vaccination status.

The health care professional's written opinion will be obtained and provided to the individual within 15 days of the completion of the evaluation.

- The written opinion for Hepatitis B vaccination will be limited to whether HBV vaccination is indicated and if the individual has received it.
- The written opinion for post-exposure follow-up will be limited to the individual being informed of the results of the evaluation, and told about medical conditions resulting from exposure to blood or other potentially infectious materials which require further evaluation and treatment. All other findings will remain confidential and will not be included in the written report.

All required medical records are maintained for the duration of employment plus 30 years according to OSHA 29 CFR 1910.1030 and 1910.20.

If a student or faculty member is exposed to blood or other potentially infectious body fluids in the clinical area, the clinical agency is responsible for immediate medical evaluation. York Technical College and the student's private physician are responsible for follow-up after the exposure incident. The faculty and student are responsible for immediate reporting of the exposure incident so that appropriate steps can be taken. The clinical agency will supply a written opinion to the faculty and student within 15 working days of the medical evaluation.

I. COMMUNICATION OF HAZARDS TO EMPLOYEES

1. Biohazard warning labels are affixed to containers of regulated waste, refrigerators and freezers containing blood or other potentially infectious materials, and other containers used to store, transport, or ship blood or other potentially infectious materials.
2. The universal biohazard symbol will be used. The label will be fluorescent orange or orange-red.
3. Red bags or containers may be substituted for labels.
4. Regulated wastes must be handled in accordance with the rules and regulations of DHEC.
5. Blood products that have been released for transfusion or other clinical use are exempted from these labeling requirements.

J. INFORMATION AND TRAINING

1. Information and training is provided to all faculty/at-risk employees/students in Category I and II at no cost and during work hours.

2. The required training is provided on initial assignment and is followed by periodic updates or as required.
3. Additional training will be provided to employees when there are any changes of tasks or procedures affecting occupational exposure.
4. Faculty/at-risk employees/students are responsible for attending training programs and annual updates. Department Chairs and administration have the responsibility to ensure faculty/at-risk employee/student attendance.
5. The training programs will be conducted as follows:
 - a. Training material used is appropriate in content and vocabulary to the educational and language level of the faculty/at risk employee/student;
 - b. The person conducting the training shall be knowledgeable in the subject matter;
 - c. The training will be interactive and cover the following elements:
 - A copy of the standard and an explanation of its contents;
 - A discussion of the epidemiology and symptoms of bloodborne diseases;
 - An explanation of the modes of transmission of bloodborne diseases;
 - An explanation of the Bloodborne Pathogen Exposure Control Plan and the method for obtaining a copy;
 - The recognition of tasks that may involve exposure;
 - An explanation of the use and limitations of methods to reduce exposure such as engineering controls, work practices, and personal protective equipment;
 - Information about the types, use, location, removal, handling, decontamination, and disposal of personal protective equipment;
 - An explanation of the basis for selecting personal protective equipment;
 - Information about the Hepatitis B vaccination, including efficacy, safety, method of administration, benefits, and that it will be offered free of charge to faculty and at risk employees;
 - Information about the appropriate actions to take and persons to contact in an emergency involving blood or other potentially infectious materials;

- An explanation of the procedures to follow if an exposure incident occurs, including the method of reporting and follow-up;
- Information about the evaluation and follow-up required after an exposure incident;
- An explanation of the signs, labels, and color coding systems;
- An opportunity for interactive questions and answers with the training instructor.

K. RECORDKEEPING

Medical records will be maintained in accordance with OSHA Standard 29 CFR 1910.20. For off-campus incidents, the clinical agency will maintain medical records for the initial evaluation of the incident. Once a written opinion is reported to York Technical College, OSHA protocol will be followed. For on-campus incidents, the Human Resources office will maintain initial medical records and implement the OSHA protocol. York Technical College will be responsible to maintain the records for the duration of employment plus 30 years.

The records will include the following:

- The name and social security number of the faculty/at-risk employee/student;
- A copy of the faculty/at-risk employee/student's Hepatitis B vaccination status including date of vaccination and any medical records relative to his/her ability to receive vaccinations;
- A copy of the results of examinations, medical testing, and follow-up procedures;
- A copy of the information provided to the health care professional, including a description of the employee's duties as they relate to the exposure incident, and documentation of the routes of exposure and circumstances of the exposure;
- A copy of the health care professional's written opinion.

The record keeping method will ensure that the medical records are kept confidential and are not disclosed or reported without the individual's written consent to persons within or outside the workplace except as required by OSHA standards or by law.

Training records will include:

- Dates of training sessions;
- An outline describing the material presented;
- The names and qualifications of persons conducting the training sessions;
- The names and job titles of all persons attending the training sessions.

Training records will be maintained for three years from the date of training. Refer to Appendix I for Sample Forms I & J.

Records will be available upon request to:

- Assistant Secretary of Labor for the Occupational Safety and Health Administration (OSHA);
- Director of the National Institute for Occupational Safety and Health (NIOSH).

If the facility is closed or there is no successor employer to receive and retain the records for the prescribed period, the Director of the NIOSH will be contacted for final disposition.

L. EVALUATION AND REVIEW

The individual departments are responsible for ensuring that this plan is reviewed and updated annually.

LOCKOUT/TAGOUT PROGRAM

1. Purpose

The following Lockout/Tagout program has been established for York Technical College. Samples of lockout/tagout tags can be found in Appendix II.

2. Qualified Recipients

The intent of this program is to ensure that all campus employees are provided with protection from any unintended release of energy. The release of energy causes injury during performance of general maintenance, inspection processes, cleaning or routine/non-routine repair of equipment, machinery, processes or procedures. This program applies to all employees and external contractors of York Technical College.

3. Potential Energy Sources

Potential energy sources that must be considered and addressed within the scope of this policy are:

Electrical	Natural Gas	Compressed Gas
Bottled Gas	Hydraulic Systems	Fuel Oil
Gravity	Stored Spring Tension	

4. Management Responsibilities

It is the responsibility of each supervisor within Facilities Management to ensure that new employees (and periodically, all employees under their supervision) receive instruction and training regarding provisions and requirements of this policy.

The Facilities Management will provide lockout/tagout training for new employees. Annual refresher training of all authorized and affected employees of the lockout/tagout policy will be conducted and documented.

Authorized employees will receive training in the recognition of applicable hazardous energy sources. The type and magnitude of the energy available in the workplace will be identified. The use of lockout/tag out procedures will be covered. Personnel will be instructed in the correct use of both locks and tags. Affected Personnel will be instructed in the purpose and use of lockout/tag out procedures.

All employees will be instructed in lockout/tag out procedures and the prohibitions of re-energizing machines, equipment or systems, which are locked out or tagged out.

When the use of tags is the only means of energy isolation, the employee shall be instructed by supervisory maintenance personnel of the limited ability to provide the same protection that lockout provide. This may be due to the age of equipment and machinery. When tags are used, the same restrictions apply, even though the removals of tags are easier. It is to be stressed to all employees by supervisory personnel that the safety of the employee's tag out procedure must be considered in all situations.

5. Periodic Inspections

When safety or supervisory personnel conduct periodic maintenance inspections, it may be determined that out of cycle retraining is warranted. When warranted, the additional training given will be in addition to the regular retraining program. Retraining may be required if/when there is a change of areas of responsibility within the maintenance function. Change of, or purchase of new equipment may warrant initial training or retraining as required. Change in processes or systems, and/or any changes or revisions of this policy may also require training or retraining of personnel.

Training and retraining of maintenance personnel in Lockout/Tag out procedures is to be documented by the Facilities Management Director. Documentation will include certification of employee's name, date, reason for training, and signature of employee. A copy will be forwarded to the Human Resources Department to be included in the employee's personnel file.

Periodic Inspections 29 CFR 1910. 147(c)(6)(ii), are required during the year. A random review of maintenance equipment, systems, processes, and personnel will be conducted.

6. Example of Inspection Procedure

An example of an inspection procedure would be a piece of equipment or a system that requires lockout/tag out procedures during routine maintenance procedures. An authorized individual will be directed to perform the lockout/tag out procedure. Safety and maintenance supervisory personnel will review the procedure to observe deviation or inadequacies from the written procedure.

7. Electrical Hazards Training

The training in this section pertains to all York Technical College employees who face a risk of electrical shock that is not reduced to a safe level by the installation requirements or location.

Employees will be trained and familiarized with safety related work practices. These practices are required by 29 CFR 1910.331 through 1910.335 that pertain to respective job requirements.

Employees who are covered by electrical lockout/tag out standards, but who are not qualified, shall also be trained and familiarized with any electrically related safety practices.

8. Training for Qualified Persons

Qualified persons will be trained in, and familiar with the following:

- Skills and techniques necessary to distinguish exposed live parts of electric equipment
- Skills and techniques necessary to determine the nominal voltage to expose live parts
- Clearance distances specified in 29 CFR 1910.333(c) and the corresponding voltage

9. Affected/ Authorized Employee Form Instructions

Affected Employee -- An employee whose job requires him/her to operate or use machinery, equipment or systems while servicing or maintenance is being performed under lockout or tag out. Further, this is any employee whose job requires work to be accomplished in any area while servicing or maintenance is being performed.

Authorized Employee -- A person who locks or implements a tag out system procedure on machines or equipment to perform the servicing or maintenance. Only authorized employees are assigned locks.

10. Energy Source Evaluation

The energy source of any equipment, machine, or process to be set-up, adjusted, repaired, serviced, installed, or where maintenance work is to be performed and unintended motion or release of energy would cause personal injury, such energy sources will be locked out by each employee doing the work. Sources of energy such as springs, air and hydraulic must be evaluated in advance to determine whether to retain or relieve the pressure prior to starting the work.

Safety locks are for the personal protection of the employees, and are only to be used for locking out equipment.

Safety locks, adapters, & tags can be obtained from the Facilities Management Director.

11. The Equipment Lock Procedures

The equipment lock will only be used under the following conditions:

- To protect the equipment during the period of time when work has been suspended or interrupted.
- During shift change when the person on the next shift is late or will be absent.

Personal locks shall contain a tag with the employee's name or lock number, or some other specific method of positive identification of the employee.

The employee to whom it is issued shall retain one key for every lock issued.

Employees will request assistance from their supervisor if they do not know where or how to lockout/tag out equipment or machines. Any questions concerning the lockout/tag out procedures should be direct to the Facilities Management Director or the employee's supervisor.

12. Locking Out/Tagging Out and Isolating the Energy Source

Before the authorized employee performs a shutdown procedure in preparation for lockout/tag out condition, the employee must first notify supervisory personnel as to the circumstances that require lockout/tag out. This will allow for an orderly shutdown in any of the affected work areas.

Equipment, machines or main disconnect switches/valves shall be turned off and locked in the off position only after the electrical power is shut off at the point of operation control.

A machine connected to a source of power whose voltage is above 110 volts, by a plug-in cord, shall have a locking device applied to the plug attached to the cord leading to the machine to be considered to be locked out/tagged out.

A machine connected to a 110-volt source of power by plug-in cord shall be considered locked out if the plug is disconnected and tagged with a "Do not start" tag.

After locking out/tagging out the energy source, the employee will try the equipment, machine, or process controls to ensure that no unintended motion will occur. The employee will test the equipment, the machine, or the process by use of appropriate test equipment to determine that the energy isolation has been effective.

When two or more employees work on the same equipment, each is responsible for attaching their respective safety lock/tags. Adapters are to be fixed on levers, switches, valves, etc., in the non-operative (off) position.

- An employee who is assigned to a job and upon arrival finds a lockout lock affixed to the equipment will take the following action:
- Determine who placed the equipment out of service and contact all parties who have lock/tags on the equipment to determine if the assignment to be performed would affect their safety. The assignment will proceed only if safe to do so with all parties involved.
- Try the controls to ensure that no unintended motion will occur before starting work on a machine or process by use of appropriate test equipment. This is done to determine if the energy isolation has been effective.

When safety blocks or chokes are required, they shall be used in conjunction with the lockout/tag out steps, NOT AS A SUBSTITUTE.

13. Removal of Locks/Tags and Restoring the Energy Source

Energy sources may be turned on when it is required to perform tests or adjustments. All of the rules pertaining to removing locks/tags and restoring power shall be followed. The equipment or process shall again be locked/tagged out if it is necessary to continue work after completing the test or adjustments.

If employees leave the job before its completion, the employee shall restore the machine to normal operation. Otherwise, the machine is to remain locked out.

Upon completion of the work, employees will remove their locks rendering the machine or equipment operable when the last lock/tag is removed.

The employee responsible for removing the last lock/tag shall ensure that all guards have been replaced. The equipment, machine, or process must be cleared for operation. Appropriate personnel must be notified.

14. Emergency Safety Lock Removal

The Environmental/Safety Manager or supervisor will be authorized to remove any employee's lock ONLY UNDER THE FOLLOWING CONDITIONS:

- Verification that the authorized employee who applied the lock is not on campus.
- Supervisory personnel have made reasonable efforts to contact the authorized employee to inform him/her that the lock will be removed.
- Supervisory personnel will inform the authorized employee(s) of the removal before the employee resumes work.
- The employees have made certain that all of the requirements for restoring power are followed.

15. Outside Contract Services

When any outside contractor is to perform contracted services for the Facilities Management, the following shall be observed:

- The Project Manager or Facilities Management Director shall accomplish a review of both York Technical College lockout/tag out procedures and the contractor's lockout/tag out procedure.

- Contractors are subject to the review of York Technical College representatives at any time throughout the contract to ensure compliance with directives.
- This policy shall be conveyed to all outside contractors to ensure that the contractor's employees are knowledgeable of lockout/tag out protection.

16. Special Instructions for Personnel Covered by the Electrical Lockout/Tag out Standard

A tag used without a lock is permitted by 1910.333(b), (2), (iii) (c) and will be supplemented by at least one additional safety measure. This will provide a level of safety equivalent to that obtained by the use of a lock. Included is the removal of an isolating circuit element, blocking of a controlling switch, or opening of an extra disconnecting device.

Qualified personnel will use test equipment to test the circuit element and electrical parts which elements will be exposed and will verify that the circuit elements and equipment parts are de-energized. The test will also determine if any energized condition exists as a result of inadvertently induced voltage or unrelated voltage feedback. If the circuit to be tested is over 600 volts, nominal, the test equipment will be checked for proper operation immediately after the test.

17. Procedures for Electrical Circuits

De-Energizing Equipment - Circuits and equipment to be worked on will be disconnected from all selector switches. Interlocks will not be used as a substitute for lockout and tagging procedures.

Stored electrical energy, which might endanger personnel, will be released. Capacitors will be short-circuited and grounded, if the stored energy might endanger personnel.

NOTE: IF THE CAPACITORS AND/OR ASSOCIATED EQUIPMENT ARE HANDLED IN MEETING THIS REQUIREMENT, THEY WILL BE TREATED AS ENERGIZED.

Non-electrical devices that could re-energize electric circuit parts will be blocked or relieved to the extent that the circuit parts could not be accidentally energized by the device.

18. Application of Locks and Tags

A lock and tag will be placed on each disconnected means used to de-energize circuit and equipment on which work is performed. The lock will be attached in order to prevent persons from operating equipment means unless they resort to undue force.

Each tag will contain a statement prohibiting unauthorized operation of the disconnecting means and removal of the tag.

19. Verification

- Only qualified individuals will operate the equipment controls.
- Only qualified individuals will conduct tests and visual inspections. They will confirm that electrical jumpers, shorts, grounds, and other devices have been removed.
- Employees exposed to the hazards associated with re-energizing the circuit or equipment will be warned to stay clear of circuits and equipment.
- Each lock and tag will be removed by the employee who applied it or under his/her direct supervision.

CONFINED SPACE ENTRY PROGRAM

1. Purpose and Goals

The purpose of this Confined Space Entry Program is to establish a system for the identification and documentation of confined spaces, to make an evaluation of the potential hazards, and to develop hazard control entry procedures.

The objectives of a Confined Space Entry Program are to:

- Prevent employee injury, illness or death resulting from hazards associated with confined space
- Identify and evaluate confined spaces before entry
- Identify and understand confined space hazards
- Develop techniques to control confined space hazards
- Prepare emergency rescue and other contingency plans

The goal of this program is to meet the above objectives and to comply with regulatory requirements as set forth by the Occupational Safety and Health Administration (OSHA). The OSHA regulation 29 CFR 1910.146 defines functions in terms of three tiers of responsibility.

- The employer
- The individual authorizing or in charge of entry
- Entrants, attendants, entry supervisors, and rescue teams

The regulation itself and this program in general define the responsibilities of York Technical College. It specifies the duties and training requirements for all authorized entrants, attendants, and individuals authorizing or in charge of entry. It further defines rescue procedures and duties of those campus personnel involved in rescue.

Other OSHA programs such as Lockout/Tag out, Electrical Safety Standards, and HAZARD Communications must be reviewed as applicable. These standards must be reviewed prior to and in conjunction with confined space entry procedures. These programs may be required in conjunction with this program before entry is authorized.

2. OSHA REQUIREMENTS

The regulation requires that this program provide a basis for prevention of accidents and fatalities associated with confined spaces. The requirements may be as follows:

Recognition - Confined spaces and the hazards within are identified. York Technical College employees and safety representatives are responsible for recognizing and understanding hazards, protecting employees from hazards, and educating employees concerning worker protection and safe work practices.

Evaluation - Qualified persons must test the space with suitable instruments. More than one type of testing instrument may be needed. In addition, Material Safety Data Sheets (MSDS) and other reference sources may need to be reviewed to determine the exposure limits for hazardous materials.

Controls - Procedures describing the specific measures and precautions, which allow safe entry, are written. Hazards may be controlled through engineering and/or safe work practices. (Ventilation via exhaust fans may be a good example to consider when/if appropriate.)

Confined Space Entry Permit - The Confined Space Entry Permit is the heart of the entry control system. A permit is required for each confined space entry. The permit certifies that the hazards have been identified and evaluated and that the required precautionary procedures are in place. The regulation requires a written permit system that insures the proper preparation, issuance and use of entry permits. (See Appendix III)

Training - Employees must be trained so that attendants, authorized entrants and persons authorizing or in charge of the entry can work safely in and around the confined space. After initial training, employees may need periodic retraining to ensure continued competence in entry procedures and safe job practices. Immediate supervisory personnel are to report all known training deficiencies to the Facilities Management Director immediately so that appropriate training may be conducted.

Rescue - Entrants and attendants must be trained on the proper use of safety and rescue equipment and emergency rescue procedures. Provide a properly trained and equipped in-plant rescue team or contract for outside services. Due to the complexity of training and equipment requirements, the York County EMS

will be summoned when rescue is required. EMS personnel are both trained and equipped to properly perform rescue with minimum risk to life.

3. Scope

The scope of this program is to protect York Technical College employees and any contracted personnel during entry into any permit-required confined space.

4. General Requirements

OSHA requires site evaluation in order to determine if any confined spaces are permit- required spaces. Note: Only through physical audit can all confined spaces be identified.

The Facilities Management Director will identify all potential permit required spaces. A list of all permit required spaces would be furnished to the Facilities Management Office. All identified permit required areas contain potential hazards. These spaces must be posted to inform employees. This shall be accomplished by posting a sign at all entrances stating, "DANGER- PERMIT REQUIRED. CONFINED SPACE. DO NOT ENTER."

Only trained contractors identified by Facilities Management will be allowed access via permit into permit-required spaces.

Contract vendors hired to work in confined spaces will ensure their permits will be issued only for specific areas and for established time frames. Time frames will not exceed a normal eight (8) hour work period. If additional time is required to complete tasks within the confined space, a new permit must be issued.

Permits will be issued only for specific spaces and for established time frames. Time frames will not exceed a normal eight (8) hour work period. If additional time is required to complete tasks within the confined space, a new permit must be issued.

Contractors working in confined spaces at York Technical College must be informed of the dangers, and must comply with the requirements of the permit system, and are subject to this policy in entirety. It is the responsibility of the project manager to notify, brief, and provide a copy of this policy to any contractor working in a confined space on the campus. It is the contractor's responsibility to inform all workers/subcontractors under his supervision/control of

specific confined space hazards. Briefings must be documented and records maintained for a period of not less than one (1) year.

Any change in the use or configuration of a non-permit confined space must be reviewed by the Facilities Management Director to determine whether or not reclassification to permit status is required.

Spaces classified by Facilities Management as “permit required space” may be reclassified as non-permit confined space under conditions specified under 29 CFR 1910.146 (c)(7)(i)(ii)(iii)(iv).

When a contractor must work in an identified confined space, the Facilities Management Director will:

- a. Inform the contractor that the work place has been designated as a confined space and that entry is allowed only in accordance with policies specified by York Technical College.
- b. Apprise the contractor of the particular hazards that exists (e.g., electrical, oxygen deficiency, etc.).
- c. Inform the contractor of any/all procedures that the Facilities Management Director has implemented for protection of employees in or near an identified space where contractor personnel will be working.
- d. Coordination of entry operations with the contractor when working in or near identified permit spaces.
- e. The Facilities Management Director and the Project Manager must debrief the contractor at the conclusion of any entry operation. (Refer to 29 CFR 1910.146 (c)(8)(i)(ii)(iii)(iv)(v) for exact contractor information requirements).

5. Permit Required Confined Space Program

The following is mandatory under the Permit Required Confined Space program.

- a. Implementation of measures to prevent unauthorized entry. (Barricades, appropriate signage, roping off of the area, etc.)
- b. Identify and evaluate space hazards prior to entry of contractors.
- c. Develop and implement safe entry procedures to include but are not limited to the following:
 - Specifications for acceptable entry conditions, (i.e. locking out electrical sources, atmospheric testing, etc.)

- Isolating the space.
 - Purge, inert, flush or vent the space.
 - Establish barriers to protect entrants throughout the duration of an authorized entry. (In most cases, the conditions will be verified by visual observation or voice communication with the entrant via radio.) (Refer to 29 CFR 1910.146 (d)(3)(i)(ii)(iii)).
- d. Provide equipment and ensure contractors use the equipment properly.
- Testing and monitoring equipment
 - Communications equipment
 - Personal protective equipment (PPE)
 - Explosion proof lights
 - Barriers and shields
 - Egress and ingress equipment
 - Reserve and emergency equipment/procedures

Any manholes on York Technical College campuses are considered a permit required confined space. Manhole covers across campus are marked. Anyone entering a manhole, marked or unmarked, must obtain a confined space permit from the Facilities Management Director.

Prior to entry, the Facilities Management Director will:

- Evaluate permit space conditions when entry operations are conducted.
- Test conditions to determine acceptable entry. (Use of detection equipment.)
- Test for oxygen levels. (Test for oxygen adequacy first and then for an oxygen- enriched atmosphere.)

Facilities Management must provide at least one attendant outside of the permit space for the duration of authorized entry operations by college personnel.

Contractors are required to provide an outside attendant when contractor's permit space entry is required.

Facilities Management must designate persons who are to have active roles in this program in writing.

Public Safety will be contacted involving all emergency rescue situations. When notifying Public Safety, state the following:

- Location of confined space
- Condition of victim, if known
- Duration of entry

Public Safety officers will contact, meet, and guide rescue personnel to the proper location on campus.

6. The Permit System

The permit system procedures for maintenance and control are the responsibility of the Facilities Management Director.

The permit system will document at minimum, the following:

- The signature of the authorized entry supervisor
- Time duration for the permit. Not to exceed eight hours on a single day
- Termination procedures occur when entry operations are completed or when conditions arise in or near the entry area that are allowed

7. Entry Permit Information (Appendix III)

The permit must be printed or typed in blue or black ink and identify the following fifteen (15) items:

- The identification of the space to be entered
- Purpose of entry
- Date and duration of the permit
- Authorized entrant(s)
- The name of the attendant(s)
- The name of the entry supervisor
- Identification of hazards (must be specific)
- Isolation measures
- Acceptable entry conditions
- The results of initial and periodic testing
- Rescue and emergency procedures
- Communications procedures
- Equipment to be used
- Additional permit requirements, i.e. hot work welding
- Any other information that may be relevant to the safety of employees

8. Training

Initial and annual training refresher courses thereafter must be accomplished:

- a. Initial training must be provided to each affected employee:
 - Before the employee is assigned confined space duties
 - Before there is a change in assigned duties
 - When there is a change in permit space operations
- b. Annual training must be accomplished for all affected employees.
- c. Training must ensure employee proficiency.
- d. Training documentation must contain each trained employees name, signature, and date of training. Documentation of initial training and annual training (to include any intermediate training) will be maintained by the Facilities Management Director.
- e. Training will be conducted by Facilities Management Director.

9. Duties of the Authorized Entrants

At minimum, the duties of the authorized entrant(s) are:

- a. To review the permit prior to entrance
- b. To know the hazards/potential hazards of the job
- c. To know the proper use of required equipment and PPE
- d. To understand communications requirements with the attendant
- e. To alert the attendant of any unusual condition or hazard during the entry process or as the task is being accomplished
- f. Evacuate when directed by the attendant
- g. To perform the tasks within the space(s) as assigned.

10. Duties of Attendants

At minimum, the duties of attendants are:

- a. To review the permit prior to entrance of entrant with both the entrant and the entry supervisor. (Note: The attendant and the entry supervisor may be the same individual.)
- b. To know the potential hazards of the tasks
- c. To be aware of possible behavioral effects of hazard exposure in authorized entrants. Behavior not considered normal for the individual in the confined space. (i.e. lethargic, garbled voice, giddy, or no response)
- d. To maintain continuous control and count of entrants
- e. To remain outside the confined space at all times
- f. To maintain communication with entrant(s) at all times

- g. To monitor conditions inside and outside of the confined space
- h. To summon rescue and emergency services as required
- i. To insure that unauthorized persons do not approach the work area
- j. To perform NON-ENTRY rescue procedures as required. This may entail pulling the entrant from the space via rope or other device without the attendant entering the space. **NOTE:** In no instance will the attendant enter the confined space. Entrance by a second individual without proper equipment, i.e. SCBA, may result in the need for the rescue of the well-intentioned but unprotected rescuer, as well as the original victim.
- k. To perform NON-ENTRY rescue procedures as required.

11. Duties of Entry Supervisors

At minimum, the duties of the entry supervisors are:

- a. To verify completeness of the entry permit
- b. To terminate entry and cancel the permit as required
- c. To contact Public Safety fire rescue services
- d. To remove unauthorized individuals from the confined space area
- e. To determine transference of a confined space entry procedure.

12. Rescue and Emergency Services

All rescue operations will be controlled through coordination with Public Safety. Due to the complexity of training and equipment required, Public Safety will notify the York County EMS for any required rescue services. Public Safety officers will guide emergency personnel to the rescue location from a meeting point designated by Public Safety and will obtain as much information as possible from the reporting individual. In some circumstances, call 911 first, and then notify Public Safety. Refer to the life threatening procedures above.

When an injured entrant is exposed to a hazardous chemical, a Material Safety Data Sheet (MSDS) for the material is required. Material Safety Data Sheets may be obtained from the MSDS file in the Facilities Management Office.

Appendix I

All forms in Appendix I are sample forms and should be treated as such.

Bloodborne Pathogen Exposure Determination Form

BLOODBORNE PATHOGEN EXPOSURE DETERMINATION					pg.
Reference: OSHA 29 CFR 1910.1030					Date:
Category III. Job Classifications That Involve No Occupational Exposure To Bloodborne Pathogens & Category I Tasks Are Not A Condition Of Employment					
Organization: York Technical College		Division: Health & Human Services		Department:	
NO	JOB CLASSIFICATION	NAME	ALL TASKS & PROCEDURES IN CLASSIFICATION WITH BLOODBORNE PATHOGEN EXPOSURE	FURTHER COMMENTS OR EXPLANATIONS	
1.			Bloodborne pathogens exposure, blood from wounds, body fluids-dressings, tube drainage, contaminated linen, and equipment . Injections, monitoring of IV's - IV mediation, and IV insertion, emesis cleaning, blood glucose monitoring, perineal care, handling infected waste products, contaminated sharps, specimen feeding collecting, incontinence care, oral care, hygiene care.	As of 9/4/02 All listed employees have completed a review of Bloodborne Pathogen Training. All listed employees have completed the hepatitis vaccine series.	
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Prepared by: Linda Bolick		Title: CE/HHS Program Manager	Date: 9/4/02	Reviewed:	Title:
					Date:

Employee Informed Hepatitis B Vaccination Declination

YORK TECHNICAL COLLEGE
CONTINUING EDUCATION
HEALTH AND HUMAN SERVICES

EMPLOYEE INFORMED HEPATITIS B VACCINATION DECLINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk for acquiring Hepatitis B virus (HBV) infection. I have received training about this hazard, and I have been given the opportunity to be vaccinated with Hepatitis B vaccine. However, I decline the Hepatitis B vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease.

All employees who decline the Hepatitis B vaccination and who are to be involved with any high-risk area will be screened for Hepatitis B. Evidence of negative results from either the surface antigen or panel screening must be presented to and approved by the Infection Control and Employee Health Nurse prior to the employee's admittance to the high risk area. The high risk area that has been defined by the Infection Control Committee as being the Operating Room.

Copy(s) of this form may be provided to the clinical site(s).

Employee Signature

Date

Address

City

State

Zip

Witness

Date

YORK TECHNICAL COLLEGE

CONTINUING EDUCATION
HEALTH AND HUMAN SERVICES

STUDENT INFORMED HEPATITIS B VACCINATION DECLINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk for acquiring Hepatitis B virus (HBV) infection. I have received training about this hazard, and I have been given the opportunity to be vaccinated with Hepatitis B vaccine. However, I decline the Hepatitis B vaccine at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring Hepatitis B, a serious disease.

All students who decline the Hepatitis B vaccination and who are to be involved with any high-risk area will be screened for Hepatitis B. Evidence of negative results from either the surface antigen or panel screening must be presented to and approved by the Infection Control and Employee Health Nurse prior to the student's admittance to the high risk area. The high risk area that has been defined by the Infection Control Committee as being the Operating Room.

Copy(s) of this form may be provided to the clinical site(s).

Student Signature _____ Date _____

Address _____

City _____ State _____ Zip _____

Witness _____ Date _____

Employee Verification of Previous Vaccination

YORK TECHNICAL COLLEGE

HEALTH AND HUMAN SERVICES DIVISION

EMPLOYEE VERIFICATION OF PREVIOUS VACCINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk for acquiring Hepatitis B virus (HBV) infection. I have received training about this hazard, and I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at my own expense. However, I have already received the vaccination at another location.

Location

Date

Employee Signature

Date

Witness Signature

Date

Student Verification of Previous Vaccination

YORK TECHNICAL COLLEGE

HEALTH AND HUMAN SERVICES DIVISION

STUDENT VERIFICATION OF PREVIOUS VACCINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk for acquiring Hepatitis B virus (HBV) infection. I have received training about this hazard, and I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at my own expense. However, I have already received the vaccination at another location.

Location

Date

Student Signature

Date

Witness Signature

Date

Student Injury Report

YORK TECHNICAL COLLEGE
452 S. ANDERSON ROAD
ROCK HILL, SC 29730

Student Injury Report

Name _____ Age _____
(Last) (First) (Middle)

Social Security No. _____ Date of Birth _____

Address _____
(Street No. and Name) (City) (State) (Zip)

Date of Injury _____ Activity engaged in at time of injury _____

Describe the injury fully (How did it happen?) _____

Was this activity under College supervision? _____

Where did injury occur? _____

Time of injury _____ Time left College _____

Date of report

Instructor/Supervisor Signature

Student Signature

White copy: Student Affair's Office
Yellow copy: Student

Workers Compensation – First Report of Injury or Illness

WORKERS COMPENSATION - FIRST REPORT OF INJURY OR ILLNESS					
SAMPLE FORM G		Carrier/Administrator Claim Number		Report Purpose Code	
		Jurisdiction		Jurisdiction Claim Number	
		Insured Report Number			
SIC Code	Employer Fein	Employer's Location Address (if different)		Location #:	
				Phone #	
CARRIER/CLAIMS ADMINISTRATOR					
Carrier (Name, Address & Phone No)		Policy Period	Claims Administrator (Name, Address & Phone Number)		
		To			
		Check if Appropriate			
		Self Insurance			
Carrier Fein	Policy/Self-Insured Number			Administration Fein	
Agent Name & Code Number					
EMPLOYEE / WAGE					
Name (Last, First, Middle)		Birth Date	Social Security Number	Hire Date	State of Hire
Address (include Zip Code)		Sex Unknown	Marital Status Unknown	Occupation/Job Title	
				Employment Status	
Phone		# Dependents		NCCI Class Code	
Rate	Per <input type="checkbox"/> Day <input type="checkbox"/> Month	# Days Worked/Week	Full Pay for Day of Injury? <input type="checkbox"/> Yes <input type="checkbox"/> No		
	<input type="checkbox"/> Week <input type="checkbox"/> Other:		Did Salary Continue? <input type="checkbox"/> Yes <input type="checkbox"/> No		
OCCURRENCE/TREATMENT					
Time Employee Began Work	Date of Injury/Illness	Time of Occurrence	Last Work Date	Date Employer Notified	Date Disability Began
Contact Name / Phone Number		Type of Injury/Illness	Part of Body Affected		
Did Injury/Illness Exposure Occur on Employer's Premises? Yes <input type="checkbox"/> No <input type="checkbox"/>		Type of Injury/Illness Code	Part of Body Affected Code		
Department or Location Where Accident or Illness Exposure Occurred			All Equipment, Materials, or Chemicals Employee was using when Accident or Illness Exposure Occurred		
Specific Activity the Employee was Engaged in When the Accident or Illness Exposure Occurred			Work Process The Employee was engaged in When Accident or Illness Exposure Occurred		
How Injury or Illness/Abnormal Health Condition Occurred. Describe the Sequence of Events and Include Any Objects or Substances that Directly Injured the Employee or Made the Employee Ill				Cause of Injury Code	
Date Return(ed) To Work	If Fatal, Give Date of Death	Were Safeguards or Safety Equipment Provided? <input type="checkbox"/> Yes <input type="checkbox"/> No			
		Were They Used <input type="checkbox"/> Yes <input type="checkbox"/> No			
Physician/Health Care Provider (Name & Address)		Hospital (Name & Address)		Initial Treatment	
				No Medical Treatment	
Witness (Name & Phone #)					
Date Administrator Notified	Date Prepared	Preparer's Name & Title			Phone Number

Student/Employee Informed Refusal For PostExposure Medical Evaluation

YORK TECHNICAL COLLEGE

STUDENT/EMPLOYEE INFORMED REFUSAL FOR POSTEXPOSURE MEDICAL EVALUATION

I was involved in an exposure incident on _____ while performing my
(date)
duties as a student/employee at York Technical College. York Technical College has
offered to provide follow-up medical evaluation for me in order to assure that I have full
knowledge of whether I have been exposed to or contracted an infectious disease from
this incident.

However, I, of my own free will and volition, and despite the offer for follow-up
from York Technical College, have elected not to have the medical evaluation.

Signature Date

Name SS Number

Program or Department _____ Student _____ Employee _____

Address City State Zip Code

Telephone Number

Witness Signature Date

* Maintain this record for duration of employment plus 30 years.

Employee Verication of Receiving Training on Hepatitus B Exposure and Vaccination

YORK TECHNICAL COLLEGE

HEALTH AND HUMAN SERVICES DIVISION

EMPLOYEE VERIFICATION OF RECEIVING TRAINING ON HEPATITIS B EXPOSURE AND VACCINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk for acquiring Hepatitis B virus (HBV) infection. I have received training about this hazard, and I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at my own expense.

Employee Signature

Date

Witness Signature

Date

Student Verification of Receiving Training on Hepatitis B Exposure and Vaccination

YORK TECHNICAL COLLEGE

HEALTH AND HUMAN SERVICES DIVISION

STUDENT VERIFICATION OF RECEIVING TRAINING ON HEPATITIS B EXPOSURE AND VACCINATION

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk for acquiring Hepatitis B virus (HBV) infection. I have received training about this hazard, and I have been given the opportunity to be vaccinated with Hepatitis B vaccine, at my own expense.

Student Signature

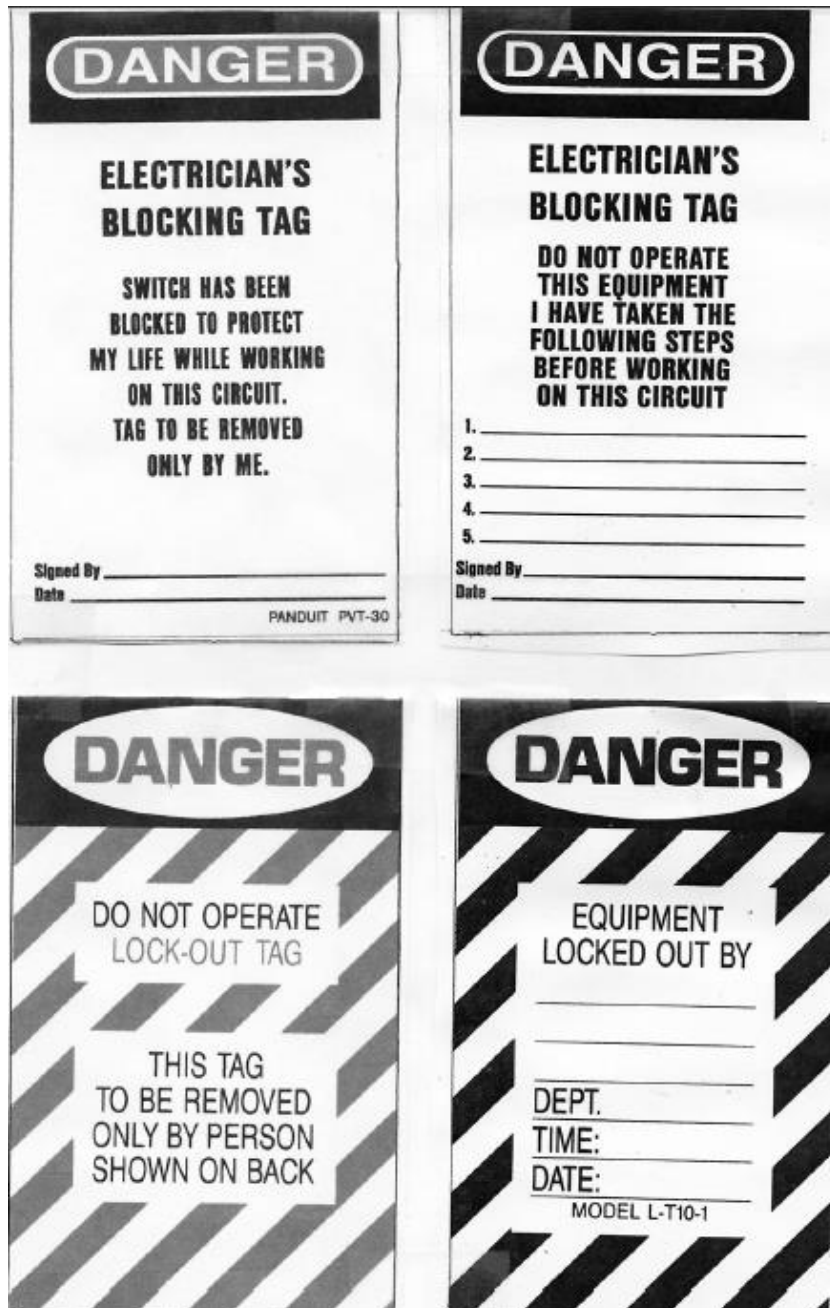
Date

Witness Signature

Date

Appendix II

Lockout/Tag out Samples



Appendix III

Confined Space Entry Permit Sample

SAMPLE COPY OF PERMIT

OKLAHOMA STATE UNIVERSITY ENVIRONMENTAL HEALTH & SAFETY CONFINED SPACE ENTRY PERMIT	Permit Number _____ Date _____
Location & Description of Confined Space: _____ _____	Purpose of Entry: _____ _____
Scheduled Start _____ a.m. / p.m. <small>Day / Date / Time</small>	Scheduled Finish _____ a.m. / p.m. <small>Day / Date / Time</small>
↳ Employee(s) in charge of entry: _____ Entrants: _____	Attendants: _____ _____
↳ Pre-Entry Authorization: _____	
(Check those items below which are applicable to your confined space permit.)	
TYPES OF HAZARDS	
<input type="checkbox"/> Oxygen-Deficient Atmosphere <input type="checkbox"/> Oxygen-Enriched Atmosphere <input type="checkbox"/> Welding/Cutting	<input type="checkbox"/> Engulfment <input type="checkbox"/> Toxic Atmosphere <input type="checkbox"/> Flammable Atmosphere
<input type="checkbox"/> Energized Electrical Equipment <input type="checkbox"/> Entrapment <input type="checkbox"/> Hazardous Chemical	
Note: If welding/cutting operations are to be performed, attach form (3039) to entry form.	
SAFETY PRECAUTIONS	
<input type="checkbox"/> Self-Contained Breathing Apparatus <input type="checkbox"/> Air-Line Respirator <input type="checkbox"/> Fire-Retardant Clothing <input type="checkbox"/> Ventilation <input type="checkbox"/> Remarks	<input type="checkbox"/> Protective Gloves <input type="checkbox"/> Lifelines <input type="checkbox"/> Respirators <input type="checkbox"/> Lockout/Tagout <input type="checkbox"/> Fire Extinguishers
<input type="checkbox"/> Barricade Job Area <input type="checkbox"/> Signs Posted <input type="checkbox"/> Clearances Secured <input type="checkbox"/> Lighting <input type="checkbox"/> Ground Fault Interrupter	
ENVIRONMENTAL CONDITIONS	
TESTS TO BE TAKEN	RE-TESTING
Oxygen: _____% _____ a/p Lower Explosive Limit: _____% _____ a/p Toxic Atmosphere: _____ Instruments Used: _____	Oxygen: _____% _____ a/p Lower Explosive Limit: _____% _____ a/p Toxic Atmosphere: _____ Instruments Used: _____
↳ Employee Conducting Safety Checks <input checked="" type="checkbox"/> SIGNATURE: _____	
Remark on the overall condition of the confined space. _____ _____	
ENTRY AUTHORIZATION All actions and/or conditions for safe entry have been performed. Person in Charge of Entry _____ <small>PLEASE PRINT</small>	ENTRY CANCELLATION Entry has been completed and all entrants have exited permit space. Person in Charge of Entry _____ <small>PLEASE PRINT</small>