

STATE OF NEW HAMPSHIRE

DEPARTMENT OF LABOR

PO Box 2076

Concord NH 03302-2076

FAX (603) 271-2668

SAFETY SUMMARY FORM FOR JANUARY 1, 2013

COMPANY

NAME: XYZ Organization

COMPANY

ADDRESS: XX Main Street, City: Concord State: NH Zip: 03301

CONTACT PERSON: Robert Smith

TITLE: HR and Facilities Administrator

PHONE #: (603) 555-1111

FAX #: (603) 555-1121

FED. ID. #: 01-1112222

NUMBER OF EMPLOYEES: 17

NATURE OR TYPE OF BUSINESS IN NH: Nonprofit/Health & Human Services

NH COMPANY LOCATIONS (Covered by this report.) Include Federal ID number if different from above.

Name: XYZ Organization Street: XX State Street City: Derry FED ID#: #Employees:
16

Name: Street: City: FED ID#: #Employees:

Please list additional NH locations, if any, at end of document.

1) List potential safety and health hazards of your company.

Injuries due to activities requiring repetitive motion

Injuries due to ergonomically incorrect workspaces

Injuries due to defective or improper use of electrical office machines or kitchen equipment

Injuries due to obstructed aisles and exits due to open filing cabinets, drawers, etc.

Stairways

Injury from items not securely stacked on shelves, filing cabinets, etc.

Use of ladders or step stools

Injuries from lifting heavy boxes or equipment

2) Who is responsible for your inspections and how often are they done?

General building inspection - Safety Committee and Landlord - Handy Property Management (annually)

Fire extinguisher inspection – Whitsom Fire Protection Co. (annually)

SUMMARY OF SAFETY AND HEALTH PROGRAM

Handicap Lift - State of NH Elevator Inspector (annually)

Fire alarms – A&Z Electric (annually)

Furnace – Concord Mechanical (annually)

Sprinkler - Whitsom Fire Protection Co. (annually)

- 3) List the members of your company's joint loss management committee by name and job title. Please indicate which members represent the employer and those which represent employees, and identify the committee chairperson.

Management Member(s)-(supervisory)

Rebecca Smith, Chief Financial Officer

John Roberts, Chief Operating Officer

Harold Franks, Director of Programs

Employee Member(s)-(non-supervisory)

Robert Smith, HR and Facilities Administrator- Safety Committee Chairperson

Patricia Cahill, Administrative Assistant

Fred Johnson, Administrative Assistant

- 4) Specify your emergency response procedures.

All employees are trained on the use of 911 emergency response system to summon police, fire and rescue personnel when appropriate and necessary. Employees are also trained on the use of the building security alarm system and procedures for informing the security company of problems. Several employees will be trained in CPR, first aid and use of the Heimlich maneuver. At least one of these employees will attend every large public meeting of the organization. All staff are informed of building evacuation procedures and the use and location of first aid supplies and fire extinguishers.

- 5) Identify person(s) by name and title responsible for safety and health instruction for your employees and your joint loss management committee.

Robert Smith, HR and Facilities Administrator and Safety Committee Chairperson

SUMMARY OF SAFETY AND HEALTH PROGRAM

- 6) Identify person(s) by name and title qualified to take corrective actions on safety and health hazards.

Management Member(s)

Rebecca Smith, Chief Financial Officer

John Roberts, Chief Operating Officer

Harold Franks, Director of Programs

Employee Member(s)

Robert Smith, HR and Facilities Administrator- Safety Committee Chairperson

Patricia Cahill, Administrative Assistant

Fred Johnson, Administrative Assistant

Handy Property Management - Paul Brown, Vice President

- 7) Indicate your policy to communicate safety and health concerns with the activities of sub-contractors or outside service providers, when, or if utilized.

All sub-contractors or outside service providers must provide proof that they possess current Worker's Compensation and Liability insurance. All sub-contractors or outside service providers must notify XYZ Organization of any potentially hazardous materials, products or machinery they may be utilizing while at the facility prior to any work performed on site.

- 8) Summarize your disciplinary policy with regard to violations of your safety and health policies.

First offense - Oral warning with review of all applicable safety policies.

Second offense - Written warning with re-training of the safety procedures involved.

Third offense - Termination of employment

- 9) Summarize your policy for providing adequate resources dedicated to safety.

XYZ Organization highly values its employees and will take any/all steps and will commit whatever resources necessary to ensure their safety and well-being.

- 10) How are employees provided access to your safety and health policies?

Safety and health policies are reviewed annually with staff. These policies are also provided to and reviewed with all new employees as part of their orientation process.

SUMMARY OF SAFETY AND HEALTH PROGRAM

Form completed by: Name: Robert Smith Title: HR and Facilities Administrator & Safety Committee
Chairperson Date: 12/31/20XX

ADDITIONAL NH COMPANY LOCATIONS

| NAME | STREET | CITY | FED ID# (if different) | #Employees |
|-------------|---------------|-------------|-------------------------------|-------------------|
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