



POLICIES AND PROCEDURES MANUAL





**Engineering
Services**

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SECTION I

PURPOSE AND SCOPE

PURPOSE AND SCOPE

The purpose of this Policy Manual is to increase understanding, provide a ready reference to answer frequent questions that arise, and to ensure that throughout ABM Engineering Services there is consistent and equitable administration of personnel programs.

It is not the intent of this manual to conflict with the current Union contract (if applicable), rather to assist in its implementation.

When circumstances arise that are not specifically covered by this manual, or if the manual seems indefinite or unclear in any way, an explanation should be requested from ABM Engineering Services.

Procedures and policies in this manual are subject to constant review and improvement. In this regard, suggestions to ABM Engineering Services are welcome and appreciated.

All pronoun references of gender shall apply to both genders.

SECTION II

EMPLOYEE RULES OF CONDUCT

EMPLOYEE RULES OF CONDUCT

Discipline and Rules: Work Rules/Cause For Disciplinary Action/Discharge – 08/00

Discharge may occur when an employee deliberately or repeatedly disregards the Company's interests, job standards or rules or for other legitimate business reasons. The employee's complete work history should be considered to determine appropriate action.

The following are examples, but is not an exclusive list of offenses which are cause for disciplinary action up to and including discharge. Inclusion of the following list does not limit or diminish the Company's policy of "at will" employment.

1. Marked inefficiency or failure to perform job duties satisfactorily.
2. Falsification of any Company record.
3. Theft, willful damage or unauthorized removal or use of Company, employee, or customer property, equipment, records or information.
4. Excessive tardiness.
5. Excessive absences.
6. Unauthorized absence or failure to call in to notify the Company promptly of intended absence.
7. Failure to comply with instructions of a supervisor or management representative.
8. Deliberate unsatisfactory work or negligence.
9. Wasting time, loitering, sleeping during work hours or leaving the workplace without authorization.
10. Failing to keep work areas and equipment clean, creating unsafe conditions or defacing Company or customer property.
11. Violation of safety, health or security rules.
12. Personal or unauthorized use of Company material, time or equipment.
13. Careless or negligent use of Company vehicle, equipment or property.
14. Insubordination to a supervisor or management representative such as direct confrontation or profanity.
15. Possession, distribution, sale, transfer or misuse of alcohol, prescription drugs or illegal drugs in the workplace, while on duty, or while operating employer-owned vehicles or equipment.
16. Being under the influence of alcohol or other drugs while at work or possession or use of intoxicating beverages on Company premises except in connection with authorized Company activities approved by the ABM President.

EMPLOYEE RULES OF CONDUCT

17. Creating, encouraging or participating in disorder or violence, fighting or threatening bodily harm.
18. Conviction of, or pleading guilty to or admission of a criminal offense involving dishonesty, violence, illegal drugs or moral turpitude.
19. Obtaining employment on the basis of false or misleading information or a material omission of information.
20. Having an interest in or engaging in activities in direct or indirect competition with the Company or any of its affiliates as an employee, partner, consultant or owner.
21. Unauthorized disclosure or misuse of confidential information, customer lists or business proprietary information.
22. Unauthorized duplication or use of keys that lock or secure Company or customer premises or property.
23. Possession of firearms, explosives or any article intended for use as a weapon on Company or customer premises or property.
24. Soliciting funds or distributing written or printed material during working hours without authorization.
25. Creating discord or harassing any other employee, customer or visitor.
26. Discrimination against or harassment of any applicant, employee, visitor or customer on the basis of gender, race, national origin, color, religion, age, disability, sexual orientation or marital status.
27. Conduct inappropriate in a business environment.
28. Dress or grooming inappropriate in a business environment.
29. Any flagrantly deliberate or gross misconduct offense.
30. Misuse of Company or customer funds.
31. Commission of or attempt to commit any criminal act against the Company, its customers, employees or property, including but not limited to fraud, theft, vandalism or extortion.
32. Gambling; such as games played and bets made or money, products and/or services is prohibited at all company facilities and by employees of the company at customer jobsites.

SECTION III

ISO 9000

ISO 9000

EMPLOYEE RESPONSIBILITIES

- 1. Fulfill Account Obligations as assigned**
PM's, Service Requests, Projects, Bldg System Tasks (rounds, etc.)
- 2. "Say What You Do and Do What You Say"**
- 3. Know ABM Engineering Quality Policy**
*You may be questioned about the policy by an Account Representative, Internal Auditor and/or External Auditor.
Carry the pocket-size version with you.*
- 4. Know where Quality Manual is located**
Quality Manual and General Procedures are the governing documents for ABM Engineering. Site procedures and policies will enhance or supersede the manual.
- 5. Know how ISO 9000 is implemented**
 - Objective Evidence (File System)
If it is not signed, dated or initialed, either manually or electronically it does not count. Document what you do.

 - Continuous Improvement (Non-conformances)
An ISO 9000 function is to recognize problems in the system. Most likely policies and procedures dictated in the Quality Manual or General Procedures that differ with the site will be changed to reflect what happens on the site. The goal is to correct breakdowns in the system and prevent them from occurring again.

ABME/ISO 9000 Internal/External Audit: What to expect

Why is an audit conducted?

An audit is conducted to verify your system is in compliance with the ABME/ISO 9000 Standards through a review of objective evidence of your quality system.

When is an audit conducted?

An ABME Representative usually conducts an Internal Audit when you feel your facility is ready to be assessed. An External Audit is conducted by a 3rd Party Agency who randomly selects 10 new un-audited ABME accounts every 6 months. Every facility must be internally audited at least once a year, and externally at least once every three years.

What is the difference between an Internal and External Audit?

Both audits verify your locations' compliance to the ABME/ISO 9000 Standards and identify any nonconformity to the standards, which must be corrected. Further, an External Audit validates company-wide compliance to ABME/ISO 9000 standards and ensures maintenance of ISO 9000 Certification.

Will I be notified of an internal or external audit, and if so, what should I prepare?

Yes, your Account Manager will notify you well in advance before the actual audit is to take place. In preparation, you should review your Quality System, read any literature provided by ABM Engineering Services such as the Quality Manual and Periodic Reports and have objective evidence of your Quality System readily available for the audit.

What types of questions will be asked during the audit?

The auditor will ask to see objective evidence of your system by asking questions about what essential work procedures are performed, what essential forms or logs are used to complete your procedures, and the maintenance and storage of records that verify your work. In addition, you and your staff will be asked for their comprehension of ABME/ISO 9000 Standards and what it has meant to them.

How long will the audit last and can I leave?

Typically the audit last about 2-4 hours, however anytime during the audit you may attend to your business or any emergencies. It is recommended that you schedule non-interrupted time to go through the entire audit without disruptions.

Do I get a report when the audit is completed?

For an internal audit, the ABM Engineering Representative will give a completed report and indicate any corrections that are needed. For an external audit, a Company-wide Report is usually generated 2-4 weeks after the audit. You will be notified of the results through the ABME/ISO 9000 Semi-annual Periodic Reports.

SECTION IV

SAFETY AWARENESS

CAN YOU, YOUR ENGINEERS AND YOUR PLANT MEASURE UP?

1. Are emergency telephone numbers listed?
2. Do all employees know what to do in emergencies?
3. Do you specify compliance with building codes for all outside contracted and in-house repairs?
4. Are fuses and circuit breakers the right type and size for the load on each circuit?
5. Are your portable and fixed fire fighting systems periodically inspected and tested?
6. Is your local fire department well acquainted with your plant, location and specific hazards?
7. Are covered metal waste cans used for oily and paint-soaked waste?
8. Are rubbish and litter disposed of daily?
9. Are all machines or operations that expose operators or other employees to rotating parts, pinch points or flying chips, particles or sparks adequately guarded?
10. Are hand tools and other equipment regularly inspected for safe conditions?
11. Is your Injury Prevention Program being promoted?

Don't stop now -- safety is an ongoing project. Use it daily and remember these questions don't even scratch the surface.

Where safety is involved, one mistake might be your only mistake!

ASBESTOS -- HAZARDOUS CONDITIONS

Introduction

It is the policy of ABM Engineering Services to provide a safe place of employment to all employees of ABM Engineering Services, whether they perform their duties on the employer's premises, or at the work sites of others. ABM Engineering Services requires that owners/owners' representatives disclose the presence of asbestos in any area of the owner's premises where employees of ABM Engineering Services can be expected to perform their duties.

Background

The profession of operating engineering maintenance is considered to require skilled professional technicians to accomplish the electro-mechanical repair and maintenance requirements associated with office buildings and other similar stationary engineering plants.

During the course of your daily work routines you encounter many situations that are considered to be hazardous by novices and other untrained persons in your profession. To the highly skilled operating engineer these hazards are dealt with as a matter of course because of your familiarity and training, i.e., electricity, steam, chemicals, high/low pressure systems, pneumatics, etc.

Each of the above hazardous conditions are dealt with by using:

- a. common sense,
- b. proceeding with caution,
- c. wearing protective clothing/safety equipment, and

being aware of your limitations and the extent of the hazards being encountered.

Action

No employee of ABM Engineering Services shall perform work in an area where he or she is exposed to asbestos hazards (i.e., where asbestos materials are observed to be deteriorating or flaking). If you encounter such an area in your work place, you should immediately advise your Engineering Manager.

In dealing with areas that are excessively dusty due to non-asbestos materials, such as fiberglass, airborne dust, or sheet rock for example, caution must also be taken by:

- a. wearing a breathing dust protector,
- b. minimizing movement in the area (do not stir up dust particles),
- c. spraying water mist in the work area, being careful not to create other hazards, slip and fall or electrical, to yourself or others, and

d. remaining in the area only the minimum amount of time to accomplish the required work.

If areas are encountered where you suspect that a health hazard exists (including, but not limited to, those where you suspect an asbestos or chemical hazard), you are to contact your respective Engineering Manager, who will contact the building owner/owner's representative to determine the extent to which a health hazard might exist.

ABM Engineering Services is obligated to keep you informed of work related conditions for employees. Please contact the Engineering Manager with any concerns you may have.

SECTION V

HAZARD COMMUNICATION PROGRAM

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ABM Engineering Services, a company of American Building Maintenance Industries, has developed a Hazardous Communication Program to enhance and protect ABM Engineering Services' employee's health and safety in the workplace.

PURPOSE

This program applies to all work operations at *(Enter location's complete name and address)* where ABM Engineering Services' employees may be exposed to hazardous chemicals under normal working conditions or during an emergency. At *(Enter location name)*, ABM Engineering Services intends to provide information about chemical hazards and other hazardous substances, and the control of hazards via our comprehensive Hazard Communication Program which includes container labeling, Material Safety Data Sheets (MSDS) and training, in accordance with the requirements of OSHA 1910.1200.

ADMINISTRATIVE DUTIES

The ABM Engineering Services Director of Training and Safety and *(Enter the ABM Engineering Services' Account Representative)* has overall responsibility for coordinating safety and health programs at *(Enter location's complete name and address)*.

(Enter designated facility personnel) is the person having overall responsibility for the Hazardous Communication Program at *(enter location name)*. *(Enter designated facility personnel)* will review and update the program, as necessary. (Copies of the written program may be obtained from *(enter ABM Engineering Services Branch office complete name and address)*).

INVENTORY LIST OF HAZARDOUS CHEMICALS

A list is maintained of all the known hazardous chemicals at *(Enter designated location)*. Specific information on each substance can be obtained by reviewing the each Material Safety Data Sheet for each chemical listed.

Attachment 1 or a similar list contains all known hazardous chemicals at this location. *(Enter designated facility personnel)* updates the inventory list as necessary. This list may be in the MSDS Book.

MATERIAL SAFETY DATA SHEETS (MSDS)

Copies of MSDS for all hazardous substances to which employees of this company may be exposed are kept *(Enter primary location of MSDS book)*.

(Enter designated facility personnel) will be responsible for obtaining and maintaining the material safety data sheet system for this site. He/she will contact the chemical manufacturer or vendor if additional research as necessary.

(Enter designated facility personnel) will review incoming material data sheets for new and significant health and safety information. He/ she will see that any new information is passed on to the affected employees.

The MSDS will be reviewed for completeness by *(Enter designated facility personnel)*. If an MSDS is missing or obviously incomplete, a new MSDS will be requested from the manufacturer. OSHA will be notified if the MSDS is not received.

MSDS are available to all employees in their work area for review during each work shift. If MSDS are not available or new hazardous substances do not have an MSDS, please contact *(Enter designated personnel)*.

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CONTAINER LABELING

It is the policy of ABM Engineering Services that no container of hazardous substance will be accepted or released for use until the following label information has been verified:

- *Containers contents are clearly labeled*
- *Appropriate hazard warnings are noted*
- *The names and address of manufacturer are listed*

This responsibility has been assigned to ***(Enter designated facility personnel)***

To further ensure that employees are aware of the hazard of material used in their work areas, it is ABM Engineering Services' Policy to label all secondary containers. This label will have the following:

- *Identity of product*
- *Proper health hazard warnings*
- *Be maintained in a legible manner*

(Enter designated facility personnel) will ensure that all secondary containers are labeled with either an extra copy of the original manufacturer's label or with a generic label which has a block for identity and blocks for hazard warnings.

HAZARDOUS NON-ROUTINE TASKS

Periodically, employees are required to perform hazardous non-routine-tasks. Before starting work on such projects, each affected employee will be given information by ***(Enter designated facility personnel)*** about hazards to which they may be exposed during such an activity.

This information will include:

- *Specific hazards (chemicals, poor ventilation, etc.)*
- *Protective measure, which must be, used (goggles, gloves, etc...)*
- *Measures the company has taken to lessen the hazards – including ventilations, respirators, presence of another employee and emergency procedures.*

Attachment 2 or similar sheet is a list of all non- – routine tasks.

HAZARDS OF UNLABELED PIPES

The following ABM Engineering Services Policy has been established to ensure that our employees who work on unlabeled pipes have been informed as to the hazardous substances contained within.

Before starting work on unlabeled pipes, our employees are to contact their immediate supervisor for the following information:

- *The substance in the pipe*
- *Potential hazards*
- *Safety precautions which shall be taken*

MULTI-EMPLOYER FACILITY

To ensure that outside contractors work safely in our facility, it is the responsibility of *(Enter designated facility personnel)* to provide contractors the following information:

- Hazardous substances to which they may be exposed while on the job site.
- Precautions the employees may take to lessen the possibility of exposure by usage of appropriate protective measures.

TRAINING

Employees are to attend a health and safety orientation set up ABM Engineering Services, prior to starting work for information and training on the following:

- (a) An overview of the requirements contained in the Hazard Communication Regulations, including their right under the regulations.
- (b) Inform employees of any operations in their work area where hazardous substances are present.
- (c) Location and availability of the written hazard communication program.
- (d) Physical and health effects of the hazardous substances.
- (e) Methods and observation techniques used to determine the presence or release of hazardous substances in the work area.
- (f) How to lessen or prevent exposure to the hazardous substances through usage of control, work practice and personal protective equipment.
- (g) Steps the company has taken to lessen or prevent exposure to these substances.
- (h) Emergency and first aid procedures to follow if employees are exposed to hazardous substance (s).
- (i) How to read labels and reviews the MSDS to obtain appropriate hazard information.

When new hazardous substances are introduced, *(Enter designated facility personnel)* will review the above items as they relate to the new material, at your work area safety meeting.

Inventory List of Hazardous Chemicals

Facility _____

page ____ of ____

Date	Chemical	Manufacturer	MSDS (y/n)	Comments

List of Hazardous Non-Routine Tasks

Facility _____

page _____ of _____

Date	Task (specific)	Hazard(s)	Protective Measures to be used (PPE, etc.)	Company Measures

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ABM ENGINEERING SERVICES', a company of American Building Maintenance Industries has developed a Hazardous Material Handling program to assure health and safety to all our employees.

PURPOSE

This program applies to all work operations at *(Enter location's complete name and address)* where ABM ENGINEERING SERVICES' employees may be exposed or handle hazardous chemicals under normal working conditions or during an emergency. At *(Enter location name)*, ABM ENGINEERING SERVICES' intends to provide information about chemical and hazardous material handling via training, which includes information regarding employee's welfare, spills, containment, disposal, and general chemical safety. This program shall complement the Hazardous Communication Program at *(Enter locations name)* located *(Enter location of Hazardous Communication Program)* in accordance with the requirements of OSHA 1910.1200.

ADMINISTRATIVE DUTIES

(Enter designated personnel) has overall responsibility for coordinating the safety and health programs, including the Hazardous Material Handling Program at *(Enter Facility Location's Name)*.

(Enter designated personnel) also will ensure ABM ENGINEERING SERVICES' employees are aware of the following:

- Be sure all containers are properly labeled.
- What to use in case of spillage, emergency procedures and disposal of chemicals
- Employee Use of MSDS
 - Know the location of the MSDS
 - Understand the major points for each chemical
 - Check MSDS when more information is needed or questions arise
 - Be able to quickly locate the emergency information on the MSDS
 - Follow the safety practices provided on the MSDS

GENERAL HAZARDOUS CHEMICAL SAFETY

Assume All Chemicals are Hazardous.

- Read and understand the Material Safety Data Sheets.
- Use the necessary safety equipment.
- Carefully label every container with the identity of its contents and appropriate hazard warnings.
- Store incompatible chemicals in separate areas.
- Substitute less toxic materials whenever possible.
- Limit the volume of volatile or flammable material to the minimum needed for short operation periods.
- Provide means of containing the material if equipment or containers should break or spill their contents.

Chemical Fire and/or Explosion Information

- Material Flash Point, auto-ignition temperature and upper/lower flammability limits
- Proper fire extinguishing agents to be used
- Fire fighting techniques
- Any unusual fire or explosive hazards

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Chemical Reaction Information

- Stability of Chemical
- Conditions and other materials which can cause reactions with the chemical
- Dangerous substances that can be produced when the chemical reacts
- *(Enter location's name)* procedures for handling, disposing and use of all chemicals shall be enforced when applicable and in accordance with the MSDS and OSHA requirement.

SPILLS

In the case of a spill, contact *(Enter designated personnel)* and/or the follow the *(Enter Locations Name)* Emergency Procedures which are located at *(Enter Emergency Procedures Plan location)*. Appendix A or similar form includes local or specialized spill procedures for each identified chemical *(Complete Appendix A for local or specialized spill procedure for each identified chemical)*. For most situations, use the following as guidelines:

- Chemical on Skin: Rinse well with a lot of water. To prevent, pour only over sink, be sure all lids are on tight, use chemical only as directed, and wear rubber gloves that are cuffed.
- Chemical in Eyes: Immediately wash eyes with a lot of water for 15 minutes patch and see a doctor. Do not rub. To prevent, always pour or spray chemical away from the face.
- If you inhale a Chemical: Go outside and get fresh air. If irritation persists, visit a doctor and contact the Chief Engineer or Engineering Manger.
- Never spray or point bottles toward you. Be sure the nozzle points away from you.

CONTAINMENT

If containment is needed, contact *(Enter designated personnel)* and/or the follow the *(Enter Locations Name)* Emergency Procedures which are located at *(Enter Emergency Procedures Plan location)*. Appendix A or similar form includes local or specialized containment procedures for each identified chemical *(Complete Appendix A for local or specialized containment procedure for each identified chemical)*. For most situations, use the following as guidelines:

- Follow the appropriate containment techniques as dictated by the MSDS
- Use the proper containment resources such as absorbencies, dikes and other vehicles to contain the chemical in accordance with the MSDS
- Use the appropriate Personal Protective Equipment
- Never wash down a chemical and Never let a chemical enter a drain

DISPOSAL

If disposal is required, contact *(Enter designated personnel)* and/or the follow the *(Enter Locations Name)* Emergency Procedures which are located at *(Enter Emergency Procedures Plan location)*. Appendix A or similar form includes local or specialized containment procedures for each identified chemical *(Complete Appendix A for local or specialized disposal procedure for each identified chemical)*. Use the following as guidelines:

- Follow the appropriate disposal techniques as dictated by he MSDS
- Use the proper disposal resources as dictated by the MSDS
- Use the appropriate Personal Protective Equipment when disposing
- Never dispose a chemical down a drain unless in accordance with the MSDS

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EMERGENCY

In the case of an emergency, contact *(Enter designated personnel)* and/or the follow the *(Enter Locations Name)* Emergency Procedures which are located at *(Enter Emergency Procedures Plan location)*. Appendix A or similar form includes local or specialized containment procedures for each identified chemical *(Complete Appendix A for local or specialized emergency procedure for each identified chemical)*. In certain situations, use the following as guidelines:

If possible

- Evacuate people from the area.
- Isolate the area.
- If the material is flammable, turn off ignition and heat sources.
- Only personnel specifically trained in emergency response are permitted to participate in chemical emergency procedures beyond those required to evacuate the area.

TRAINING

Employees are to attend a health and safety orientation set up by *(Enter your answer)*, for information and training on the Hazard Material Handling Program including the following:

- An overview of the requirements contained in the Hazard Material Handling Program
 - Location and availability of the written hazard communication program.
- General Chemical Safety
 - Fire and Explosion Information
 - Chemical Reaction Information
- Spills – What to do if contacted on body or inhaled
- Containment – What to do to contain spills
- Disposal – What to do when disposing chemicals
- Emergencies – What to do in case of Emergency
 - Emergency and first aid procedures to follow if employees are exposed to hazardous material/chemical (s).
- How to read labels and reviews the MSDS to obtain appropriate hazard information.

When new hazardous substances are introduced and handling is required, *(enter your answer)* will review the above items as they relate to the new material, at your work area safety meeting

PROGRAM REVIEW

(Enter designated personnel) will review and update the hazardous Material Handling Program as necessary.

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SECTION VI

LOCKOUT TAGOUT PROGRAM

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ABM Engineering Services, a company of American Building Maintenance Industries, has developed a Lockout/Tagout Program to enhance employee health and safety in the workplace.

PURPOSE

The purpose of this program is to establish procedural requirements for all ABM Engineering Services employees at *ENTER BUILDING/SITE NAME HERE* for the lockout of energy isolating devices whenever maintenance or servicing is done on machines or equipment for all work operations at where employees must deal with lockout/tagout situations as part of their job duties, in accordance with the requirements of OSHA's 1910.147. This program is used to ensure that the machine or equipment is stopped, isolated from all potentially hazardous energy sources and locked out before employees perform any servicing or maintenance where the unexpected energization or start-up of the machine or equipment or release of stored energy could cause injury.

ADMINISTRATIVE DUTIES

ABM's Account Manager has overall responsibility for coordinating safety and health programs at *ENTER BUILDING/SITE NAME HERE*.

ENTER DESIGNATED BUILDING/SITE SUPERVISOR HERE is the person having overall responsibility for the Lockout/Tagout Program. *ENTER DESIGNATED BUILDING/SITE SUPERVISOR HERE* will review and update the program, as necessary. Copies of the written program may be obtained from *ENTER BUILDING/SITE NAME HERE*.

AUTHORIZED AND AFFECTED EMPLOYEES

Authorized Employee: A person who locks out or tags out machines or equipment in order to perform servicing or maintenance on that machine or equipment. An affected employee becomes an authorized employee when that employee's duties include performing servicing or maintenance covered under this section. Authorized employees are listed in : [Appendix A or similar form](#)

Affected Employee: An employee whose job requires him/her to operate or use a machine or equipment on which servicing or maintenance is being performed under lockout or tagout, or whose job requires him/her to work in an area in which such servicing or maintenance is being performed. Affected employees include: [Appendix A or similar form](#)

LOCKOUT/TAGOUT FACILITY SPECIFIC MACHINERY AND EQUIPMENT

The machinery and equipment in this facility that falls under the Control of Hazardous Energy Standard is identified as the following: [\(Machinery and equipment listed in Appendix B\)](#)

Lockout is the preferred method of isolating machines or equipment from energy sources. Tagout is to be performed instead of lockout only when there is no way to lockout a machine. The following pieces of machinery in this facility subject to the Control of Hazardous Energy Standard and are not able to be locked out and thus must be tagged out are identified as follows: [\(Machinery and equipment listed in Appendix B\)](#)

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GENERIC LOCKOUT/TAGOUT PROCEDURES

SHUT-DOWN PROCEDURES

Affected employees are notified when their machine is to be locked out according to the following method:
ENTER YOUR PROCESS TO NOTIFY AFFECTED EMPLOYEES

Preparation for shutdown.

Awareness. Before an authorized or affected employee turns off a machine or equipment, the authorized employee shall have knowledge of the type and magnitude of the energy, the hazards of the energy to be controlled, and the method or means to control the energy.

Shutdown. The machine or equipment shall be turned off or shut down using the procedures established for the machine or the equipment. An orderly shutdown must be utilized to avoid any additional or increased hazard(s) to employees as a result of equipment stoppage.

Isolation. All energy isolating devices that are needed to control the energy to the machine or equipment shall be physically located and operated in such a manner as to isolate the machine or equipment from the energy source(s).

Lockout/Tagout Control and Tracking.

[Appendix C or similar log](#) shall be maintained to track the status of the lockout/tagout process for equipment and machinery. The authorized person executing a lockout/tagout or lead will review the scope of work and proper procedures and will provide the information required in [Appendix C or similar log](#)

The authorized employee will ensure that the affected employees are informed of the need to shut down the equipment when the entry is made in the log.

A new entry will be made in the log each time a lockout/tagout is initiated. Anytime equipment or part of equipment is locked or tagged for a longer duration than one 24 hour period (for routine checks or due to mechanical failure), it should be recorded in the log as such to ensure that other authorized employees recognize possible hazards

Other procedures include: **ENTER OTHER PROCEDURES IF REQUIRED**

Lockout or tagout device application.

- 1) Authorized employees shall affix lockout or tagout devices to each energy-isolating device. The following devices have been approved for this facility: **ENTER THE TYPES OF LOCKOUT DEVICES**
- 2) Lockout devices, where used, shall be affixed in a manner that will hold the energy isolating devices in a "safe" or "off" position. Each authorized employee shall have unique controls/features of their lockout devices i.e., one key per lock, colored coordinated devices, etc.
- 3) Tagout devices, where used, shall be affixed in such a manner as will clearly indicate that the operation or movement of energy isolating devices from the "safe" or "off" position is prohibited. Tagout devices shall be affixed directly as close as safely possible to the energy-isolating device, in a position that will be immediately obvious to anyone attempting to operate the device.

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Stored energy.

Following the application of lockout or tagout devices to energy isolating devices, all potentially hazardous stored or residual energy shall be relieved, disconnected, restrained, and otherwise rendered safe. If there is a possibility of reaccumulation of stored energy to a hazardous level, verification of isolation shall be continued until the servicing or maintenance is completed, or until the possibility of such accumulation no longer exists.

- Electrical Energy – Test line for voltage
- Hydraulic Energy - Close supply and return valves. Drain the machine/equipment
- Chemical Energy – Use safe handling procedure. Removal or storage of refrigerant must be done by certified auditor and the recovery and storage equipment must be EPA approved

Verification of isolation.

Verification. Prior to starting work on machines or equipment that have been locked out or tagged out, the authorized employee shall verify that isolation and deenergization of the machine or equipment have been accomplished, even though isolation is performed prior to shutdown and is checked at that point.

START-UP PROCEDURES

Release. Before lockout or tagout devices are removed and energy is restored to the machine or equipment, procedures shall be followed and actions taken by the authorized employee(s) to ensure the following:

- The work area is inspected to ensure that nonessential items have been removed and to ensure that machine or equipment components are operationally intact.
- The work area is checked to ensure that all employees have been safely positioned or removed. After lockout or tagout devices have been removed and before a machine or equipment is started, affected employees shall be notified that the lockout or tagout device(s) have been removed. Also, proceed with the following:
 - Electrical Energy - Verify that line voltage has been restored
 - Hydraulic Energy - Open valves slowly to fill systems
 - Chemical Energy - Verify machine/equipment is charged and ready to be started

Lockout or tagout devices removal (attended and unattended)

The employee who applied the device shall remove each lockout or tagout device from each energy-isolating device. Exception: When the authorized employee who applied the lockout or tagout device is not available to remove it, that device is removed under the direction of **ENTER DESIGNATED BUILDING/SITE SUPERVISOR HERE** The specific procedure shall include at least the following elements :

- Verification by **ENTER DESIGNATED BUILDING/SITE SUPERVISOR HERE** that the authorized employee who applied the device is not at the facility;
- Making all the reasonable efforts to contact the authorized employee to inform him/her that his/her lockout or tagout device has been removed;
- Ensuring that the authorized employee has this knowledge before he/she resumes work at that facility. The machinery and equipment listed above follows these lockout placement, removal, transfer, and responsibility procedures:
- Others **ENTER YOUR ANSWER**

SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE

Testing or positioning of machines, equipment or components

In situations in which lockout or tagout devices must be temporarily removed from the energy isolating device and the machine or equipment energized to test or position the machine, equipment or component thereof, the following sequence of actions shall be followed:

- 1) Clear the machine or equipment of tools and materials;
- 2) Remove employees from the machine or equipment area;
- 3) Remove the lockout or tagout devices;
- 4) Energize and proceed with testing or positioning;
- 5) Deenergize all systems and reapply energy control measures in accordance with the Control of Hazardous Energy Standard to continue the servicing and/or maintenance.
- 6) Others **ENTER YOUR ANSWER**

PERIODIC INSPECTION

A periodic inspection is done by *ABM Account Management* looking at the energy control procedures performed to ensure that the procedure and requirements of the standard are being followed. This inspection is performed *annually* using [Appendix E](#).

TRAINING

Training will be provided by ABM Account Management or Site Supervisor at least annually, whenever there is a change in the workplace, for all new hires, upon request of employees or when deemed necessary to ensure employees understand the purpose and the function of the Lockout/Tagout Program and that they have the skills and knowledge required for safe application of the energy controls. Each authorized employee shall be trained to recognize applicable types and magnitudes of hazardous energy sources in the work areas and the methods and means for isolating and controlling the energy. In addition, affected personnel will be trained by *Site Supervisor* to understand the purpose and use of the Lockout/Tagout Program

SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE

AUTHORIZED AND AFFECTED EMPLOYEES (A)
ENTER BUILDING/SITE NAME HERE

AUTHORIZED EMPLOYEES	LOCK FEATURES	KEY NUMBER	DATE
Sign:			
Sign:			
Sign:			
Sign:			
Sign:			
Sign:			

AFFECTED EMPLOYEES	DEPARTMENT	CONTACT

SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE

LOCKOUT/TAGOUT SPECIFIC FACILITY EQUIPMENT (B)

ENTER BUILDING/SITE NAME HERE

This form is used to identify specific lockout/tagout procedures involved when servicing/maintaining the equipment/machine listed.

Equipment/Machine Name: _____ Model #: _____

Serial #: _____ Location: _____

Authorized Employees: _____

Affected Employees: _____

Service/Maintenance Activities Requiring Lockout/Tagout: _____

Procedure (Circle): Lockout Tagout

Energy Type (Circle): Steam Natural Gas Moving Parts Chemicals Electric Power
 Water Pneumatic Compressed Air Hydraulic Other: _____

Lockout Device (Circle): Switch Valve Block Chain Hasp Other: _____

Energy Release Method (Circle): Ground Dissipate Drain Restrain Other: _____

ENERGY SOURCE (ALL LISTED)	HAZARD	ACTION REQUIRED	LOCKABLE (YES/NO)	TYPE OF LOCK/BLOCK	PPE REQUIRED

SHUT-DOWN/START-UP PROCEDURES

- | | | | |
|---|--------------------------|--|--------------------------|
| 1. Review Energy Control Procedures | <input type="checkbox"/> | 7. Reduce equipment to a zero energy state | <input type="checkbox"/> |
| 2. Identify all Energy Sources | <input type="checkbox"/> | 8. Verify equipment isolation | <input type="checkbox"/> |
| 3. Notify Chief Eng. & all Affected Employees | <input type="checkbox"/> | 9. Perform task | <input type="checkbox"/> |
| 4. Shut down the equipment | <input type="checkbox"/> | 10. Remove Lockout/Tagout device, when completed | <input type="checkbox"/> |
| 5. Isolate equipment | <input type="checkbox"/> | 11. Restore energy & return equipment on-line | <input type="checkbox"/> |
| 6. Apply lockout/tagout devices | <input type="checkbox"/> | 11. Verify equipment is ready for usage | <input type="checkbox"/> |

Date: _____

Conducted By: _____

Title: _____

Company: _____

SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE

UNATTENDED LOCK REMOVAL FORM (D)

ENTER BUILDING/SITE NAME HERE

Date: _____ Time: _____

Individual requesting removal of the lock: _____

Name and location of equipment: _____

Reason for removal: _____

Authorized employee who applied lock: _____ Lock Elements: _____

Verification of efforts to contact the authorized employee who applied the lock
(Please check one)

_____ I have spoken with the authorized employee identified above and have obtained approval to remove the lockout device

_____ I have attempted to contact the authorized employee identified above whose lock needs to be removed. I have not spoken to the authorized employee, but have determined the employee is not in the facility and that removing the lock will not create hazardous situation for the facility personnel.

Area manager signature: _____ Date: _____ time: _____

Authorized employee removing the lock: _____

Authorized employee control of unit: _____

Notification of Lock Removal

I notified _____ that his/her lock devise has been removed.

Signature: _____ Date: _____ Time: _____

I have been notified that my lockout device was removed as stated above

Signature: _____ Date: _____ Time: _____

SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE SAMPLE

PERIODIC INSPECTION AND EVALUATION REPORT (E)

ENTER BUILDING/SITE NAME HERE

Date: _____ Conducted by: _____

General Written Policy has been reviewed: _____ Yes _____ No

Comments on General Policy (New lockout equipment, awareness, etc..)

The following Specific lockout/tagout procedures were modified (since last inspection)

The following specific lockout/tagout procedures were developed for new or modified equipment

Each authorized employee has been trained on the usage of the Lockout/Tagout program. *(Mandatory requirement)*. Review sign-in roster for all authorized employees.

Review has been conducted with each authorized or affected employee has been conducted:

_____ Yes _____ No

Next inspection date: _____

SECTION VII

INJURY REPORTING

INJURY REPORTING

ABM Engineering Services' policy is to provide fair and equitable treatment to employees with legitimate on-the-job injuries. This section is designed to help you process Workers' Compensation claims more efficiently and effectively. Proper claim handling is in the best interest of injured employees, and is also an important factor in keeping Workers' Compensation costs to a minimum.

MEDICAL FACILITY MANAGEMENT

Proper use of your designated medical facility is crucial to effective Workers' Compensation claim handling. Employees injured on the job should receive initial treatment from a designated medical facility whenever possible. In some cases, an employee may receive initial treatment at a hospital emergency room due to the seriousness of the injury, or because the accident occurred at a time when a designated medical facility was not available. Whenever an employee receives treatment at a hospital emergency room we become concerned. Hospital emergency rooms are not as familiar with industrial injuries and modified duty jobs as our designated medical facilities; therefore, it is easy to lose medical control in these situations.

When an employee is treated by a hospital emergency room, make sure you contact your Branch Manager immediately following the hospital emergency room visit. If the employee is released to work with no restrictions and there is no follow-up care scheduled, then no further communication with the hospital by the Branch Manager is required. However, if the employee is disabled to any extent, or if the hospital emergency room has scheduled follow-up treatment, then we must arrange for the injured employee to be evaluated by your designated medical facility as soon as possible. Notify your Branch Manager immediately if there is any difficulty obtaining an evaluation for the injured employee by your designated medical facility.

Verify that a *NOTICE TO EMPLOYEES OF A DESIGNATED MEDICAL FACILITY* (see Appendix B: Sample Letters) has been properly posted at every location where you have employees. Be sure the information is complete, correct and current.

PROCEDURE FOR REPORTING ACCIDENTS/INJURIES

Injury Reporting

ABM Engineering Services' policy is to provide fair and equitable treatment to employees with legitimate on-the-job injuries. This section is designed to help you ensure that the processing of a Workers' Compensation claim, should you experience an on-the-job injury, is handled efficiently and effectively. Proper claim handling is in the best interest of injured employees, and is also an important factor in keeping Workers Compensation costs to a minimum.

Medical Facility Management

Always be sure to call 911 in the event of a serious injury.

Proper use of your designated medical facility is *crucial* to effective Workers' Compensation claim handling. If you are injured on the job, you should receive initial treatment **from a designated medical facility** whenever possible. In some cases, you may receive initial treatment at a hospital emergency room due to the seriousness of the injury, or because the accident occurred at time when a designated medical facility was not available. Whenever you receive treatment at a hospital emergency room, we become concerned. Hospital emergency rooms are not as familiar with industrial injuries and modified duty jobs as our designated medical facilities; therefore, it is easy to lose medical control in these situations.

If you are treated by a hospital emergency room, make sure you contact your supervisor immediately following the hospital emergency room visit, if not before. If you are released to work with no restrictions and there is no follow-up care scheduled, then no further communication with the hospital by ABM Engineering is required. However, if you are disabled to any extent, or if the hospital emergency room has scheduled follow-up treatment, then we must arrange for you to be evaluated by your designated medical facility as soon as possible.

A NOTICE TO EMPLOYEES OF A DESIGNATED MEDICAL FACILITY is posted where you work. Take time to write down the address and keep it where it can easily be retrieved.

The following material defines three levels of injuries and the procedures to be followed in each case. **In any injury, call the ABM Teleclaim Hotline Number 1-888-840-4148 within 24 hrs.**

ON-THE-JOB INJURIES

LEVEL I - FIRST AID INJURIES

DEFINITION: **"First Aid"** incidents are those injuries for which first aid is the ONLY treatment provided to an injured worker. If you receive any treatment from a doctor, or lose any time from work, the incident does not qualify as a First Aid Injury.

PROCEDURE: Your supervisor logs the injury in the FIRST AID LOG maintained at the work-site.

NOTE: ***FIRST AID INJURIES DO NOT NEED TO BE REPORTED TO THE ABM ENGINEERING OFFICE.** HOWEVER, IF YOU SEE A DOCTOR AT A LATER TIME, OR BEGIN LOSING TIME FROM WORK, THE CLAIM MUST BE PROCESSED AND REPORTED IMMEDIATELY. A CLAIM FORM MUST ALWAYS BE PROVIDED TO YOU (AND THE CLAIM MUST ALWAYS BE REPORTED) IF YOU REPORT AN ON-THE-JOB INJURY.*

LEVEL II - MEDICAL TREATMENT INJURIES

DEFINITION: ***"Medical Treatment Injuries"*** are those injuries where an employee is treated by a doctor and/or at a medical facility, but does **NOT** lose any time from work.

PROCEDURE: A MEDICAL TREATMENT CLAIM FOLDER FOR INJURIES OTHER THAN LOST-TIME OR FIRST AID is set up by your supervisor.

For each claim:

1. AN **EMPLOYEE'S CLAIM FOR WORKERS' COMPENSATION BENEFITS** MUST BE GIVEN TO YOU WITHIN 24 HOURS AFTER REPORT OF INJURY. NO EXCEPTIONS!
2. A completed MEDICAL SERVICE ORDER is given to you to carry to the designated medical facility. After completion by the attending physician, one copy is sent to your local ABM Engineering office.
3. Your supervisor must follow up to ensure the medical treatment you received was satisfactory. If you need additional medical treatment, contact your supervisor immediately.
4. Your supervisor will investigate the injury and complete the SUPERVISOR'S REPORT OF EMPLOYEE INJURY & INVESTIGATION (form ABM-242-1) in its entirety. He/she is to take corrective action to correct safety hazards, if applicable.
5. The injury is to be reported by your supervisor to your local ABM Engineering Services office within 24 hours or one (1) work day.

NOTE: WORKERS' COMPENSATION INJURIES CAN BE REPORTED BY CALLING ABM ENGINEERING SERVICES' TELECLAIM SERVICE AT 1-888-840-4148 OR THE CORPORATE OFFICES AT (323) 234-2001 .

6. Original copies of the EMPLOYEE'S CLAIM FOR WORKERS' COMPENSATION BENEFITS and the SUPERVISOR'S REPORT OF EMPLOYEE INJURY & INVESTIGATION and the MEDICAL SERVICE ORDER are to be mailed or faxed to:

***ABM Engineering Services – Corporate Office
5300 S. Eastern Avenue, Suite 100
Los Angeles, CA 90040
Fax (323) 724-9561***

LEVEL III - LOST TIME INJURIES

DEFINITION: *"Lost Time Injuries"* are those where an injured employee is treated by a doctor and/or a medical facility, **AND** loses time from work (or is returned to work on restricted or modified duty).

PROCEDURE: A WORKERS' COMPENSATION CLAIM FILE FOR LOST-TIME INJURIES ONLY (form ABM-588-B) is set up to help your supervisor manage Lost-Time Injury Only Claims. This file folder includes all the forms required to handle a lost-time injury claim.

Getting an employee back to work requires close coordination between your supervisor, Branch Manager, and your designated medical facility.

If the physician indicates that you have work restrictions, in coordination with your Branch Manager your supervisor will try to make a modified duty job available to you.

A letter to you offering the modified duty job. The following information should be included in this letter:

1. The date the job is expected to begin, including the day of week, start date, wage and hours per day.
2. The work site where you are to report to work and the name of the person to whom you should report.
3. A description of the job duties, including a statement from the doctor approving the modified duty job.
4. A statement indicating a copy of the doctor's approved job description is attached.
5. A statement advising you of the deadline to accept the modified duty job. Also, include a statement that indicates your Workers' Compensation benefits may be affected by failure to accept the modified duty job.

PROCEDURE FOR FATALITY ACCIDENTS

In the case of a fatality accident:

Telephone ABM Engineering Services Corporate/Regional Office at (323) 234-2001 and notify at least one (1) of the following:

Mike Latham, President
Cornel Sneekes, Executive Vice President
Tom Merlino, Director of Safety
Scott Robinson, ABM Safety Services (415) 733-7376



ENGINEERING DIVISION – NORTHWEST REGION

MEDCOR

FIRST REPORT OF EMPLOYEE INJURY

Employees are required by Company Policy to report all work related injuries immediately. Please follow the directions below if you have been injured on the job.

STEP 1 – Dial 911 For Life Threatening Injuries: Choking, Difficulty Breathing, Heart Problems, Profuse Bleeding, etc.
If not an Emergency, go onto STEP 2 below

STEP 2 – CALL MEDCOR NURSE

ABM NUMBER: 1-888-840-4148 – PRESS OPTION #1 - YOU MUST PRESS #1 TO SPEAK WITH THE NURSE.

When asked, your Insurance Location Codes Is **3301**

IF YOU ARE REFERRED TO A MEDICAL PROVIDER GO TO STEP 3

Nurse will recommend: On-site treatment procedures or
Referral to your Designated Medical Facility

STEP 3 – Fill Out THE MEDICAL SERVICE ORDER On The Next Page and Take It With You To The Medical Provider

– Note: Only if Medical Facility Referral is made

STEP 4 – Following your visit to the Medical Provider, contact your Regional Claims Administrator within 24 Hours at the number below.

**ABM ENGINEERING WORKERS COMPENSATION REGIONAL ADMINISTRATION
1266 FOURTEENTH STREET, 2ND FLOOR, OAKLAND, CA
PHONE: 1-510-287-5433**



MEDICAL SERVICE ORDER

TO EMPLOYEE: THIS FORM MUST BE GIVEN TO THE DOCTOR OR MEDICAL FACILITY TO WHICH YOU ARE SENT.

Authorized Medical Facility	Address (Street, City, State, Zip)	Date
-----------------------------	------------------------------------	------

MEDICAL TREATMENT AUTHORIZATION

Employee's Name (Last) (First) (Initial)	Occupation
Company/Location	Date of Injury
Supervisor's Name (PLEASE PRINT)	Supervisor's Signature

TO EMPLOYEE: THIS FORM MUST BE RETURNED TO YOUR SUPERVISOR AFTER TREATMENT

TO MEDICAL FACILITY:

If you find this employee's condition is Industrially caused, please provide all necessary medical attention as provided by State Workers' Compensation Law. If not, consider this Medical Service Order as your authorization for the initial examination only, and forward a report supporting your opinion. As an Employer we seek to provide short-term, modified work for employees who are temporarily disabled by occupational injuries.

Our purpose is to facilitate recovery, prevent deterioration of work skills, demonstrate concern, minimize loss of human resources, and reduce costs. Because of the varied work activities, some type of work can usually be found to meet the injured employee's capabilities.

Please consider the availability of this modified work before making a decision on our employee's estimated period of disability.

IF THE EMPLOYEE IS NOT RELEASED FOR FULL DUTY FOLLOWING YOUR EXAMINATION, AND WHILE THE EMPLOYEE IS STILL IN YOUR OFFICE, PLEASE CALL THE NUMBER BELOW.

TO MEDICAL FACILITY

PLEASE FAX A COPY OF THIS FORM AND DOCTOR'S 1ST REPORT OF OCCUPATIONAL INJURY OR ILLNESS AND ALL OTHER DOCUMENTS RELATED TO THIS INCIDENT TO THE NUMBER BELOW

<p>ABM ENGINEERING WORKERS COMPENSATION REGIONAL ADMINISTRATION 1266 FOURTEENTH STREET 2ND FLOOR, OAKLAND, CA FAX: 1-866-481-5993 PHONE: 1-510-287-5433</p>

PLEASE CALL US WITH ALL QUESTIONS OR COMMENTS RELATED TO THIS INJURY



ENGINEERING DIVISION- NORTHWEST
WORKER'S COMPENSATION CLAIM FORM
MUST BE COMPLETED BY THE EMPLOYEE'S IMMEDIATE SUPERVISOR

Fax 1-866-481-5993 or email to cdaggs@abm.com

Please complete as much of the information as you are able in order to provide thorough information to the claim office and adjuster. **Highlighted sections are mandatory.**

Date of Loss	Time of Loss:	am <input type="checkbox"/> pm <input type="checkbox"/>
Insurance Location Code: 3301 States Served:		
Type: (select one)	Claim <input type="checkbox"/>	Record Only <input type="checkbox"/>

ABM Regional Contact Information (person reporting claim or person ESIS should contact with additional questions):

Name:			
Work Phone#: ()	Ext:	Cell Phone #: ()	
Fax #: ()	E-Mail:	Job Title:	Department:
I am the: <input type="checkbox"/> Employer <input type="checkbox"/> Employee/Claimant <input type="checkbox"/> Other			

Corporate Information:

Entity Name: ABM Industries
Address: 75 Broadway, Suite 111, City/St/Zip: San Francisco, CA 94111

Local Business/Employer Location Information (Regional / Branch Office):

Name ABM Engineering Services
1266 FOURTEENTH STREET 2 ND FLOOR, OAKLAND, CA

Site Loss Location:

Benefit State Applicable:		
Loss Location Name (i.e. Smith Plaza Bldg):		
Address:	City/St/Zip:	
Work Phone#: ()	Ext:	Fax #: ()
Business Unit Code/Job Number:	Branch/Lot Number (If BU/Job Number unknown):	

Employee Information:

First Name:	Last Name:	
Home Address:	City/St/Zip:	
Home Phone #: ()	Work Phone#: ()	Ext:
Cell Phone #: ()	E-Mail Address:	
Social Security #:	Gender:	<input type="checkbox"/> Male <input type="checkbox"/> Female
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Unknown		
Date of Birth: / /	Age:	Total Dependents: Height: ' " Weight:
lbs		
Job Title:	Department:	
Supervisor First Name:	Last Name:	
Supervisor Phone #: ()	Cell #: ()	
Supervisor E-Mail:		
Pre-Existing Conditions: <input type="checkbox"/> High Blood Pressure <input type="checkbox"/> Diabetes <input type="checkbox"/> Obesity		
Do You Question the Validity of this Claim? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Employment Information:

Hire Date:	
Employment Type:	
<input type="checkbox"/> Full Time	<input type="checkbox"/> Part Time <input type="checkbox"/> Disabled <input type="checkbox"/> Seasonal <input type="checkbox"/> Terminated
<input type="checkbox"/> Hourly Wage \$ /hour	<input type="checkbox"/> Salary \$ /year
Hours worked per day:	Days worked per week:
Other Payments not reported as wages/salary (i.e. Tips) <input type="checkbox"/> No <input type="checkbox"/> Yes	
Was employee Drug Tested After Incident? <input type="checkbox"/> No <input type="checkbox"/> Yes (Required for Valet/Shuttle Drivers)	

Lost Time & Return to Work Information:

Did Employee Miss Work Beyond Their Normal Shift? <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
What Time Was Employer Notified of Loss: <input type="checkbox"/> am <input type="checkbox"/> pm
If Yes, please answer these Questions:
Last Date Worked: / / Disability Date: / /
Paid in Full for the Day of Injury: <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
Last Date Employee Paid Through: / /
Did the Employee Return to Work: No <input type="checkbox"/> Yes <input type="checkbox"/> Unknown
If no, please answer these questions:
Number of Lost Days:
Does EE have Release to Return to Work: <input type="checkbox"/> No <input type="checkbox"/> Yes
If Yes, Release Date: / /
Return to Work Date: / / Return to duty at: <input type="checkbox"/> Full <input type="checkbox"/> Light Duty

Incident Information:

Time Employee Began Work: am pm Scheduled Quit Time:
 am pm

Employer Notified Date: / /

Activity Engaged in (Task employee was performing at the time, i.e. mopping or parking a car):

Work Process (General category of work the employee was engaged in at time of loss):

Accident/Injury Description (How did it happen? What caused it? Be as descriptive as possible):

Body Part Injured (designate left or right if appropriate):

Objects or Material Causing the Injury (i.e. car door, chemicals):

Was Injury Caused by a Product: No Yes **Material Secured:** No Yes

Medical Treatment:
Medical Treatment: None Minor by Employer Medcor Nurse Triage Minor by Clinic/Hospital Emergency Care Hospitalized > 24 hours Future Major Med/Lost Time

Admitted to Hospital: No Yes **Still in Hospital:** No Yes

Transported Via Airlift or Emergency Vehicle: No Yes

History Work Related Injuries: No Yes **Attorney Involved:** No Yes

Additional Treatment: No Yes

If known, what specialty (such as chiropractor, physical therapist, etc.):

More than two visits with Primary Care Physician (if known): No Yes Unknown

Physician & Hospital Information (please complete if known):

Physician Name:

Address: City/St/Zip:

Phone#: Ext.

Hospital Name:

Address: City/St/Zip:

Phone#: Ext

Witness Information:

Were there any Witnesses: No Yes

Name:

Address: City/St/Zip:

Work Phone#: () Ext: Cell Phone #: ()

Fax #: () E-Mail:

Additional Remarks/Information or Special Instructions/Comments/Concerns for Adjuster



CLAIM HOTLINE

**PLEASE REPORT ALL INCIDENTS
INVOLVING BODILY INJURY TO ANY
PERSON OR DAMAGE TO ANY
PROPERTY TO:**

1-888-840-4148

NOTE: THIS IS A TOLL-FREE NUMBER

***THE CLAIM HOTLINE IS AVAILABLE
24 HOURS PER DAY, 7 DAYS PER WEEK,
365 DAYS PER YEAR***

Please be prepared to provide the following information:

- 1. Your Name**
- 2. Your Telephone Number**
- 3. The ABM Company For Which You Work**
- 4. A Description of the Incident**

LOCATION CODES: **3301-Northwest** **3307-Northeast**
3302-Southwest **3305-West Central** **3308- Eastern**
3315-Midwest **3316-South Central**

DO THE RIGHT THING!!

FIGHT WORKER'S COMPENSATION FRAUD!

 **Fraud affects everyone at ABM. It weakens the company and costs us all money.**

Report any information regarding a fraudulent claim to ABM's
24-HOUR CONFIDENTIAL HOTLINE

1-800-977-8674


ENGLISH/SPANISH



ALL CALLS ARE STRICTLY CONFIDENTIAL




A \$200 REWARD is offered for information leading to the identification and dismissal of a fraudulent claim.

 **ABM is committed to providing its employees with quality medical care following legitimate work-related accidents. Offenders found committing workers compensation fraud will be prosecuted to the fullest extent of the law.**

Workers Compensation FRAUD is a crime punishable by prison time and/or large fines. This law applies to employees, as well as doctors and lawyers, who make, or cause to be made, fraudulent statements or material representative for the purpose of obtaining Worker's Compensation Benefits.

¡HAGA LO MEJOR! ¡LUCHE ENCONTRA EL FRAUDE!

 El fraude afecta todos los empleados de ABM. Debilita a la Compañía y nos cuesta a todos.

Reporte información con respecto a un reclamo fraudulento a ABM por medio de la **LINEA DIRECTA CONFIDENCIAL 24-HORAS**

1-800-977-8674


Español/Inglés



TODAS LAS LLAMADAS SON COMPLETAMENTE CONFIDENCIALES



Se ofrece una recompensa de \$200 para información que nos ayude a identificar y procesar reclamos fraudulentos.

 ABM está comprometido a proporcionar el mayor cuidado médico a sus empleados que han sufrido accidentes legítimos relacionados al trabajo. Cualquier persona que comete fraude de Compensación del Trabajador será castigado a lo máximo de la ley.

El FRAUDE de la Compensación de Trabajadores es un crimen punible por tiempo de prisión y/o multas grandes. Esta ley aplica a empleados, así como a médicos y abogados, que hacen o causan a ser hecho las declaraciones fraudulentas o representante material para el propósito de obtener beneficios de la Compensación de Trabajador.

SECTION VIII

INJURY PREVENTION PROGRAM

ABM Industries/ Engineering Division

Injury and Illness Prevention Program (IIPP)

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Note: All documents related to the IIPP are available on our Inter-Company Network or on-line the ABM Engineering website.

Responsibility

1. Safety and Health Policy.

ABM Engineering is dedicated to maintaining a safe and healthful working environment. To achieve this goal, ABM Engineering has implemented this comprehensive Injury and Illness Prevention Program (IIPP). This program is designed to help prevent workplace accidents, injuries and illnesses.

2. Responsibility for Safety and Health.

Safety is a responsibility shared by all ABM employees. Every employee must remain aware of the possibility of safety hazards at all times while at work, and take an active role in the prevention of accidents. All employees of the Company are required, as a condition of employment, to exercise due care in the course of their work to prevent injuries to themselves, to other employees, and to the customers and general public whom we serve. Our top down responsibility for the implementation of this IIPP includes the Division President, Executive Vice President, and Program Administrators as defined in this document. Please direct questions related to the IIPP to your Regional Safety Administrator or District/Branch Manager.

3. Location Program Administrator.

The Location Program Administrator is the **Chief Engineer / On-Site Supervisor**, and/or the Location **Regional District/Branch Manager**. The Program Administrator is responsible for the overall facility implementation and maintenance of ABM Engineering's IIPP. The Program Administrator duties include, but are not limited to the following:

- Ensuring that supervisors and support staff are trained in workplace safety and are familiar with the safety and health hazards to which employees under their immediate direction or control may be exposed at their respectively assigned locations.
- Ensuring that employees are trained in accordance with this program;
- Inspecting recognizing, and evaluating workplace hazards on a continuing basis.
- Developing methods for abating workplace hazards;
- Ensuring that workplace hazards are abated in a timely and effective manner;
- Disciplining workers for failure to comply with safe and healthful work practices;
- The Location Program Administrator may assign some of these tasks to other individuals within the location but remains ultimately responsible for the implementation and maintenance of ABM Engineering's IIPP.

In addition, Location Program Administrator Manager and/ or their supervisors shall ensure that each employee is adequately trained before performing their job functions on each associated task. In general, this training shall include the Company Safety Orientation training, detailed "job task" training and/or explanation of issued personal protective equipment where applicable, material handling, defensive driving techniques for safety sensitive employees and accident reporting procedures. It is also the Location Manager's responsibility to inform employees of the contents of this program. This program must be kept on file at each facility along with copies of your Monthly Safety Communications, Sign Up Roster, documentation of all employee job task training, Hazard Communication (MSDS), emergency preparedness/ evacuation plan, vehicle inspection sheets and Facility Safety Inspection Reports.

4. Employees

Employees are expected to know and follow all safety rules and safe work procedures as outlined in the Employee Safety Orientation, Rules and Regulations, ABM Standard Operating Procedures Manual, Safety Talks and Employee Job Task Training Presentations. Additionally, employees are expected to participate in the program and cooperate with all accident investigations conducted by the company. Since their input is invaluable, employees are also encouraged to offer any suggestions regarding the improvement of the IIPP to their supervisors or the other management personnel.

II. Safety and Health Training

It should be noted that all specific training and reference documents referred to in the ABM-Engineering IIPP can be found on our network in J Drive, Safety Section. Additional employee safety training programs pertinent to the IIPP can also be found on our website

Awareness of potential health and safety hazards, as well as knowledge of how to control such hazards, is critical to maintaining a safe and healthful work environment and preventing injuries, illnesses, and accidents in the work place. ABM Engineering is committed to instructing all employees in safe and healthful work practices. To achieve this goal, ABM Engineering will provide training to each employee with regard to general safety procedures and with regard to any hazards or safety procedures specific to that employee's work assignment.

1. When Training Will Occur

- Each employee as part of their new hire orientation training and at periodic intervals, will be trained, briefed, and tested on safety and emergency procedures. All training is documented and kept with employee records;
- Whenever an employee is given a new job assignment for which training has not previously been provided (See certification manual);
- Whenever new substances, processes, procedures or equipment which represent a new hazard are introduced into the workplace;
- Whenever the company is made aware of a new or previously unrecognized hazard; and
- Whenever the company or the group manager believes that additional training is necessary (See employee training in the Ampco Resource Database -ARC).

2. Identified Safety and Health Concerns

Identified workplace hazards and the safe work procedures for employees are outlined in the Ampco Resource Center database (ARC), safety talks and employee handbooks. These are located in the Company Lotus Notes database, the parking office and/or branch office. In several instances, the employee acknowledges that he/she has reviewed the policy or procedures.

3. On-the-Job Training

ABM Engineering uses on-the-job training to demonstrate proper work procedures and develop the skills of less experienced employees in a hands-on-environment.

- Trainees are assigned to more experienced employees by the District/Branch Manager, chief engineer or facility supervisor.
- Trainers are expected to demonstrate and review the applicable safe work procedures outlined in the certification manual and safety handbook.
- the District/Branch Manager, chief engineer or facility supervisor, with recommendations from the trainers, determines the duration of on-the-job training that is necessary.
- Employees are given work assignments based on their demonstrated abilities. If any questions arise, employees should contact their supervisors for advice or additional instructions.

III. Communication Regarding Safety and Health Issues

ABM Engineering promotes open communication between management, support staff and employees regarding all health and safety issues. This is essential to maintain an injury-free, productive workplace. The following system of communication is designed to facilitate a continuous flow of safety and health information between management and staff in a form that is readily understandable and consists of:

- Employee Safety Orientation Check List (see appendix), including the discussion of safety and health policies and procedures
- Review the Injury and Illness Prevention Program (This Company Safety Program)
- Workplace safety and health training programs
- Emergency Action, Hazard Communication Programs
- Regularly scheduled safety meetings
- Effective communication of safety and health concerns between workers and supervisors/ team leaders, including translation where appropriate
- Posted or distributed safety information
- A system for workers to anonymously inform management about workplace hazards.

1. Anonymous Notification Procedures

The company has a system of anonymous notification whereby employees who wish to inform the company of workplace hazards may do so anonymously by sending a written notification or calling the ABM Hotline Number at **877-253-7804**. The Division Director of Safety and Branch Program Administrator shall investigate all such reports in a prompt and thorough manner and take any appropriate action.

2. Employee Reporting of Hazard

Employees are required to immediately report any unsafe condition or hazard that they discover in the workplace to their supervisor and/or facility manager or via the ABM Hotline number anonymously (above). No employee will be disciplined or discharged for reporting any workplace hazard or unsafe condition.

3. Facility Safety Meetings

All ABM Engineering Location IIPP Administrators will conduct periodic safety meetings as a means of providing a to-way safety forum. They will set the agenda to coincide with the many safety issues and loss prevention goals of their local region and communicate these goals to their location support staff and employees. Facility Safety Meetings will always contain the following elements within the agenda:

- Review and plan to prevent prior historical accidents.
- Communicate any “Hazard Zones” specific to employee work areas, shifts or facility.
- Perform and complete Division Monthly “Safety Communication” Training and sign-up roster.
- Apply specific employee “Job Task” training according to employee job assignments..
- Convey suggestions and safety concerns of employees to branch and/or regional management.

4. Newsletter

The *ABM Alliance*, which is distributed once quarterly to each of the ABM Divisions, contains stories from each of the Divisions of ABM Industries Incorporated. *ABM Alliance* has a minimum of one safety related article in each issue. The safety article(s) will be either from the corporate office covering a new regulation or from a Division Safety Director covering a success story due to their-on-going safety programs.

Several regions and branches also write and distribute their own newsletter identifying hazards, new procedures, accident reports and special projects.

5. Posting

The following is a list of the postings that can be found in the ABM Engineering office. (Call purchasing for poster sets)

- Equal Employment Opportunity is the Law
- Job Safety & Health Protection
- Your Rights Under the FLSA Federal Minimum Wage
- Employee Polygraph Protection Act
- Family and Medical Leave Act of 1993
- This is an Alcohol and Drug Free Workplace
- IRCA Prohibits Employment Discrimination
- ABM's Equal Employment Opportunity Policy
- ABM's Sexual Harassment Policy
- ABM's Self-Identification Policy
- EDD Notice to Employee
- Pay Day Notice
- Emergency Numbers
- Medcor Call In and Directions For Reporting Injuries on the Job
- Harassment or Discrimination in Employment
- Industrial Welfare Commission Order No. 9-2001 Regulating the Minimum Wage
- Time Off for Voting

2. Accident/Exposure Investigations

Procedures for investigating workplace accidents and hazardous substance exposures include:

- Visiting the accident scene as soon as possible;
- Interviewing injured workers and witnesses;
- Examining the workplace for factors associated with the accident/exposure;
- Determining the cause of the accident/exposure;
- Taking corrective action to prevent the accident/exposure from recurring;
- Recording the findings and corrective action.

3. Hazard Correction

Unsafe or unhealthy work conditions, practices, or procedures shall be corrected in a timely manner based on the severity of the hazards. Hazards shall be corrected according to the following procedures:

- When observed or discovered;
- When an imminent hazard exists which cannot be immediately abated without endangering worker(s) and/or property, we will remove all exposed workers from the area except those necessary to correct the existing condition. Workers necessary to correct the hazardous condition shall be provided with the necessary protection; and
- All such actions taken and dates they are completed shall be documented on the appropriate forms.

4. Training and Instruction

All workers, including managers and supervisors, shall have training and instruction on general and job-specific safety and health practices. Training and instruction shall be provided as follows:

- When the Injury and Illness Prevention Program is first established;
- To all-new workers;
- To all workers given new job assignments for which training has not been previously provided;
- Whenever new substances, processes, procedures, or equipment are introduced to the workplace and represent a new hazard;
- Whenever the employer is made aware of a new or previously unrecognized hazard;
- To supervisors to familiarize them with the safety and health hazards to which workers under their immediate direction and control may be exposed; and
- To all workers with respect to hazards specific to each worker's job assignment.

Workplace safety and health practices for ABM Engineering include, but are not limited to, the following:

- Explanation of the employer's Injury and Illness Prevention Program, emergency action plan, and fire prevention plan, and measures for reporting any unsafe conditions, work practices, injuries, and when additional instruction is needed.
- Use of appropriate clothing, including gloves, footwear, and personal protective equipment.
- Information about chemical hazards to which workers could be exposed and other hazard communication program information (MSDS Sheets).
- Availability of toilet hand washing, and drinking water facilities.
- Provisions for medical services and first aid, including emergency procedures.

In addition, we provide specific instructions to all workers regarding hazards unique to their job assignment, to the extent that such information was not already covered in other training.

5. Identification and Evaluation of Workplace Hazards

a. Periodic Schedule Inspections

- Chief Engineer's and/or Site Supervisors complete monthly inspection logs found in the Appendix of this document. Whenever hazards or problems are noted, complete reporting will be accomplished by informing the regional and/or District/Branch Manager. It may also be necessary to inform building management. Problems that could result in injuries, accidents or health hazards should be identified AND a barricaded appropriately barricaded with cones, caution tape, lights or a qualified employee will be assigned to the location until the area is deemed safe. Note: In instances where there is "imminent danger", the site should be evacuated per the site emergency protocol.
- "ABM Monthly Safety Communication" which is distributed to Safety Team Leaders for the purpose of inspecting various items pertaining to the training topics of that particular month.

b. Unscheduled Inspections

In addition to scheduled inspections and ongoing review, the District/Branch Manager may arrange for unscheduled or unannounced inspections. The subject of these inspections may be chosen randomly but particular emphasis will be placed on compliance with company safety rules and policies.

c. New Matters

The branch or facility manager will arrange for an inspection and investigation of any new substance, process, procedure or equipment introduced into the workplace. The group manager will also arrange for an inspection and investigation whenever ABM Engineering is made aware of a new or previously unrecognized hazard.

V. Monitoring and Correcting Safety and Health Concerns

The District/Branch Manager, Chief Engineer or facility supervisor will conduct monthly facility Safety Service Team Meetings to discuss issues regarding hazards and accidents. Factors are identified which may or have lead to accidents and procedures are suggested that will either eliminate the hazard or enable employees to work more safely. When solutions are determined, training programs are developed to inform employees and prevent the issue from occurring again.

1. Hazards Which Give Rise to a Risk of Imminent Harm

Whenever possible, it is the Company's intent to abate immediately any hazard which gives rise to a risk of imminent harm. When such hazard exist which the company cannot abate immediately without endangering employees and/or property, all exposed personnel will be removed from the area of potential exposure except those necessary to correct the hazardous conditions. All employees involved in correcting the hazardous conditions will receive appropriate training in how to do so and will be provided with necessary safeguards and personal protective equipment.

2. Newly Discovered Safety and Health Concerns

- Newly discovered safety and health concerns should be reported to District/Branch Manager, Chief Engineer or facility supervisor through formal notifications by employees or by anonymous note.
- The District/Branch Manager, Chief Engineer or facility supervisor shall discuss the issue and devises ways to correct the problem. Once a solution is agreed upon it should be memorialized in writing and discussed with the employees during a general facility safety meeting.

VI. Enforcement of the Safety Program

1. Disciplinary System

Employees are expected to fully comply with all safety rules and safe work procedures. The IIPP can not begin to define every safety rule associated with a particular facility, location or worksite. That said, these rules include but are not limited to the safe operation of company vehicles, wearing personal protective equipment while performing specific job functions, avoiding horseplay while at work or any threat of violence in the workplace. Any violation of these rules or procedures is considered an issue for progressive discipline. Please, see Section I: "Disciplinary Action" of the ABM Engineering Human Resources Manual.

VII. Record Keeping

1. Accident Investigation

All work-related accidents will be investigated by ABM Engineering in a timely manner. Minor accidents and near misses will be investigated as well as serious accidents. A near miss is an accident which, although not serious in itself, could have resulted in a serious injury or significant property damage. Investigation of these instances may avoid serious accidents in the future.

- The facility manager and/or District/Branch Manager will conduct accident investigations. The Supervisor's First Report of Employee Injury should be used for this purpose. All worker's compensation accident forms must be faxed to the Regional Claims Administrator and reported to the District/Branch Manager within 24 Hours.
- In case of an auto accident, the employee driving the Company vehicle is responsible for filling out the ABM Company Vehicle Accident Report and submitting it to his or her supervisor immediately. All accidents and injuries must be reported to the supervisor immediately. These accidents, include, but not limited to: First Aid, Vehicle Accidents, Employee Injuries and Personal Injuries.

2. Documentation of Inspections

Documentation of all inspections will be kept for at least three (3) years. These include the following:

- Monthly Facility Inspection logs (Form 3057)
- ABM Engineering monthly "Safety Communication" and employee attendance roster.
- Daily (Shift) vehicle inspections
- Requested or unscheduled inspections
- Safety files of meetings

3. Documentation of Training

Documentation of all employee training will be kept for at least three years. This includes the following:

- Employee Safety Orientation Check List (see appendix)
- ABM Safety Team "Monthly Safety Communications"
- Employee Job Task Training
- Special Safety Training Valet Attendants
- All Shuttle Driver Training (Classroom and Practical)

**VIII. IIPP Appendix
EMPLOYEE SAFETY ORIENTATION CHECKLIST**

This checklist should be used by Regional HR and/or local facility manager to orient employee new hires and employees permanently transferred to a new department, location, or work group on Safety. THE ORIGINAL MUST BE KEPT IN THE EMPLOYEE PERSONELL FILE and a copy should be forwarded to the regional safety coordinator / human resource manager.

A. Introduction to Safety Programs

- ABM/ ABM Health and Safety Policy (Every Employee Is Responsible for Safety)
- ABM Injury and Illness Prevention Program (A Brief Explanation of ABM Safety Programs)
- Monthly Safety Communication (All employees are expected to participate)
- Facility Inspections (Encourage the Employee To Inspect For Workplace Hazards)
- Accident Prevention (Report Close Calls So We Can Address Safety Issues)
- Work Place Violence (Cover all topics from name calling to what to do in case of an attempted robbery)

B. First Aid and Accident Reporting

- Location of First Aid Supplies
- Location of Company Authorized Medical Facility
- Report of All Injuries (Promptly To Immediate Supervisor/ Medcor and do Investigation Who? What? Where? When? Why? How?)

C. Fires, Chemical Mishaps, Other Emergencies

- Fire Extinguisher Locations
- Sprinkler and Deluge System (if applicable)
- Information On How To Turn In An Alarm (fire / robbery)
- Evacuation Program Route – Two Nearest Escape Routes and Meeting Place
- Emergency Phone Numbers

D. General Safety Factors

- Hazard Communication Program MSDS
- Information On Lifting Safely
- Housekeeping
- Security
- Smoking
- Horse Play and Running
- Substance Abuse

E. Personal Protective Equipment

- Issued According To Job Classifications (Also see Employee Job Task Training)

F. Specialized Training According To Job Classification

- Decision Driving Training Program (Valet Attendants – Shuttle Drivers)
- ABM Drivecam/ Smartdrive Policy
- Valet Training DVD & Competency Review (Valet Attendants)

Date

Employee Name (Please Print)

Branch No.

Lot No.

Facility Orientation Supervisor

It is the facility supervisor's responsibility to ensure that the areas covered on this form are adequately addressed.

Work Place Violence

Violence or threats of violence against the life, health, well-being, family or property of others, made directly or by implication, by words, gestures, symbols, intimidation or coercion, will be regarded as violating the fundamental rights of ABM to operate its business in a safe and peaceful manner. ABM strives to address the hazards known to be associated with the three types of workplace violence. Please review the Workplace Violence Prevention Checklist:

Type I - The perpetrator has no legitimate relationship to the workplace and enters the workplace in order to commit a robbery or other criminal act.

Type II - The perpetrator is the recipient of service provided by the affected workplace or the victim (such as a current or former customer, client or passenger).

Type III - The perpetrator has an employment-related involvement with the workplace (such as a current or former employee; supervisor or manager; the spouse, significant other or relative of an employee, supervisor, or manager; or some other person who has a dispute involving an employee, supervisor or manager).

Employees are required to notify management if they witness an incident or are the victim of workplace violence. Employees are also encouraged to work with management personnel to resolve workplace violence as well as to maintain and improve workplace security.

Incidents of violence or threats of violence by an employee against others in their work environment are considered unacceptable and grounds for immediate termination.

EMERGENCY PREPAREDNESS PLAN

1. The Program

It is the responsibility of every Location Manager to ensure that a program exists that will effectively implement this plan. Development of *Emergency Procedures* is important in the event of a natural disaster. The following areas should be addressed in any disaster emergency plan.

- Geographic review of likely natural disasters, i.e., earthquakes, hurricanes, tornados, snow emergency, floods, fires, etc.
- Consultation with local emergency agencies. These agencies can assist in the development or supply of preparedness information.

2. Preparedness Plan

The establishment of the branch/ facility plan should ensure that the affected employees are aware of all critical elements including the following:

- Building evacuation (where applicable)
- Safe meeting place for all employees where “roll call” will be taken.
- Identification of location safety plan supervisors.

3. Supplies

Each employee should personally prepare for emergencies at home and at work by stocking emergency provisions i.e., first aid supplies, radio, flashlights or blankets should be placed at a strategic location(s). Employees should be advised to have necessary medication on hand in the event of a emergency or natural disaster.

4. Area Review

A through review of the building, parking garage or surface lot should be preformed. Depending upon the type of emergency, the following should be addressed.

- Fire extinguishers.
- Two Emergency Exits and pathways near employee workstations.
- Safe storage of equipment and lockout protocol.
- Emergency phone numbers should be posted.
- Secure shelves to prevent them from falling.
- Location of all utility services including electrical, gas and water identified.

5. Drills

It is important that employees are trained in what to do in the event of a natural disaster. Drills should be carried out a minimum of one-time per year and documentation of the drill should be maintained a the location.

HAZARD COMMUNICATION PROGRAM

Instructions for Compliance to MSDS

Under the direction of IIPP Branch Administrators, Branch Facility Managers must keep a Material Safety Data Sheet (MSDS) Book at their locations. The MSDS Book should contain a MSDS for each product used at each respective location.

1. Prepare an Inventory of all Substances and Mixtures

- Make a list of all chemicals used in the workplace. Do not forget the small quantities such as glue, inks, paints, or large quantities in 55- gallon drums.
- List chemicals by facility, location / department, or job classification.
- Set up a procedure for the personable for “purchasing” to keep an ongoing, up-to-date inventor list.

Locations may develop a list of products used based on the following criteria:

- Manufacturer Name
- Product Name
- Product Code
- Synonym
- MSDS File Number

Listings for most products containing chemicals can be found on the actual product label, are available from the manufacturer/distributor or can be found on the Internet.

The MSDS-SEARCH National Repository is a good source for this data and can be accessed on the Internet at the following web address:

<http://www.msdssearch.com/msdssearch.htm>

2. Determine if a Substance or Mixture is Hazardous

- A Mixture is deemed a hazardous substance if it contains more than 1% of a hazardous substance or 0.1% of a hazardous substance classified as a carcinogen (cancer causing agent).
- Treat the substance or mixture as hazardous if the supplier providing an MSDS describes any adverse effects from exposure or recommends personal protective equipment (PPE).

Evaluate how substances are being used in the workplace. See if another, less toxic substance can be substituted, if engineering controls can be employed (for instance, ventilation) or if personal protective equipment is needed.

3. Inform Employees of ABM Hazard Communication Plan

All employees have a “Right to Know” how the use chemicals safely. They should:

- Learn the names and safe handling procedures for each hazardous chemical they may use.
- Follow the directions on the label.
- Use required personal protective equipment (PPE).
- Maintain adequate ventilation.
- Wash hands Frequently.
- Read the Material Safety Data Sheet Book
- Provide the appropriate Personal Protective Equipment (PPE)

Please refer to our training website for specific instructions on compliance to the OSHA Hazard Communication Standard.

Where additional information is required, please contact your Regional District/Branch Manager or Safety Administrator.

PERSONAL PROTECTIVE EQUIPMENT (PPE)

Protective gloves, face shields, respirators, hard hats, etc., are examples of personal protective equipment that ABM Engineering may issue to employees depending on their job classification. IIPP Location Managers must make themselves familiar with the various “job classifications” at the facilities they oversee. OSHA standards require employers to furnish and provide suitable protective equipment where there is a “reasonable probability” that injury can be prevented by such equipment.

All PPE should be supplied to the employee with a detailed instruction on its use. **See related” Job Task Training” on our website for common employee tasks that require training and may require personal protective equipment (PPE).**

For more information on appropriate PPE and where to order contact your Regional District/Branch Manager or Safety Administrator.

Miscellaneous Information Necessary To Maintaining A Effective IIPP

Employee Information

Every facility should maintain a method of systematically informing new hires and or transfers to the location on the specifics of their job assignments as it relates to safety. We have developed the "Safety Orientation Checklist" for that purpose. In addition, facility managers need to make sure that employees:

- Know the location of first aid supplies
- Know how to report an injury. **All injuries must be reported to your immediate supervisor.** In all non-emergency injury instances, where to supervisor is on site, the supervisor will immediately phone our company contracted nurse practitioner with injured employee present to report the injury. (Medcor Program: 888-840-4148 - PRESS #1)

Lifting Safely

A substantial portion of employee injuries is associated with the act of lifting. Every employee should be instructed to never lift any object before testing it to make sure it is not too heavy. Employees should be encouraged to "team lift" all objects (have another individual help). In addition, please encourage employees in your care to consider the following:

Check the load

- How heavy is it?
- Can you lift it alone or is help needed?
- Is there material handling equipment available, such as a cart or dolly?
- Is the load unusually large or awkward?

When you do lift:

- Bend at the knees.
- Keep the load close to the body.
- Use the leg muscles to power the lift.
- Do not bend excessively forward or to either side.
- Keep the back as straight as possible.
- Do not twist while lifting.
- Face the load directly and complete the lift.
- Move your feet in the desired direction of travel with the load and allow the rest of your body to follow your feet.

INJURY PREVENTION PROGRAM ELEMENTS

The following elements comprise the Injury Prevention Program for ABM Engineering Services, its managers, supervisors, and employees.

- Persons Identified as responsible for establishing, implementing, and maintaining the program.
- Inspection Program to identify and evaluate the work place for work site hazards on an ongoing basis.
- Procedure for Correcting unsafe or unhealthful conditions in a timely manner.
- Safety Training Program which provides training in the following areas:
 1. General training covering hazards basic to all work places.
 2. Specific training covering hazards unique to each employee's job assignment.
 3. Employee working at remote locations to request and review site Injury Prevention Program prior to performing assigned work tasks.
- Communication Program which encourages employees to report hazards/concerns to employer representatives with feedback to address reported concerns to employees.
- Enforcement/Disciplinary Program to ensure that employees comply with company safety and health practices.
- Documentation/Reporting Process that is capable of tracking hazards/injuries from the identification phase through cause and correction, and withstanding a regulatory audit.

INJURY PREVENTION PROGRAM

<u>Item</u>	<u>Responsibility/Action</u>	<u>Time Table</u>
Persons identified.	Mike Latham – See program implementation.	Effective until changed.
Inspection Program Engineering Hazard Assessment / Safety Condition Inspection (Appendix "A").	District/Branch Manager/Chief Engineer or On-Site Supervisor – Conduct formal inspection on an annual basis.	Annual or upon start-up.
Procedure for correcting unsafe or unhealthful conditions (Appendix "B").	District/Branch Manager – Assignment for correction and follow-through until corrected notification of hazard(s) to building manager/ owner's representative and ABM Engineering Division Manager.	Reported biweekly until corrected.

SAFETY TRAINING PROGRAM

a. IIPP Implementation (all employees). (Appendix "B-F").	District/Branch Manager/Chief Engineer or On-Site Supervisor – Upon implementation of IPP, all existing employees to be indoctrinated/ trained in program knowledge and use.	Upon implementation.
b. New Employee Training (Appendix "D").	The Division Manager of ABM Engineering Services is responsible for new employee IPP orientation.	As occurs.
c. Specific Training to Employee Job Assignment (Appendix "E").	Chief Engineer or On-Site Supervisor – Employee will be indoctrinated to all known hazards of the job assignment at the time of assignment or during break-in period.	As occurs.
d. Changes in or to new: - Job assignment - Substances - Processes - Procedures - Equipment - General hazard not previously covered. (Appendix "F")	District/Branch Manager or site supervisor responsible to ensure appropriate action by the Chief Engineer or On-Site Supervisor to indoctrinate employee of appropriate change.	As occurs.
e. Safety Meeting (Appendix "G").	Chief Engineer or On-Site Supervisor to conduct minimally monthly safety meeting for all employees.	Monthly
Communication Program-Employee Report of Hazard(s) Feedback Process (Appendix "C").	Division Manager - Implementation. District/Branch Manager - Training. Chief Engineer/On-Site Supervisor – Correction/follow up. Employee - Reports of hazardous conditions.	As Occurs.

Item	Responsibility/Action	Time Table
Enforcement/ Disciplinary Action for safety violations by employees.	Chief Engineer/On-Site Supervisor and District/Branch Manager - Proceed with progressive disciplinary action, i.e.:	As occurs.
	<ol style="list-style-type: none"> 1. Counseling (documented). 2. Warning (written). 3. Suspension. 4. Termination. 	
Documentation/ Reporting (Appendixes "A" through "H").	District/Branch Manager/Chief Engineer/On-Site Supervisor will initiate documentation as appropriate and maintain records as deemed necessary to fulfill the requirements of the Injury Prevention Program. Conduct implementation inspection of work place/identify existing hazards.	Upon implementation of IPP/as occurs.
Employee/Management Safety/Health Committee (Appendix "H").	Division Manager - Establish an Employee/ Management Safety/ Health Committee: (Duties)	Quarterly meeting.
	<ul style="list-style-type: none"> - Review results of work site inspections. - Review accident/near miss investigations. - Review alleged hazardous conditions brought to Committee attention. - Conduct Committee inspections if warranted/scheduled. - Evaluate employee safety suggestions and make recommendations. - Verify abatement action by employer. - Maintain meeting minutes/action taken by Committee. 	
	Committee composed minimally of: (1) management representatives, (1) employee representatives, and (1) recorder.	

SAFETY INSPECTION PROGRAM (A)

The ABM Engineering Services Safety Inspection Program serves as vehicle to identify, recommend and rectify/eliminate existing hazards and/or conditions at a facility during the scope of contract with the customer. The inspections and assessments tools work because it is an essential part of hazard control. Inspections and assessments will be viewed as a fact-finding, not fault-finding, process. Emphasis will be placed on locating potential hazards that can adversely affect safety and health.

All personnel will be responsible for continuous, ongoing inspection of the work place. When uncovered, potentially hazardous conditions will be corrected immediately or a report will be filed (see Appendix "B") to initiate corrective action.

The Hazard Assessment and Safety Inspection are to be used as complementary tools to a comprehensive approach to eliminate safety hazards in the workplace and systematic techniques to inform our customers on the condition and status to OSHA compliance.



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MAINTENANCE WORK SITE HAZARD ASSESSMENT CHECKLIST

A hazard assessment inspection shall be conducted (1) prior to commencing repair and/or maintenance at a work site for the first time, (2) as a complement to the Safety Inspection and (3) whenever there are significant changes at the work site or the scope of work performed at the work site. The hazard assessment is intended to help identify and evaluate work site hazards and shall be performed by the responsible Account Representative. This Work Site Hazard Assessment Checklist shall be kept at the branch office until the next inspection at the same site is performed.

Location: _____ **Account Rep:** _____ **Customer:** _____ **Date:** _____

HAZARD TYPE	HAZARD PRESENT?		DESCRIBE HAZARD(S) PRESENT (Describe required abatement on reverse)			
FALL FROM HEIGHT GREATER THAN 30 INCHES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	HEIGHT			
EXPOSURE TO BLOODBORNE PATHOGENS	<input type="checkbox"/> NO	<input type="checkbox"/> YES	PATHOGENS			
FIRE (GENERAL)	<input type="checkbox"/> NO	<input type="checkbox"/> YES	FIRE			
DISTURBANCE OF ASBESTOS-CONTAINING MATERIAL	<input type="checkbox"/> NO	<input type="checkbox"/> YES	ASBESTOS			
UNCONTROLLABLE DUST/FUME/VAPOR/GAS EXPOSURE	<input type="checkbox"/> NO	<input type="checkbox"/> YES	D/F/V/G			
UNCONTROLLABLE NOISE EXPOSURE	<input type="checkbox"/> NO	<input type="checkbox"/> YES	NOISE			
IMPROPER MACHINE OR ELECTRICAL PANEL GUARDING	<input type="checkbox"/> NO	<input type="checkbox"/> YES	GUARDING			
STORED ELECTRICAL OR MECHANICAL ENERGY	<input type="checkbox"/> NO	<input type="checkbox"/> YES	ENERGY			
CONFINED SPACE <i>Review each potential confined space separately -- use additional pages</i>	1 Is this space large enough to enter and perform work? <input type="checkbox"/> NO → STOP <input type="checkbox"/> YES → GO TO 2 2 Is entry/exit limited or restricted at this space? <input type="checkbox"/> NO → STOP <input type="checkbox"/> YES → GO TO 3 3 Is this space NOT designed for continuous occupancy? <input type="checkbox"/> NO → STOP <input type="checkbox"/> YES →		CONFINED SPACES			
A "Permit-Required" condition exists if (1) the space contains or has a known potential to contain a hazardous atmosphere, or (2) it contains a material with potential for engulfment of an entrant, or (3) it has an internal configuration such that an entrant could be trapped or asphyxiated by inwardly converging walls or a floor which slopes downward and tapers to a small cross-section, or (4) it contains any other recognized serious safety or health hazard(s).						
Permit-Required Confined Space?	<input type="checkbox"/> NO	<input type="checkbox"/> YES	NOTIFY SUPERVISOR IMMEDIATELY IF EITHER ANSWER IS "YES"	Confined Space?	<input type="checkbox"/> NO	<input type="checkbox"/> YES
UNSAFE CLIMBING AND WALKING SURFACES	<input type="checkbox"/> NO	<input type="checkbox"/> YES	SURFACES			
HAZARDOUS MATERIALS COMMUNICATION	<input type="checkbox"/> NO	<input type="checkbox"/> YES	HAZCOM			
HAZARDOUS MATERIAL STORAGE	<input type="checkbox"/> NO	<input type="checkbox"/> YES	HAZMAT			



Engineering Services

RECOMMENDATIONS FOR HAZARD MANAGEMENT OR CORRECTION

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and Procedures, check the box and ensure that proper action is taken per the SOP or P&P. If not indicate specific recommendation to abate hazard.

HAZARD TYPE	DESCRIBE SPECIFIC RECOMMENDED CORRECTIVE ACTION (IF NECESSARY)
FALL FROM HEIGHT GREATER THAN 30 INCHES	<input type="checkbox"/> COVERED BY SOP/P & P PROPER ACTION TAKEN <i>A fall constraint or restraint system comprised of a harness, lanyard of proper length, fall arrest system (if applicable), and proper attach points shall be used where fall risk exists.</i>
EXPOSURE TO BLOODBORNE PATHOGENS	<input type="checkbox"/> COVERED BY SOP/P & P PROPER ACTION TAKEN <i>Exposure to infectious waste such as blood, bodily fluids or needles must be controlled to minimize exposure to bloodborne pathogens such as Hepatitis B & HIV.</i>
FIRE (GENERAL)	<input type="checkbox"/> COVERED BY SOP/P & P PROPER ACTION TAKEN <i>Fire hazards (open flames, hot processes, flammable and combustible materials) shall be controlled. A fire extinguisher shall be available at the immediate work site at all times.</i>
DISTURBANCE OF ASBESTOS- CONTAINING MTRL	<input type="checkbox"/> COVERED BY SOP/P & P PROPER ACTION TAKEN <i>Thermal, acoustical, or other building material shall not under any circumstances be disturbed until confirmed to contain less than 0.1% asbestos or asbestos-containing material.</i>
UNCONTROLLABLE DUST/FUME/ VAPOR/GAS EXPOSURE	<input type="checkbox"/> COVERED BY SOP/P & P PROPER ACTION TAKEN <i>Exposure to airborne contaminants generated as a result of maintenance processes shall be controlled. Work may not be performed where uncontrolled contaminants exist.</i>
UNCONTROLLABLE NOISE EXPOSURE	<input type="checkbox"/> COVERED BY SOP/P & P PROPER ACTION TAKEN <i>Exposure to hazardous noise generated as a result of maintenance processes shall be controlled. Hearing protection shall be worn when ambient or generated noise is present.</i>
IMPROPER MACHINE OR ELECTRICAL PANEL GUARDING	<input type="checkbox"/> COVERED BY SOP/P & P PROPER ACTION TAKEN <i>All moving machinery components shall be guarded to prevent injury caused by contact with moving parts. All electrical panels shall be equipped with closeable/lockable doors.</i>
STORED ELECTRICAL OR MECHANICAL ENERGY	<input type="checkbox"/> COVERED BY SOP/P & P PROPER ACTION TAKEN <i>Sources of electrical, mechanical, hydraulic, pneumatic, etc. energy shall be isolated, properly locked out, and stored energy relieved prior to commencing maintenance work.</i>
CONFINED SPACES	<input type="checkbox"/> COVERED BY SOP/P & P PROPER ACTION TAKEN <i>Entry into confined or permit-required confined spaces is prohibited until such spaces are reviewed and authorized by management per required safety procedures.</i>
UNSAFE CLIMBING AND WALKING SURFACES	<input type="checkbox"/> COVERED BY SOP/P & P PROPER ACTION TAKEN <i>Climbing or walking surfaces that are in poor physical condition, could collapse or give way, or present other hazard(s) during use shall be reported to management immediately.</i>
UNSAFE HAZARDOUS MATERIAL STORAGE	<input type="checkbox"/> COVERED BY SOP/P & P PROPER ACTION TAKEN <i>Evidence of accumulations of flammable, combustible, or reactive materials that are not stored in proper containers or cabinets shall be reported to management immediately.</i>
HAZARDOUS MATERIAL COMMUNICATED	<input type="checkbox"/> COVERED BY SOP/P & P PROPER ACTION TAKEN <i>All chemicals hazards produced or imported shall be evaluated and all information concerning their hazards transmitted to employers and employees via a comprehensive communication program such as labeling, warnings and MSDS'.</i>

Account Rep:	Signature:	Date:
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ENGINEERING SAFETY/CONDITION INSPECTION

Date: _____ Inspected By: (1) _____

(2) _____

S/Y = SATISFACTORY/YES I = IMPROVEMENT NEEDED* U/N = UNSATISFACTORY/NO*

**all items denoting an "I" or "U" must have a reference number and explanation on last page*

Code #	PROCEDURES:
1.	Policy & Procedures Manual (IPP, Haz Com)
2.	Injury Reporting (verbal check)
3.	Daily Logs
4.	Building Emergency Procedures
5.	Fire Evacuation Procedures
6.	Emergency Telephone List
7.	Hazardous Materials/Oil Disposal

S

I

U

Code #	RECORDS & REGULATIONS:
8.	Tool Inventory
9.	Ladder Inventory
10.	AQMD Rule 1415/Purchasing Records/inventory Control of Refrigerant (Southern California)
11.	AQMD Rule 1146/219 Boiler Permits (Southern California)
12.	AQMD Generator Permits
13.	Bulletin Board
14.	Material Safety Data (MSDS) in office (Master)
15.	Water Treatment
16.	Hazmat Manifest
17.	Backflow Preventers
18.	ABME Safety Files (ISO Requirements)

S

I

U

(40) PREVENTIVE MAINTENANCE

EQUIPMENT INSPECTION	CODE NUMBER	FREQUENCY	DATE SCHEDULED	DATE COMPLETED	HISTORY ENTRIES (Answer Yes or No)		DOCUMENTATION COMPLETED		
							*THIS IS FOR ANY OUTSIDE CONTRACTOR WORK (Answer Yes, No, or N/A)		
Chiller(s)									
Boiler(s)									
Emergency Generator									
Cooling Tower									
Air Handlers									
Fire Pump									

Comments regarding PM Histories (entries, timeliness, etc.):

Changes to be made in master PM Program:

ENGINEERING SAFETY/CONDITION INSPECTION

Building Location: _____

Inspection Recommendations:

Inspection Comments:

NEXT SAFETY INSPECTION DATE: _____

REPORT OF UNSAFE OR UNHEALTHFUL CONDITION (B)

Methods and/or procedures for the correction of unsafe or unhealthy conditions, work practices and work procedures shall be identified and corrected in a timely manner based on the severity of the hazard: A) When discovered and B) when an imminent hazard exists which cannot be immediately abated without endangering employee(s) and/or property. In the latter, all exposed personnel shall be removed except those to correct the existing condition and will be given the necessary safeguards to correct the condition. The follow form shall be used:

Employees Name (optional): _____ Date: _____

Location of condition believed to be unsafe or hazardous: _____

Date and time condition or hazard observed: _____

Description of unsafe hazard or condition: _____

What changes would you recommend to correct? _____

Name of Person investigating: _____ Date: _____

Results of Investigations (What was found? Was condition unsafe of a hazard?) (Attach additional sheets if necessary)

Action to be Taken to correct hazard or unsafe condition (Also, why it was not unsafe)

Person Investigating Report Signature: _____ Date: _____



UPDATE OF UNSAFE OR UNHEALTHFUL CONDITION (C)

To: _____

Date: _____

Building: _____

Location: _____

Reported by: _____
Chief Engineer/ABM District/Branch Manager

Your report of unsafe/unhealthy conditions dated: _____

Has been corrected by:

Signed: _____

Copies To:

- Employee
- Regional Manager/ABM
- Employee/Management Safety Committee

SAFETY TRAINING (D)

The goal of our Safety Training Program is to develop safe work habits and attitudes. It is critical that new workers understand work rules and procedures prior to being assigned a job. Supervisors are responsible for providing safety training to their department employees utilizing the job instruction training (JIT) method described below.

HOW TO GET READY TO INSTRUCT

1. *Have a timetable* - How much skill you expect them to have, by what date.
2. *Break down the job* - List important steps, pick out the key points.
3. *Have everything ready* - The right equipment, materials and supplies.

Remember, when teaching adults, the following points are important:

- *Adults learn best in a warm, friendly atmosphere.*
- *Adults do not like to waste time.*
- *Adults respond quickly to praise and attention.*

JOB INSTRUCTION TRAINING (JIT) HOW TO INSTRUCT

1. *Prepare*
 - Put the worker at ease.
 - Define the job and find out what is already known about it.
 - Get the person interested in learning the job.
 - Place in correct position.
2. *Present*
 - Tell, show and illustrate one **IMPORTANT STEP** at a time.
 - Stress each **KEY POINT**.
3. *Try Out Performance*
 - Have the person do the job - correct errors.
 - Have the person explain each key point to you as the job is done again.
 - Make sure the person understands.
 - Continue until YOU know the person knows.
4. *Follow-Up*
 - Put them on their own.
 - Designate to whom to go for help.
 - Check frequently.
 - Encourage questions
 - Taper off extra coaching and close follow-up.
 - Stress safety is always a key point.

EMPLOYEE TRAINING CHECKLIST (E)

(This report is to be completed with the supervisor and new employee within five working days of employment or new job assignment, and filed with Personnel and the branch office).

Name: _____ Birth Date: _____

Date Employed: _____ Department Assigned: _____

Type of Work: _____ Employee Past Work Experience: _____

A. Was Medical Questionnaire completed, if applies? Yes _____ No _____

B. Has employee taken pre-employment physical? Yes _____ No _____

C. Are there any physical limitations? Yes _____ No _____

If answer to C is yes, please explain: _____

I HAVE BEEN INSTRUCTED IN THE FOLLOWING THAT ARE CHECKED:

- | | | | |
|-----|--|-----------|----------|
| ___ | 1. Company safety policies and programs. | Yes _____ | No _____ |
| ___ | 2. Safety rules, both general and specific to the job assignment. | Yes _____ | No _____ |
| ___ | 3. Safety rule enforcement procedures. | Yes _____ | No _____ |
| ___ | 4. Use of tools and equipment. | Yes _____ | No _____ |
| ___ | 5. Proper work shoes and other personal protective equipment, as needed. | Yes _____ | No _____ |
| ___ | 6. Handling of product. | Yes _____ | No _____ |
| ___ | 7. Lifting and use of lifting equipment such as hoists and cranes. | Yes _____ | No _____ |
| ___ | 8. How, when and where to report injuries. | Yes _____ | No _____ |
| ___ | 9. Importance of housekeeping. | Yes _____ | No _____ |
| ___ | 10. Special hazards of job. | Yes _____ | No _____ |
| ___ | 11. When/where to report unsafe conditions. | Yes _____ | No _____ |
| ___ | 12. Safe operation of a vehicle. | Yes _____ | No _____ |

Employee Signature Date

Follow-up on employee will be observed by: _____

Employee has performed operation to the satisfaction of the undersigned. An observation was made at time of 30-day employment.

Supervisor Signature Date

EMPLOYEE TRAINING SHEET (F)

Employee Name: _____

Date: _____

Building: _____

Training was conducted for change in or new:

- _____ Job Assignment
- _____ Substances
- _____ Processes
- _____ Equipment
- _____ General hazard not previously covered.

Description of training provided:

Signed: _____
Employee

Signed: _____
Chief Engineer

cc: ABM District/Branch Manager
Personnel File

TRAINING ATTENDANCE (G)

Course Title: _____ Date: _____

Facilitator: _____ Location: _____

	Printed Name	Signature	Bldg You Work In	Job Title
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				
9.				
10.				
11.				
12.				
13.				
14.				
15.				

MANAGEMENT/EMPLOYEE HEALTH & SAFETY COMMITTEE AGENDA (H)

Date: _____ Time: _____ Place: _____

Call To Order: _____ Location: _____

Attendees:

- | | |
|----------|-----------|
| 1. _____ | 6. _____ |
| 2. _____ | 7. _____ |
| 3. _____ | 8. _____ |
| 4. _____ | 9. _____ |
| 5. _____ | 10. _____ |

Reading of last meeting's minutes.

Discussion of old business: _____

Discussion of new business: _____

Review of safety recommendations: _____

Review of Accidents and Injuries: _____

Assignments to Committee members: _____

Time and Place of next meeting:

Date: _____ Time: _____ Place: _____

SECTION IX

SDI/Sick Pay and Vacations

SICK PAY

ABM Engineering Services will pay sick leave compensation in accordance with the labor agreements currently in effect.

In all instances of illness or injury absence, the company has the right to ask for medical documentation substantiating the absence.

If the employee is aware that he will be off for an extended period (over two weeks), or is to be hospitalized, notify us beforehand and apply for State Disability Benefits.

In order to avoid a delay in sick pay during an extended illness, ABM Engineering Services will assume that a journeyman engineer will receive maximum disability benefits, currently \$336.00 per seven (7) day week. We will then pay benefits on the regularly scheduled pay days based on this assumption.

Once the engineer has received all his disability benefits, he will then furnish us with the record of disability benefits paid (yellow slip enclosed with the checks) and final adjustments will then be made.

VACATIONS

Vacations are important to everyone, therefore, in order that personnel get their vacations when they want them, it will be to your benefit to follow some basic procedures and be aware of the general rules concerning vacations:

1. Priority as to when, seniority prevails.
2. Pay will not be received in lieu of time not taken.
3. Vacation time cannot be carried over into succeeding years (this date is your anniversary date).
4. Relief engineers will be requested through ABM Engineering Services.
5. Vacations will be taken at a minimum of one week intervals.
6. Number of engineers on vacation at the same time will depend on the circumstances and requirements of each individual plant (defined by the chief engineer and building management).
7. Split Vacation - If you split your vacation, seniority will only prevail on your first choice of time off. Your second choice will be considered after all other employees have had the opportunity to select their vacations. If circumstances require, seniority will prevail on second choices, with others who have a second choice, and so on.

PLANTS WITH MORE THAN THREE (3) ENGINEERS

As soon as you are aware of the time you want off, inform your chief engineer (preferably in writing). He will make up a master schedule to enable you to confirm your plans.

PLANTS WITH LESS THAN THREE (3) ENGINEERS

As soon as you are aware of the time you want off, inform ABM Engineering Services (preferably in writing). A master vacation schedule will be made up to enable you to make plans accordingly. The objective here is to hire a relief engineer for continuous employment during the vacation schedule. As you are aware, it is much easier to hire an engineer for three (3) or four (4) months straight employment than hire an engineer for two (2) weeks at a time. Conflicting dates will again be considered according to seniority, etc. ABM Engineering Services will attempt to schedule your vacation when you want it.

Early notification is important to success.

