



**Scates Construction, Inc.**  
New Hire Package

- 1) W-4**
- 2) Union Dispatch**
- 3) Scates Construction Vehicle Policy**
- 4) Scates Illness & Injury Prevention Program  
ACKNOWLEDGEMENT**
- 5) Basic Crafts Workers Compensation Benefits Trust  
Fund ACKNOWLEDGMENT (ADR Form )  
\*\*\*\*Carpenters Only\*\*\*\***

**All forms must be FAXED to the MAIN & SSF Office by 10AM  
on the DATE OF HIRE.  
(Please fax to both offices)**

# Form W-4 (2009)

**Purpose.** Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

**Exemption from withholding.** If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2009 expires February 16, 2010. See Pub. 505, Tax Withholding and Estimated Tax.

**Note.** You cannot claim exemption from withholding if (a) your income exceeds \$950 and includes more than \$300 of unearned income (for example, interest and dividends) and (b) another person can claim you as a dependent on their tax return.

**Basic instructions.** If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earner/multiple job situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

**Head of household.** Generally, you may claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

**Tax credits.** You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 919, How Do I Adjust My Tax Withholding, for information on converting your other credits into withholding allowances.

**Nonwage income.** If you have a large amount of nonwage income, such as interest or

dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity income, see Pub. 919 to find out if you should adjust your withholding on Form W-4 or W-4P.

**Two earners or multiple jobs.** If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 919 for details.

**Nonresident alien.** If you are a nonresident alien, see the Instructions for Form 8233 before completing this Form W-4.

**Check your withholding.** After your Form W-4 takes effect, use Pub. 919 to see how the amount you are having withheld compares to your projected total tax for 2009. See Pub. 919, especially if your earnings exceed \$130,000 (Single) or \$180,000 (Married).

## Personal Allowances Worksheet (Keep for your records.)

<b>A</b>	Enter "1" for <b>yourself</b> if no one else can claim you as a dependent . . . . .	<b>A</b>	_____		
<b>B</b>	Enter "1" if: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding-left: 10px;"> <ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul> </td> </tr> </table>	{	<ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>	<b>B</b>	_____
{	<ul style="list-style-type: none"> <li>• You are single and have only one job; or</li> <li>• You are married, have only one job, and your spouse does not work; or</li> <li>• Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less.</li> </ul>				
<b>C</b>	Enter "1" for your <b>spouse</b> . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.) . . . . .	<b>C</b>	_____		
<b>D</b>	Enter number of <b>dependents</b> (other than your spouse or yourself) you will claim on your tax return . . . . .	<b>D</b>	_____		
<b>E</b>	Enter "1" if you will file as <b>head of household</b> on your tax return (see conditions under <b>Head of household</b> above) . . . . .	<b>E</b>	_____		
<b>F</b>	Enter "1" if you have at least \$1,800 of <b>child or dependent care expenses</b> for which you plan to claim a credit . . . . .	<b>F</b>	_____		
<b>(Note.</b> Do <b>not</b> include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)					
<b>G</b>	<b>Child Tax Credit</b> (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. <ul style="list-style-type: none"> <li>• If your total income will be less than \$61,000 (\$90,000 if married), enter "2" for each eligible child; then <b>less</b> "1" if you have three or more eligible children.</li> <li>• If your total income will be between \$61,000 and \$84,000 (\$90,000 and \$119,000 if married), enter "1" for each eligible child plus "1" <b>additional</b> if you have six or more eligible children.</li> </ul>	<b>G</b>	_____		
<b>H</b>	Add lines A through G and enter total here. <b>(Note.</b> This may be different from the number of exemptions you claim on your tax return.) ▶	<b>H</b>	_____		
	For accuracy, <b>complete all worksheets that apply.</b> <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding-left: 10px;"> <ul style="list-style-type: none"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul> </td> </tr> </table>	{	<ul style="list-style-type: none"> <li>• If you plan to <b>itemize or claim adjustments to income</b> and want to reduce your withholding, see the <b>Deductions and Adjustments Worksheet</b> on page 2.</li> <li>• If you have <b>more than one job</b> or are <b>married and you and your spouse both work</b> and the combined earnings from all jobs exceed \$40,000 (\$25,000 if married), see the <b>Two-Earners/Multiple Jobs Worksheet</b> on page 2 to avoid having too little tax withheld.</li> <li>• If <b>neither</b> of the above situations applies, <b>stop here</b> and enter the number from line H on line 5 of Form W-4 below.</li> </ul>		
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----- Cut here and give Form W-4 to your employer. Keep the top part for your records. -----

Form <b>W-4</b> Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ <b>Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</b></p>	OMB No. 1545-0074  <span style="font-size: 2em; font-weight: bold;">2009</span>
1 Type or print your first name and middle initial. Last name		2 Your social security number
Home address (number and street or rural route)		3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. <b>Note.</b> If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.
City or town, state, and ZIP code		4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>
5 Total number of allowances you are claiming (from line H above or from the applicable worksheet on page 2)		5 _____ 6 \$ _____
7 I claim exemption from withholding for 2009, and I certify that I meet <b>both</b> of the following conditions for exemption. <ul style="list-style-type: none"> <li>• Last year I had a right to a refund of <b>all</b> federal income tax withheld because I had <b>no</b> tax liability <b>and</b></li> <li>• This year I expect a refund of <b>all</b> federal income tax withheld because I expect to have <b>no</b> tax liability.</li> </ul> If you meet both conditions, write "Exempt" here . . . . . ▶		7 _____
Under penalties of perjury, I declare that I have examined this certificate and to the best of my knowledge and belief, it is true, correct, and complete.		
Employee's signature (Form is not valid unless you sign it.) ▶		Date ▶
8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)		9 Office code (optional) 10 Employer identification number (EIN)

**Deductions and Adjustments Worksheet**

**Note.** Use this worksheet *only* if you plan to itemize deductions, claim certain credits, adjustments to income, or an additional standard deduction

- 1** Enter an estimate of your 2009 itemized deductions. These include qualifying home mortgage interest, charitable contributions, state and local taxes, medical expenses in excess of 7.5% of your income, and miscellaneous deductions. (For 2009, you may have to reduce your itemized deductions if your income is over \$166,800 (\$83,400 if married filing separately). See *Worksheet 2* in Pub. 919 for details.) . . . **1** \$ \_\_\_\_\_
- 2** Enter: 

{	\$11,400 if married filing jointly or qualifying widow(er)	}	. . . . .	<b>2</b>	\$ _____
\$ 8,350 if head of household					
\$ 5,700 if single or married filing separately					
- 3** **Subtract** line 2 from line 1. If zero or less, enter “-0-” . . . . . **3** \$ \_\_\_\_\_
- 4** Enter an estimate of your 2009 adjustments to income and any additional standard deduction. (Pub. 919) . . . . . **4** \$ \_\_\_\_\_
- 5** **Add** lines 3 and 4 and enter the total. (Include any amount for credits from *Worksheet 8* in Pub. 919.) . . . . . **5** \$ \_\_\_\_\_
- 6** Enter an estimate of your 2009 nonwage income (such as dividends or interest) . . . . . **6** \$ \_\_\_\_\_
- 7** **Subtract** line 6 from line 5. If zero or less, enter “-0-” . . . . . **7** \$ \_\_\_\_\_
- 8** **Divide** the amount on line 7 by \$3,500 and enter the result here. Drop any fraction . . . . . **8** \_\_\_\_\_
- 9** Enter the number from the **Personal Allowances Worksheet**, line H, page 1 . . . . . **9** \_\_\_\_\_
- 10** **Add** lines 8 and 9 and enter the total here. If you plan to use the **Two-Earners/Multiple Jobs Worksheet**, also enter this total on line 1 below. Otherwise, **stop here** and enter this total on Form W-4, line 5, page 1 **10** \_\_\_\_\_

**Two-Earners/Multiple Jobs Worksheet (See *Two earners or multiple jobs* on page 1.)**

**Note.** Use this worksheet *only* if the instructions under line H on page 1 direct you here.

- 1** Enter the number from line H, page 1 (or from line 10 above if you used the **Deductions and Adjustments Worksheet**) **1** \_\_\_\_\_
  - 2** Find the number in **Table 1** below that applies to the **LOWEST** paying job and enter it here. **However**, if you are married filing jointly and wages from the highest paying job are \$50,000 or less, do not enter more than “3.” . . . . . **2** \_\_\_\_\_
  - 3** If line 1 is **more than or equal to** line 2, subtract line 2 from line 1. Enter the result here (if zero, enter “-0-”) and on Form W-4, line 5, page 1. **Do not** use the rest of this worksheet . . . . . **3** \_\_\_\_\_
- Note.** If line 1 is *less than* line 2, enter “-0-” on Form W-4, line 5, page 1. Complete lines 4–9 below to calculate the additional withholding amount necessary to avoid a year-end tax bill.
- 4** Enter the number from line 2 of this worksheet . . . . . **4** \_\_\_\_\_
  - 5** Enter the number from line 1 of this worksheet . . . . . **5** \_\_\_\_\_
  - 6** **Subtract** line 5 from line 4 . . . . . **6** \_\_\_\_\_
  - 7** Find the amount in **Table 2** below that applies to the **HIGHEST** paying job and enter it here . . . . . **7** \$ \_\_\_\_\_
  - 8** **Multiply** line 7 by line 6 and enter the result here. This is the additional annual withholding needed . . . . . **8** \$ \_\_\_\_\_
  - 9** Divide line 8 by the number of pay periods remaining in 2009. For example, divide by 26 if you are paid every two weeks and you complete this form in December 2008. Enter the result here and on Form W-4, line 6, page 1. This is the additional amount to be withheld from each paycheck . . . . . **9** \$ \_\_\_\_\_

**Table 1**

**Table 2**

Married Filing Jointly		All Others		Married Filing Jointly		All Others	
If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>LOWEST</b> paying job are—	Enter on line 2 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above	If wages from <b>HIGHEST</b> paying job are—	Enter on line 7 above
\$0 - \$4,500	0	\$0 - \$6,000	0	\$0 - \$65,000	\$550	\$0 - \$35,000	\$550
4,501 - 9,000	1	6,001 - 12,000	1	65,001 - 120,000	910	35,001 - 90,000	910
9,001 - 18,000	2	12,001 - 19,000	2	120,001 - 185,000	1,020	90,001 - 165,000	1,020
18,001 - 22,000	3	19,001 - 26,000	3	185,001 - 330,000	1,200	165,001 - 370,000	1,200
22,001 - 26,000	4	26,001 - 35,000	4	330,001 and over	1,280	370,001 and over	1,280
26,001 - 32,000	5	35,001 - 50,000	5				
32,001 - 38,000	6	50,001 - 65,000	6				
38,001 - 46,000	7	65,001 - 80,000	7				
46,001 - 55,000	8	80,001 - 90,000	8				
55,001 - 60,000	9	90,001 - 120,000	9				
60,001 - 65,000	10	120,001 and over	10				
65,001 - 75,000	11						
75,001 - 95,000	12						
95,001 - 105,000	13						
105,001 - 120,000	14						
120,001 and over	15						

**Privacy Act and Paperwork Reduction Act Notice.** We ask for the information on this form to carry out the Internal Revenue laws of the United States. The Internal Revenue Code requires this information under sections 3402(f)(2)(A) and 6109 and their regulations. Failure to provide a properly completed form will result in your being treated as a single person who claims no withholding allowances; providing fraudulent information may also subject you to penalties. Routine uses of this information include giving it to the Department of Justice for civil and criminal litigation, to cities, states, the District of Columbia, and U.S. commonwealths and possessions for use in administering their tax laws, and using it in the National Directory of New Hires. We may also disclose this information to other countries under a tax treaty, to federal and state agencies to enforce federal nontax criminal laws, or to federal law enforcement and intelligence agencies to combat terrorism.

You are not required to provide the information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. Generally, tax returns and return information are confidential, as required by Code section 6103.

The average time and expenses required to complete and file this form will vary depending on individual circumstances. For estimated averages, see the instructions for your income tax return.

If you have suggestions for making this form simpler, we would be happy to hear from you. See the instructions for your income tax return.



## Scates Construction Company Vehicle Policy

Scates Construction company vehicles are provided to support business activities and are to be used only by authorized employees. Company owned vehicles are to be used for company business only. Personal use of a company vehicle is prohibited unless approved by management. Company vehicles that are driven to and parked at employee residence must be secured when not occupied and have contents reasonably safeguarded.

The driver assumes the duty of obeying all motor vehicle laws and maintaining the vehicle properly at all times. Fines for parking or moving violations are the personal responsibility of the driver. Scates Construction will not condone nor excuse ignorance of traffic citations that result in court summons being directed to itself as owner of the vehicle. Each driver is required to report all moving violations to their immediate supervisor within 24 hours, whether at fault or not.

Employees authorized to drive the vehicles must have a valid driver's license and clean motor vehicle record. It is a policy of Scates Construction, to keep updated with the driving records of all employees who at any given time may drive company vehicles. I understand that my driving privileges and/or continued employment are contingent upon maintaining an acceptable driver record.

I \_\_\_\_\_ hereby authorize Scates Construction to request a copy of the Department of Motor Vehicles at any given time.

Employee Signature: \_\_\_\_\_

Name As It Appears on License: \_\_\_\_\_

License No.: \_\_\_\_\_ State of License: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Date: \_\_\_\_\_

### **Scates Construction, Inc.**

General Contractors • Construction Managers

1769 Park Ave., Suite 200  
San Jose, CA 95126

License No. CA 703114

Phone: 408.293.9050

Fax: 408.293.9175

# Basic Crafts Workers' Compensation Benefits Trust Fund

265 Hegenberger Road, Suite 200

Oakland, CA 94621-1480

Telephone: (510) 568-5920

Fax: (510) 568-5279

## ACKNOWLEDGMENT

Re: Workers' Compensation Coverage

By my signature below, I certify that I have received, from the employer identified below, the Employee Packet regarding workers' compensation. The Employee Packet I received contains the following:

1. Introductory letter;
2. Basic Crafts Workers' Compensation Benefits Trust Fund Addendum;
3. Medical Providers Exclusive List;
4. Overview of the Basic Crafts Workers' Compensation Benefits Trust Fund Addendum;
5. Overview of the Alternative Dispute Prevention and Resolution System;
6. Overview of the Exclusive Lists of Medical Providers; and
7. Overview of the Ombudsman's Role.

I also understand that I am to review and retain these materials so that I have them available in case I suffer an injury as a result of working for this employer.

---

Signature

Date

---

Print Name

SSN

-----  
TO BE COMPLETED BY EMPLOYER BEFORE EMPLOYEE SIGNS

Employer's Name: \_\_\_\_\_

**SCATES CONSTRUCTION, INC.**

Employer's Address: \_\_\_\_\_

**1769 PARK AVENUE, SUITE 200**

**SAN JOSE, CA 95126**

**ACKNOWLEDGEMENT**

I have read and understand the Scates Construction Company, Inc. Injury and Illness Prevention Program and Code of Safe Work Practices, and agree to abide by these requirements.

Employee \_\_\_\_\_

Date \_\_\_\_\_

Supervisor \_\_\_\_\_

Date \_\_\_\_\_



## SCATES CONSTRUCTION, INC.

### ILLNESS & INJURY PREVENTION PROGRAM

Revised January, 2006

#### **I. INTRODUCTION**

Scates Construction Company has developed and implemented this written Injury and Illness Prevention Program (IIPP) as part of its health and safety program. The work performed by Company personnel is varied, both in nature and location. Under all circumstances it is the intent of the Company to: (1) Comply with the requirements and spirit of the California Code of Regulations, Title 8, and (2) provide a safe and healthful work environment for employees. The Company originally implemented this IIPP July 1, 1991 in compliance with Senate Bill 198, encoded as labor code 6401.7, and the California Code of Regulations (CCR), Title 8, Section 3203. The Company expects and requires all employees to follow the requirements set forth in this IIPP.

#### **II. IDENTIFY AND EVALUATE WORKPLACE HAZARDS (8 CCR 3203 (a) (4))**

The goal of this IIPP is to identify and evaluate unsafe work conditions and practices so that accidents, injuries, and job related illnesses are minimized, if not completely eliminated. To this end the Company has instituted the procedures described in this section of the IIPP.

The principal approach to reducing accidents at the Company is through periodic scheduled and unscheduled inspections. Inspections will be conducted as follows:

The Superintendent may conduct daily inspections as part of a daily routine. The Safety Director will inspect all jobs at least once a month. Larger jobs will warrant more frequent inspections. Inspections will be conducted at the following intervals, in addition to those times listed above:

- Whenever new substances, processes, procedures, or equipment are introduced to the work place that represent a new occupational safety and health hazard
- Whenever the Company is made aware of a new or previously recognized hazard

The following approaches will be used periodically by the Safety Director to further evaluate the workplace:

- Review job site Safety Meeting and Safety Inspection Reports
- Records review (including workers' compensation summaries, accident reports, injury reports, new material safety data sheets)
- Other means of evaluating (input from safety meetings or Superintendents, or employee suggestions)

### **III. EMPLOYEE COMPLIANCE/DISCIPLINARY POLICY (8 CCR 3203 (a) (2))**

Under the Company's policy, all employees are required to follow Company safety policies and operating procedures. When needed, employees will be provided with additional training and information, or retraining, to maintain their knowledge.

The disciplinary policy of the Company is intended to encourage employee compliance with the Company IIPP and to comply with the mandate of California Labor Code 6401.79 (a) (6).

Employees found performing work in an unsafe manner that would endanger the employee or other employees shall be subject to discipline or termination by management.

The Safety Director will determine the course of action best suited to the circumstances. At a minimum, the steps to be taken shall include the following:

1. Verbal Warning – As the first step in correcting unacceptable behavior, the Superintendent shall review the pertinent facts with the employee. The Superintendent will consider the severity of the problem and the employee's past performance. A verbal warning will be issued to the employee and documented by the Superintendent in his Daily Report of which report will be put in the employee's personnel file. If necessary, the employee will be placed on probation.
2. Written Warning – If the unacceptable performance continues, the next step will be a written warning. The written warning will clearly state the safety policy that was violated and the necessary steps to be corrected. Probation will be a part of the written warning. It may also include time off without pay. At the completion of the probationary period, the Superintendent will meet with the employee to determine if the employee has achieved the required level of performance.
3. Termination – The employee may be terminated if he or she does not improve his performance while on probation, or has violated another Company safety policy within twelve (12) months.

### **IV. COMMUNICATION OF SAFETY AND HEALTH MATTERS (8 CCR 3202 (a) (3))**

The elements of the Company IIPP and all aspects of its safety and health program shall be communicated in a readily understandable manner to all employees. All employees will receive a written copy of the Injury and Illness Prevention Program as well as the Code of Safe Practices. The job site Superintendent will conduct an orientation on Company safety policies and operation procedures for all new employees.

It is the policy of the Company to encourage all employees to report hazards existing at their work site to their Superintendent or the Safety Director so that corrective action can be taken in a timely manner. Suggestions can be brought up in the weekly safety meetings or at any time an employee deems necessary. Employees who report such conditions will not be disciplined nor will they suffer any reprisals due to their actions.

Employees shall be kept informed of the requirements of the Company's IIPP through the orientation that is held for all new employees. Also, job site safety meetings conducted by the Superintendent and written communications from the Safety Director will be distributed when deemed necessary.



## **V. MULTI-EMPLOYER POLICY**

As a general contractor and construction management employer with responsibility for safety and health at the work site, the Company will adhere to the following:

1. Include in its subcontractor agreements, scope statements and front end documents the requirement that the subcontractor possess an IIPP, including written programs which address hazards unique to the subcontractor's trade and that the subcontractor will comply with general safe work practices, its own company's requirements and with all Cal/OSHA regulations.
2. Take those actions necessary to ensure the subcontractor is complying with their own programs, as well as with Cal/OSHA regulations. Additionally, on construction management projects, this requirement is addressed in the pre-qualification process.
3. Upon learning of the presence of a hazardous condition or practice, immediately inform the subcontractor responsible for the conditions of the need for prompt corrective actions.
4. Ensure prompt, corrective actions by the employer responsible for such actions.

## **VI. EMERGENCY MEDICAL SERVICES PLAN**

1. It is the policy of the Company to ensure the availability of emergency medical services for its employees and the availability of a suitable number of appropriately trained persons to render first aid.
2. First-aid kits in weatherproof containers are to be provided at all sites. These kits will be inspected regularly to ensure the expended items are promptly replaced and the contents of the first-aid kits shall be arranged to be quickly found and remain sanitary. The first-aid dressings shall be sterile in individually sealed packages for each item.
3. The Superintendent shall inform all of his or her employees of the procedures to follow in case of injury or illness.
4. All job sites are to have the telephone numbers of emergency services in the area posted near the job telephone. The emergency numbers shall include those of a physician and at least one alternate, hospitals, ambulance services, and fire-protection services.
5. Where the eyes or body of any person may be exposed to injurious or corrosive materials, suitable facilities for drenching the body or flushing the eyes with clean water shall be conspicuously and readily accessible.

## **VII. ACCIDENT, INJURY, AND ILLNESS INVESTIGATIONS (8 CCR 3202 (a) (5))**

When accidents, injuries, or illnesses occur on the job which require medical care, they will be thoroughly investigated by the Safety Director. Investigators will complete the Supervisor's Report of Accident form. The investigation will determine at least the following:

- Who and what was directly involved in the accident
- Who and what was indirectly involved in the accident
- Where and when the accident occurred
- The cause of the accident, if known
- Steps/procedures to take to prevent reoccurrence, if applicable

## **VIII. METHODS AND PROCEDURES FOR CORRECTING UNSAFE AND UNHEALTHY CONDITIONS, WORK PRACTICES (8 CCR 3203 (a) (6) (0))**

All unsafe or unhealthy work conditions or work practices identified will be evaluated and corrected.

Unsafe or unhealthy work conditions or work practices will be corrected in a timely manner as determined by the severity of the hazard. Under no conditions will Company personnel be permitted or required to work under conditions that pose a clear and imminent hazard.

Problems that cannot be corrected immediately will be assigned to the Safety Director to ensure completion of the corrective action. Once corrected, written documentation of the action will be developed or obtained by the Safety Director.

When an imminent hazard exists which cannot be immediately corrected without endangering employees and/or property, the following steps will be followed:

1. Remove all potentially endangered employees.
2. Provide the necessary safeguards to the employees responsible for correcting the condition.
3. Correct the problem.
4. Document on the Safety Inspection Report the corrective action and date corrected in accordance with this Section. The documentation is to be completed by the Safety Director or his designee. The Safety Director will maintain documentation on file.

Unsafe or unhealthy work conditions needing corrective action will be documented by using:

1. One form for identifying the hazards with an attached checklist noting corrective action assignments. The form will include the name of the person initiating the action and date, a description of the unsafe condition, the corrective action needed, who will perform the corrective action and the expected date for completion.
2. Engineering controls will be used first to eliminate or minimize unsafe or unhealthy work conditions. If engineering controls are impractical or unfeasible, administrative controls will be used. If engineering controls alone, or in combination with the administrative controls cannot adequately minimize the hazard, personal protective equipment shall be used.
3. Unsafe work practices will immediately be corrected by providing the affected employees with retraining to be provided by the Safety Director.

All operating procedures will be reviewed at least annually and whenever new chemicals or equipment are introduced into the system, or when there is a process change. When changes are made, affected employees will receive additional instruction.

**IX. TRAINING AND INSTRUCTION, SAFETY MEETINGS AND AWARENESS (8 CCR 3202 (a) (7))**

All employees shall receive training and instruction in the following areas:

1. General safety and health practices.
2. Specific instruction with respect to hazards unique to the job assignment.

Training of employees at the Company under this IIPP shall occur:

1. To all new employees.
2. To all employees given a new job assignment for which training has not previously been received.
3. Whenever new substances, processes, procedures, or equipment are introduced to the work place and represent a new hazard.
4. Whenever the Company is made aware of new or previously unrecognized hazards.

In accordance with this IIPP, training shall be provided by the Superintendent who will conduct safety training at the site with all new employees or retraining to any new employee who feels it is needed. In addition, the following safety meetings will be conducted:

- The Superintendent will conduct biweekly job site (tailgate) meetings with all employees.

This IIPP shall be made an integral part of existing occupational safety and health training programs at the Company.

Additional training shall be provided to Superintendents to familiarize them with the safety and health hazards to which employees under their immediate direction and control may be exposed.

**X. RESPONSIBLE PERSON (8 CCR 3203 (a) (1))**

The Company will designate a senior staff member as the Safety Director and a responsible person for the IIPP. It is the responsibility of the Safety Director to ensure overall implementation and enforcement of the Program.

The duties of the Safety Director are:

- Identify and evaluate workplace hazards and include procedures for investigating occupational injuries and illnesses.
- Establish and/or review methods and procedures for corrected unsafe and unhealthy conditions and work practices.
- Ensure that employees receive training programs on general and specific safety and health practices for the Company and on each of their job assignments.
- Ensure there is a procedure for communicating to employees, in an understandable manner, the Company's safety and health rules and procedures.
- Ensure compliance with safety and health work practices.

- Ensure that records on training, inspections, and corrective measures are properly maintained, as required by this IIPP and other Cal/OSHA required programs in accordance with Title 8 CCR.

## **XI. MAINTENANCE OF RECORDS (8 CCR 3203 (b))**

The Company will keep records of the actions taken to implement and maintain this IIPP. They will be maintained on file for a minimum of three years. The records kept by the Company relating to this IIPP will not adversely affect the retention of medical and exposure records in accordance with Title 8, California Code of Regulations, Section 3204, "Access to Employee Exposure and Medical Records".

Records of scheduled and unscheduled periodic inspections as well as other records, including methods used to identify and evaluate workplace conditions and work practices, shall also be retained.

Records relating to the IIPP shall include, at a minimum, the name of the person conducting the inspections or evaluation, the unsafe conditions and work practices that have been identified, and actions taken to correct the identified conditions or work practices.

Records and documentation of safety and health training shall include, at a minimum, the name of the employee and/or employee number, date of training, training topic(s), training format, and instructor name.

Records of employees who have worked for less than one year with the Company may be turned over to the employee upon termination providing the terminated employee signs the acknowledgement letter documenting the records have been turned over to him or her.

## CODE OF SAFE PRACTICES

**THIS CODE OF SAFE PRACTICES SHALL BE POSTED AT A CONSPICUOUS LOCATION AT EACH JOB SITE OFFICE AND BE PROVIDED TO EACH SUPERVISORY EMPLOYEE WHO SHALL HAVE IT READILY AVAILABLE.**

### GENERAL

1. All persons shall follow these safe practice rules, render every possible aid to safe operations, and report all unsafe conditions or practices to the Foreman or Superintendent.
2. The Foreman shall insist on employees observing and obeying every rule, regulation, and order as is necessary for the safe conduct of the work, and shall take such actions as are necessary to obtain observance.
3. All employees shall be given accident prevention instructions at least every ten (10) working days.
4. Anyone known to be under the influence of drugs, alcohol or intoxicating substances shall not be allowed on the job while in that condition and are subject to immediate termination.
5. Horseplay, scuffling and other acts which tend to have an adverse influence on the safety or well being of the employees shall be prohibited.
6. Work shall be well planned and supervised to prevent injuries in the handling of materials and in working together with the equipment.
7. No one shall knowingly be permitted or required to work while his/her ability or alertness is so impaired by fatigue, illness, or other causes that it might unnecessarily expose him/her or others to injury.
8. Employees shall not enter manholes, underground vaults, chambers, tanks, silos, or other similar places that receive little ventilation, unless the Superintendent has determined it is safe to enter.
9. Employees shall be instructed to ensure that all guards and other protective devices are in proper places and adjusted, and shall report deficiencies promptly to the Foreman or Superintendent.
10. Crowding or pushing when boarding or leaving any vehicle or other conveyance shall be prohibited.
11. Employees whose job responsibilities include regular or occasional driving and who are issued a cell phone for business use are expected to refrain from using the phone while driving. Regardless of the circumstances, including slow or stopped traffic, employees are strongly encouraged to pull off to the side of the road and safely stop the vehicle before placing or accepting a call. If acceptance of a call is unavoidable and pulling over is not an option, employees are expected to keep the call short, use hands-free options, refrain from complicated or emotional discussions and keep their eyes on the road.
12. Workers shall not handle or tamper with any electrical equipment, machinery, or air or water lines in a manner not within the scope of their duties, unless they have received instructions from their foreman.
13. All injuries shall be reported promptly to the Foreman or Superintendent so that arrangements can be made for medical or first aid treatment.

14. When lifting heavy objects, the large muscles of the leg shall be used rather than the smaller muscles of the back.
15. Inappropriate footwear or shoes with thin or badly worn soles shall not be worn.
16. Materials, tools, or other objects shall not be thrown from the buildings or structures until proper precautions are taken to protect others from falling objects.
17. Employees shall cleanse thoroughly after handling hazardous substances and follow special instructions from authorized sources.
18. Work shall be so arranged such that employees are able to face the ladder and use both hands while climbing.
19. Gasoline shall not be used for cleaning purposes.
20. No burning, welding, or other source of ignition shall be applied to any enclosed tank or vessel, even if there are some openings, until it has first been determined that no possibility of explosion exists, and authority for the work is obtained from the Foreman or Superintendent.
21. Any damage to scaffolds, falsework, or other supporting structures shall be immediately reported to the Foreman and repaired before use.
22. Trenches, pits or other excavations more than five (5) feet deep shall not be entered by any person unless adequate shoring is in place or the sides of the excavation have been adequately sloped.

#### **USE OF TOOLS AND EQUIPMENT**

23. All tools and equipment shall be maintained in good condition.
24. Damaged tools or equipment shall be removed from service and tagged "DEFECTIVE".
25. Pipe or Stillson wrenches shall not be used as a substitute for other wrenches.
26. Only appropriate tools shall be used for the job.
27. Wrenches shall not be altered by the addition of handle-extensions or "cheaters".
28. Files shall be equipped with handles and not used to punch or pry.
29. A screwdriver shall not be used as a chisel.
30. Portable electric tools shall not be lifted or lowered by means of the power cord. Ropes shall be used.
31. Electric cords shall not be exposed to damage from vehicles.
32. In locations where the use of a portable power tool is difficult, the tool shall be supported by means of a rope or similar support of adequate strength.

#### **MACHINERY AND VEHICLES**

33. Only authorized persons shall operate machinery or equipment.

34. Loose or frayed clothing, long hair, dangling ties, finger rings, etc., shall not be worn around moving machinery or other sources of entanglement.
35. Machinery shall not be serviced, repaired or adjusted while in operation, nor shall oiling of moving parts be attempted, except on equipment that is designed or fitted with safeguards to protect the person performing the work.
36. Where appropriate, lockout procedures shall be used.
37. Employees shall not work under vehicles supported by jacks or chain hoists without protective blocking that will prevent injury if jacks or hoists should fail.
38. Air hoses shall not be disconnected at compressors until the hose line has been bled.