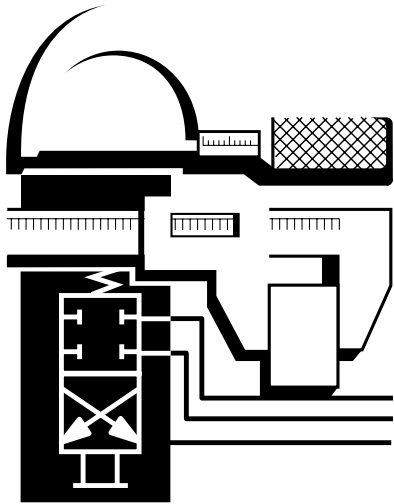


Safety and Health

Basic Foundations Series 719

PowerPoint Masters



710719PP

Fig. 1-1. Accident pyramid



Fig. 1-2. Unsafe conditions in the plant

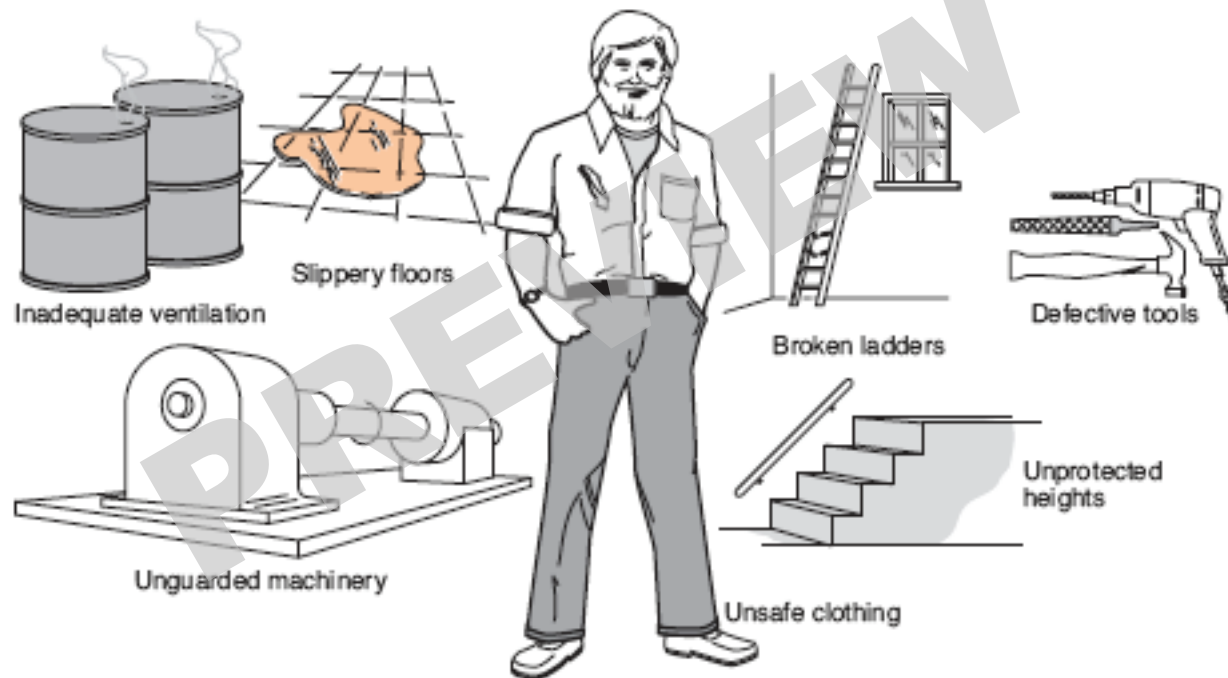


Fig. 1-3. Safety inspection checklist

SAFETY INSPECTION CHECKLIST

BEFOREWORKERS ARE PERMITTED TO CONDUCT A COMPLETE SAFETY INSPECTION OF THEIR DEPARTMENT, USE THIS FORM FOR RECORDING YOUR FINDINGS.

File this form when completed.

Date: _____ Job No./aj: _____
 Location: _____ Crew Member: _____
 Supervisor: _____

ITEMS	OK	NEEDS ATTENTION	REMARKS
1. Machine safety devices			
a) Emergency stop			
b) Safety interlocks			
c) Safety devices			
2. Fire safety devices			
a) Fire extinguishers			
b) Fire alarm			
3. Fall protection devices			
a) Fall arrest			
b) Fall restraint			
4. Personal protective equipment (PPE)			
a) Hard hat			
b) Safety glasses			
c) Earplugs			
d) Ear muffs			
e) Respirator			
f) Safety harness			
g) Safety vest			
h) Safety shoes			
5. Power and energy sources			
a) Electrical			
b) Hydraulic			
c) Pneumatic			
6. Control devices			
a) Start/stop			
b) Emergency stop			
7. Safety devices			
a) Safety devices			
b) Safety devices			
8. Safety devices			
a) Safety devices			
b) Safety devices			
9. Safety devices			
a) Safety devices			
b) Safety devices			
10. Safety devices			
a) Safety devices			
b) Safety devices			
11. Safety devices			
a) Safety devices			
b) Safety devices			
12. Safety devices			
a) Safety devices			
b) Safety devices			
13. Safety devices			
a) Safety devices			
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14. Safety devices			
a) Safety devices			
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15. Safety devices			
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16. Safety devices			
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17. Safety devices			
a) Safety devices			
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18. Safety devices			
a) Safety devices			
b) Safety devices			
19. Safety devices			
a) Safety devices			
b) Safety devices			
20. Safety devices			
a) Safety devices			
b) Safety devices			
21. Safety devices			
a) Safety devices			
b) Safety devices			
22. Safety devices			
a) Safety devices			
b) Safety devices			

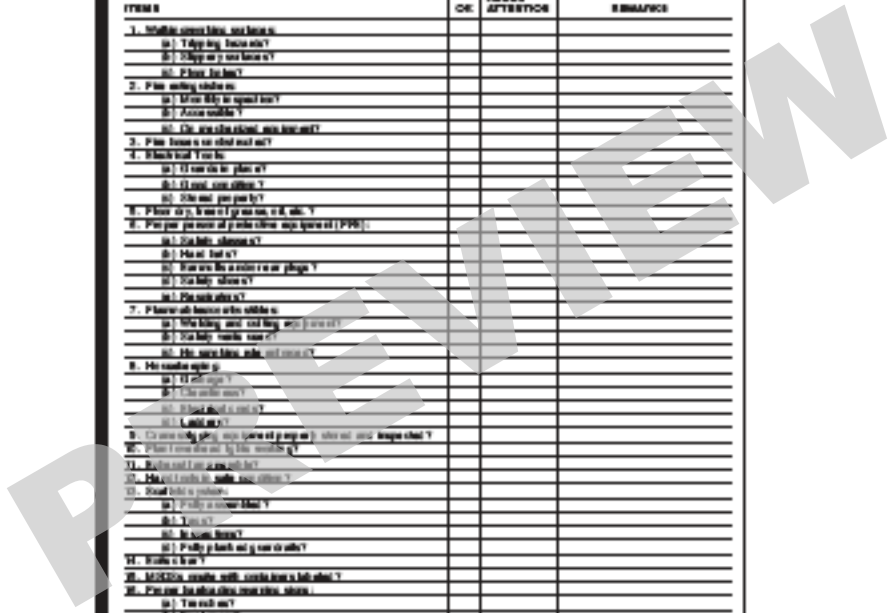


Fig. 1-4. Four basic industrial hazards



Mechanical



Environmental



Chemical



Electrical

PREVIEW

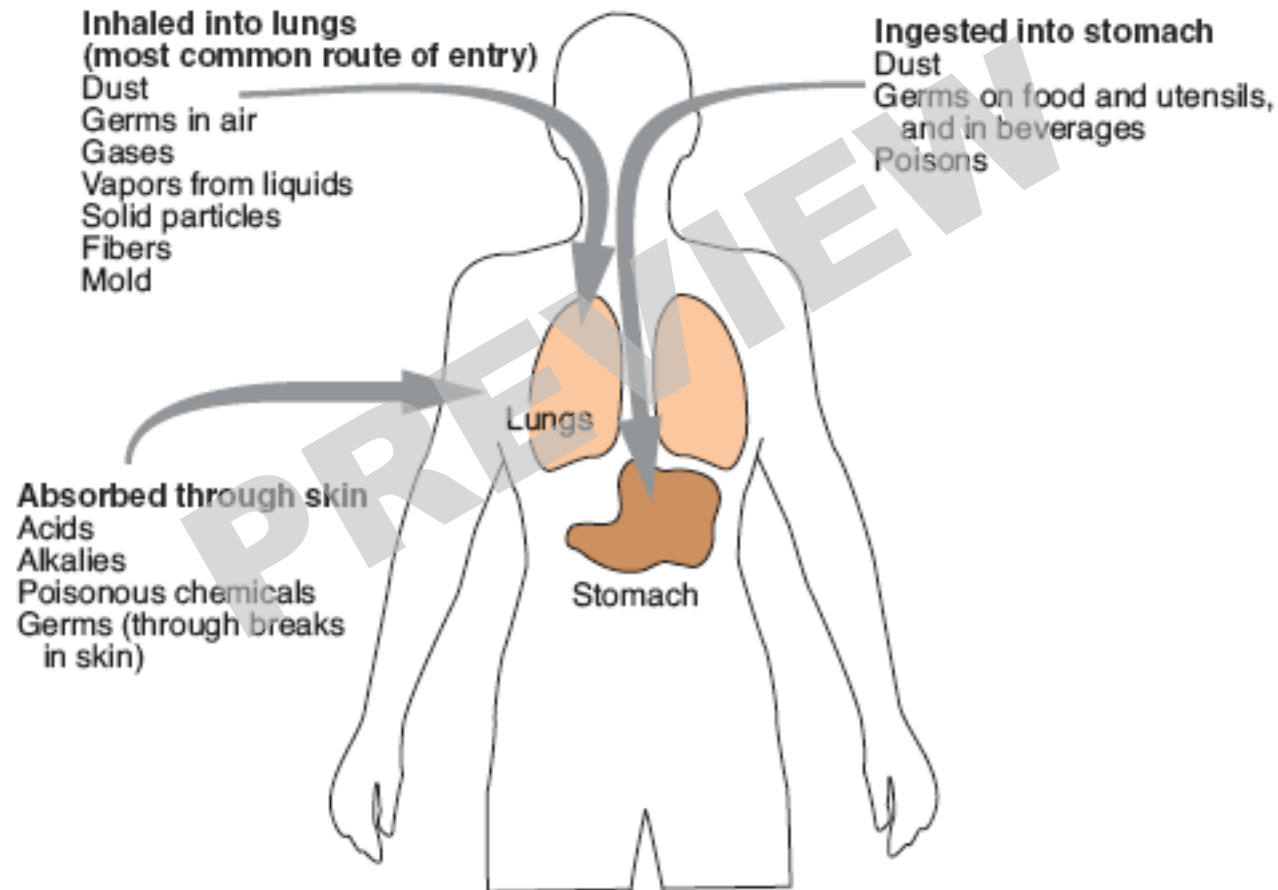
Fig. 1-5. Entrance of toxic substances into the body

Fig. 1-6. Correct method of lifting

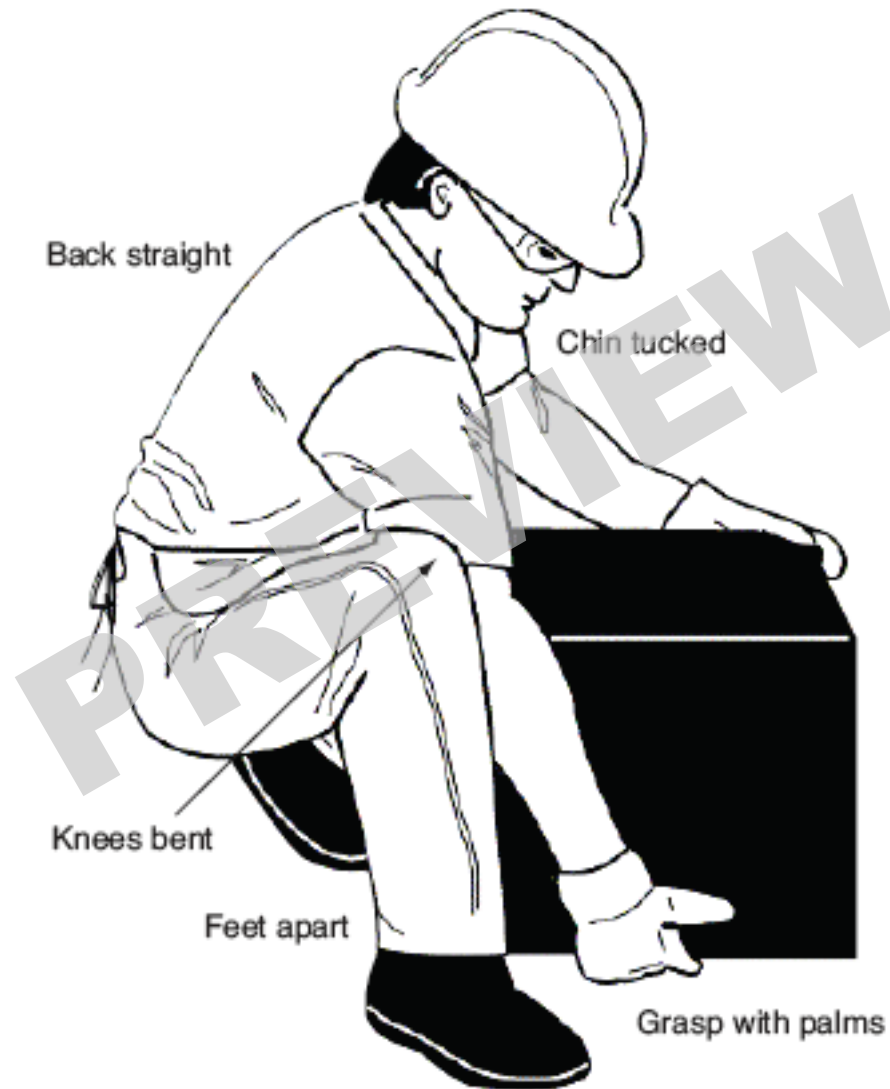


Fig. 1-7. Typical accident investigation report form

REPORT OF ACCIDENT INVESTIGATION																																								
TO BE COMPLETED BY THE FACILITY MANAGER OR SUPERVISOR WITHIN 24 HOURS AFTER AN ACCIDENT																																								
Date of report:	Employee name:		Job title of employee:																																					
Date of injury:	Time shift started:	Location:	Time of injury:	Length of employment:																																				
Body part injured:		Was first aid administered? <input type="checkbox"/> Yes <input type="checkbox"/> No	Social Security Number:																																					
Description of injury:																																								
How injury occurred:																																								
Manager's estimation <input type="checkbox"/> Work-related <input type="checkbox"/> Non-occupational <input type="checkbox"/> Undetermined <input type="checkbox"/> Disabling		Able to return to work? <input type="checkbox"/> Yes <input type="checkbox"/> No	Doctor or hospital being used: <input type="checkbox"/> Yes <input type="checkbox"/> No	How long will employee be disabled?																																				
Was employee performing regularly assigned job? <input type="checkbox"/> Yes <input type="checkbox"/> No		Machine, tool, or device involved:		How much production time was lost?																																				
Was employee instructed in this particular job? <input type="checkbox"/> Yes <input type="checkbox"/> No																																								
Injury was caused by: <input type="checkbox"/> Intention to duty being performed <input type="checkbox"/> Inadequate instruction <input type="checkbox"/> Failure to follow procedures <input type="checkbox"/> Lack of knowledge or skill <input type="checkbox"/> Inadequate enforcement of rules <input type="checkbox"/> Unsafe act or behavior <input type="checkbox"/> Improper job instruction <input type="checkbox"/> Unsafe mechanical condition <input type="checkbox"/> Other (describe)		Protective equipment <table border="1"> <thead> <tr> <th></th> <th>REQUIRED</th> <th>BEING WORN</th> </tr> </thead> <tbody> <tr><td>Bump cap</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Hard hat</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Glasses</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Goggles</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Safety shoes</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Gloves</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Long sleeves</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Respirator</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Burning goggles</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Ear plugs/muffs</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> <tr><td>Other (describe)</td><td><input type="checkbox"/></td><td><input type="checkbox"/></td></tr> </tbody> </table>				REQUIRED	BEING WORN	Bump cap	<input type="checkbox"/>	<input type="checkbox"/>	Hard hat	<input type="checkbox"/>	<input type="checkbox"/>	Glasses	<input type="checkbox"/>	<input type="checkbox"/>	Goggles	<input type="checkbox"/>	<input type="checkbox"/>	Safety shoes	<input type="checkbox"/>	<input type="checkbox"/>	Gloves	<input type="checkbox"/>	<input type="checkbox"/>	Long sleeves	<input type="checkbox"/>	<input type="checkbox"/>	Respirator	<input type="checkbox"/>	<input type="checkbox"/>	Burning goggles	<input type="checkbox"/>	<input type="checkbox"/>	Ear plugs/muffs	<input type="checkbox"/>	<input type="checkbox"/>	Other (describe)	<input type="checkbox"/>	<input type="checkbox"/>
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Give details on who, what, where, why, and how of accident:																																								
What will you do to keep this accident from happening again?																																								
What do you feel were the main causes of the accident?																																								
List any additional details or comments here:																																								
Manager/supervisor signature: _____ Date form completed: _____		List any costs of this accident: medical, workers compensation payouts, damaged equipment, etc.																																						