

**INJURY & ILLNESS PREVENTION
PROGRAM**

For

Pacific Western Distributors Association

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SAFETY RULES SECTION

- A. General Safety
- B. Housekeeping
- C. Slip and Falls
- D. Material Handling
- E. Fire Prevention Safety
- F. First Aid/Medical Services
- G. Emergency Evacuation Procedure
- H. Personal Protective Equipment/Personal Hygiene
- I. Electrical Safety
- J. Power Machinery/Mechanical Safety
- K. Hand Tools
- L. Portable Power Tools
- M. Compressed Gas Cylinders
- N. Office Safety
- O. Motorized Vehicles
- P. Forklift Trucks

EMPLOYEE SAFETY MEETING - Title 8, Sec 3203 a(3)

DATE _____

TIME _____

CONDUCTED BY: _____

TITLE: _____

SUBJECT DISCUSSED: _____

SIGNATURES OF EMPLOYEES

APPROVED BY MANAGER _____ DATE _____

INSTRUCTION: Make your meetings brief - 5 to 10 minutes. Cover only one subject. Use an object to focus the attention of the employees. It will involve them in the talk.

THIS IS TO CERTIFY that I have on this day completed the company's orientation and training program. In addition, I have received a set of **SAFETY RULES** which I will read. I will be guided by these rules while in the employ of this Company.

I understand that it is a requirement of my employment that in case I am injured while in the course of my work, I will immediately report the injury to my supervisor and obtain the necessary First Aid or Medical Treatment.

Employee Name (Please Print)

Employee Signature

Date: _____