

Wieland-Davco Corporation **Fatalities or Multiple Hospitalization Incidents**

Objective

This procedure establishes the requirements for the reporting of a fatality or in-patient hospitalization of 3 or more employees from a work-related incident.

Reporting Requirements

A report must be made to OSHA within 8 hours of an incident that results in a fatality or in-hospitalization of 3 or more employees as a result of a work-related incident.

This requirement applies to each fatality or in-hospitalization of 3 or more employees which occurs within thirty (30) days of an incident.

If WDC does not learn of a reportable incident at the time it occurs, it must be reported within eight (8) hours of the time it is reported to any WDC representative or agent.

Reports to OSHA must be verbal and made by phone or in person to:

- OSHA area office, or
- OSHA toll free line (1-800-321-OSHA), or
- State plan OSHA Office

Reports must include:

- Name of establishment
- Location of incident
- Time of incident
- Number of fatalities or in-patient hospitalization
- WDC contact person
- Telephone number
- Description of incident

Project Superintendent/Designee's Responsibilities - The Project Superintendent or designee will report the incident immediately (as soon as possible) to one of the corporate representatives in the order shown.

The Project Superintendent or designee will coordinate with the corporate representative as to who will contact OSHA.

In the unlikely event that the Project Superintendent or designee is unable to contact one of the corporate representatives in the timeframe to comply with OSHA's 8 hour reporting limitation, then he/she will contact OSHA. The "OSHA

Notification Form” will be filled out before contacting OSHA and used while making the verbal notification.

The Project Superintendent will assure that the project supervision, office manager, personnel manager, and receptionist are aware of the reporting requirements, reporting procedures, and associated forms.

Project Safety Supervisor’s Responsibilities - The Safety Supervisor is responsible for administering the procedure.

The Safety Supervisor will assist the Project Superintendent and conduct the required training of the reporting requirements for the project supervision, office manager, personnel manager, and receptionist.

The Safety Supervisor will maintain notification documentation (if applicable) in the safety files and will have them available for review by corporate safety auditors during reviews.

Documentation - This form is to be filled out by the Project Superintendent to document the notification sequence and the coordination with the corporate representative as to who will notify OSHA. The form is to be filled out in the following manner.

Enter the following information on the corresponding line number.

1. Project number.
2. Project location.
3. Date and time of occurrence of reportable incident.
4. The name of the WDC representative who was first notified of the incident.
5. The date and time the WDC representative was notified.
6. The Project Superintendent or designee’s name.
7. The date and time the Project Superintendent or designee was first notified.
8. The name of the corporate representative who was notified.
9. The date and time the corporate representative was notified.
10. Check the appropriate line as to whether the corporate representative is to notify OSHA.
11. Check the appropriate line as to whether the Project Superintendent or designee is to notify OSHA.
12. Date and time OSHA was notified.
13. The OSHA location and representative who was notified.

The Project Superintendent/Designee is to sign the form and date it and make distribution to project safety files and Corporate Safety Director.

OSHA Notification Form - This form outlines the required information that must be verbally given to OSHA. The Project Superintendent or corporate

representative will fill out the respective information on the form and refer to it when verbally notifying OSHA. The following information is to be entered on the corresponding line number.

1. The project number is to be entered on this line.
2. The name of the establishment.
3. The location of the incident, including the facilities name, address (if applicable) and the area of the project or facility where the incident occurred.
4. The time of the incident.
5. The number of fatalities or in-patient hospitalizations.
6. The WDC contact person is Rob Krueger, Vice President, Operations
7. The WDC Corporate Safety Department phone number is (517) 372-8650.
8. A brief description of the incident is to be entered here. The description is to contain only facts, no opinions.
9. The WDC representative contacting OSHA is to enter his/her name on this line.
10. The date and time of notification to OSHA is to be documented here.
11. The OSHA location/representative notified is to be entered on this line.

The form is to be distributed to the project safety files and Corporate Safety Director.

Evaluation - Evaluation of the notification procedure will be conducted at least annually by the Safety Supervisor, or during a corporate safety audit. During the audit, the following will be assessed:

- The training required for the affected personnel.
- Documentation of training and any documentation of notification (if applicable).
- Interview of the affected personnel to verify their understanding of the reporting requirements and the reporting procedure.

OSHA Notification Form

One Fatality or Hospitalization of 3 or More Employees

1. Project Number: _____
2. Name of Establishment: _____
3. Location of Establishment: _____

4. Time of incident: _____

5. Number of Fatalities or Hospitalizations: _____
6. The WDC Contact Person: _____
Work No.: _____ Home No.: _____
Pager No.: _____
7. WDC Telephone Number (Corporate Safety) _____
8. Description of Incident (Facts Only): _____

9. WDC Representative Contacting OSHA: _____
10. Date and Time of Contact: _____
11. OSHA Location/Representative Notified: _____

Distribution: Project Safety Files, Corporate Safety Director, and Chief Counsel,
Law Department

Project Superintendent/Designee's Initial Report Form

One Fatality or Hospitalization of 3 or More Employees

1. Project Number: _____
2. Location: _____
3. Date/Time of Incident: _____
4. WDC's Representative First Aware: _____

5. Date/Time: _____
6. Project Superintendent/Designee: _____
7. Date/Time Notified: _____
8. Corporate Office Representative: _____
9. Date/Time Notified: _____
10. Corporate Office Representative to Notify OSHA _____ Yes _____ No
11. Project Superintendent/Designee to Notify OSHA _____ Yes _____ No
12. Date/Time OSHA Notified: _____
13. OSHA Location/Representative Notified: _____

Project Superintendent/Designee's Signature

Date

Distribution:
Project Safety Files
Corporate Safety Director
Chief Counsel, Law Department