

# Safety Committee Guidance For **LOGGING**

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## Introduction

It is the policy of this logging firm, \_\_\_\_\_ to provide as close as possible, a working environment free of known or potentially harmful hazards.

As employees of this company you are expected to become familiar with and comply with company, state and federal safety and health rules, regulatory directives and are expected to report any hazardous condition whether governed by regulatory agencies or not.

Your personal safety and that of you fellow employees at each worksite is a daily responsibility shared by each employee of this company.

All injuries, no matter how minor, are to be reported to your immediate supervisor. This information is invaluable to our safety personnel as far as early detection of any trends that may be developing.

The company safety committee consists of \_\_\_\_\_ employees. The committee will hold meetings \_\_\_\_\_. Minutes of these sessions will be available for your review. All employees are welcome to attend.

Employees of this company are expected to adhere to good common sense safety and health procedures. Gross violations or total disregard for safety could lead to discharge or disciplinary action.

Personal safety equipment such as listed below, will be utilized:

- \* *Eye*
- \* *Gloves*
- \* *Proper Footwear*
- \* *Respiratory Protection*
- \* *Face*
- \* *Hard Hats*
- \* *Hearing Protection*
- \* *Saw Chips*

NO EXCEPTIONS: Apparel is to be worn as needed or directed. This worksite will be inspected at reasonable times and frequencies, to uncover any existing safety hazards or unsafe working conditions.

All accidents and/or near misses will be investigated by persons assigned by management.

All employees will receive job safety training as frequently as management deems necessary and will include, but not limited to:

- \* First Aid (all employees are encouraged to attend)*
- \* Hazard Communication*
- \* Hearing Conservation*
- \* OSHA, state and company safety policies*
- \* Emergency action plans and injury evacuation*
- \* Hazard identification and reporting unsafe acts.*
- \* Bloodborne Pathogens*
- \* Tagout of equipment*

Any suggestions, new ideas, methods or changes that will enhance the safety environment of this company, are certainly welcome for discussion with the management.

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Management

## **GENERAL SAFETY RULES**

1. Personal protective equipment suitable for each job will be worn (hard hats, safety glasses, hearing protection, chaps, proper footwear, etc.)
2. Removal of guards, shields or safety devices from equipment will not be permitted unless directed or approved by a supervisor.
3. Alcoholic beverages and narcotics will not be permitted on the job or in company vehicles.
4. An employee will not be permitted to work if, in the judgment of the immediate supervisor, the worker is incapacitated by illness, medication, alcohol, drugs and/or other causes which might affect the worker's safety or the safety of others.
5. Horseplay or misuse of equipment or machinery that could endanger the safety of the operator or another employee can result in immediate termination.
6. Machinery, vehicles or other equipment shall not be operated by unauthorized persons.
7. Employees must immediately report all occupational injuries and/or illnesses to the supervisor.
8. Employees must report all occupational injuries and/or illness requiring medical attention on our company's accident report forms.
9. All accidents and injuries will be investigated, and appropriate corrective and preventive measures will be taken and reported at subsequent safety meetings.
10. At least one member of each working team will have a current first aid card. Selected employees are required to take part in first aid training when available.
11. Safety meetings will be held monthly. They will be on a crew-by-crew basis as opportunities permit. Other meetings will be held as circumstances require.
12. Always warn a fellow worker who is in danger, even though he may be more experienced than you. Remember, a timely warning may someday save you from bodily harm.
13. Always stay visible to other crew members.
14. Work as a good team member on the crew.
15. Any violation of this policy or the applicable safety standard, or the failure of an employee to cooperate or attend safety and first aid meetings, may be grounds for disciplinary action and/or termination.

**SAFETY IS EVERYONE'S RESPONSIBILITY . . .  
THE OWNER, THE CHOKER SETTER, THE CHASER,  
AND EVERYONE!**

## **PROCEDURE FOR INJURY OR ILLNESS ON THE JOB**

### A. PROCEDURE:

Owner or lead person immediately takes charge.

1. Supervise and administer first aid.
2. Get stretcher if necessary and transport injured person(s) to the nearest road or landing.
3. Arrange for transportation (ambulance, helicopter, company vehicle, etc.), depending on the seriousness of the problem.
4. Notify the owner or top management if not already present.
5. Do not move anything unless necessary, pending investigation of the accident.
6. Accompany or take injured person to the doctor, hospital, home, etc., (depending on the extent of injuries).
7. Take injured to family doctor or clinic if available.
8. Remain with the injured person until relieved by other authorized persons (manager, EMT, doctor, etc.)
9. When the injured person's immediate family is known, the owner or supervisor, should properly notify family members.

### B. DOCUMENTATION:

Minor injuries requiring doctor or out-patient care:

After the emergency actions following an accident, an investigation of the accident will be conducted by the immediate supervisor and anyone who was a witness to determine the causes. The findings shall be documented on our accident form.

Major injuries, a fatality or multiple hospitalization:

Top management must see that the Department of Labor and Industries is notified as soon as possible, but at least within 24 hours of the accident. Top management will then assist the department in the investigation.

### C. NEAR MISSES:

1. All near misses (close calls) should be investigated.
2. Document the findings on the company accident report form.
3. Review the findings at the monthly safety meetings or sooner if the situation is warranted.

# SUPERVISOR'S REPORT OF AN ACCIDENT

NAME OF INJURED EMPLOYEE: \_\_\_\_\_ DATE OF REPORT: \_\_\_\_\_

AGE	LENGTH OF EMPLOYMENT AT PLANT	ON JOB	DEPARTMENT	SECTION
<input type="checkbox"/> HEAD <input type="checkbox"/> EYES <input type="checkbox"/> TRUNK <input type="checkbox"/> TOES <input type="checkbox"/> ARMS  Remarks: _____ _____ _____	<input type="checkbox"/> HANDS <input type="checkbox"/> LEGS <input type="checkbox"/> HERNIA <input type="checkbox"/> INTERNAL  Remarks: _____ _____ _____	<input type="checkbox"/> WOUNDS <input type="checkbox"/> STRAIN & SPRAIN <input type="checkbox"/> FOREIGN BODY <input type="checkbox"/> FRACTURE  Remarks: _____ _____ _____	<input type="checkbox"/> AMPUTATION <input type="checkbox"/> BURNS <input type="checkbox"/> SKIN (occupational)	<input type="checkbox"/> DEATH <input type="checkbox"/> LOST TIME <input type="checkbox"/> FIRST AID ONLY <input type="checkbox"/> DUE TO DELAYED MEDICAL TREATMENT Remarks: _____ _____ _____
DATE OF INJURY		HOUR	DEPARTMENT	EXACT LOCATION

EYE WITNESSES: \_\_\_\_\_

DESCRIBE ACCIDENT: INCLUDE THE MACHINE, EQUIPMENT, OBJECT OR SUBSTANCE INVOLVED...ALL DETAILS...USE BACK SPACE IF NECESSARY \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

CAUSE: Mark basic cause **"X"**

**UNSAFE CONDITIONS**

1.  INADEQUATELY GUARDED
2.  UNGUARDED
3.  DEFECTIVE TOOLS, EQUIPMENT OR SUBSTANCE
4.  UNSAFE DESIGN OR CONSTRUCTION
5.  HAZARDOUS ARRANGEMENT
6.  UNSAFE ILLUMINATION
7.  UNSAFE VENTILATION
8.  UNSAFE CLOTHING
9.  INSUFFICIENT INSTRUCTION

Mark contributing cause, if any **"O"**

**UNSAFE ACTS**

1.  OPERATING WITHOUT AUTHORITY
2.  OPERATING AT UNSAFE SPEED
3.  MAKING SAFETY DEVICES INOPERATIVE
4.  USING UNSAFE EQUIPMENT OR EQUIPMENT UNSAFELY
5.  UNSAFE LOADING, PLACING, MIXING
6.  TAKING UNSAFE POSITION
7.  WORKING ON MOVING OR DANGEROUS EQUIPMENT
8.  DISTRACTION, TEASING, HORSE PLAY
9.  FAILURE TO USE PERSONAL PROTECTIVE DEVICES

WHY WAS THE UNSAFE ACT COMMITTED? \_\_\_\_\_

WHY DID THE UNSAFE CONDITION EXIST? \_\_\_\_\_

ANY PHYSICAL DISABILITIES? \_\_\_\_\_

NUMBER OF PREVIOUS DISABLING INJURIES? \_\_\_\_\_

**GUIDES TO CORRECTIVE ACTION**

BASED ON THE CAUSE CHECKED ABOVE, I AM TAKING THE FOLLOWING CORRECTIVE ACTION:

**UNSAFE ACT**

1.  STOP THE WORKER
2.  STUDY THE JOB
3.  INSTRUCT (Tell-Show-Try-Check)
4.  FOLLOW UP
5.  ENFORCE

**UNSAFE CONDITION**

1.  REMOVE
2.  GUARD
3.  WARN
4.  SUPERVISORY TRAINING

**If Supervisor Can't Handle, then**

5.  RECOMMEND TO: (a)  OWN BOSS, OR  
 (b)  SAFETY COMMITTEE, OR  
 (c)  MAINTENANCE DEPT, OR  
 (d)  \_\_\_\_\_
6.  FOLLOW UP

WHAT I AM ACTUALLY DOING TO PREVENT SIMILAR INJURIES \_\_\_\_\_  
 \_\_\_\_\_

WHAT FURTHER RECOMMENDATIONS? \_\_\_\_\_  
 \_\_\_\_\_

SIGNATURES \_\_\_\_\_

IMMEDIATE SUPERVISOR OR FOREMAN

RECEIVED BY PLANT MANAGER OR SUPERINTENDENT

**CREW LEADERS SAFETY MEETING MINUTES**

**COMPANY:** \_\_\_\_\_

**BRANCH:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**TIME:** \_\_\_\_\_

**INSTRUCTOR(S):** \_\_\_\_\_  
\_\_\_\_\_

**EMPLOYEES PRESENT:**

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**SUPERVISOR'S NOTES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

# SAFETY COMMITTEE MEETING MINUTES

\_\_\_\_\_  
Meeting Date

\_\_\_\_\_  
Location

\_\_\_\_\_  
Chairperson

Employee Members Present	Management Members Present	Members Absent

*(Use additional pages if necessary to describe events fully.)*

- I. Read/approve/correct minutes from previous meeting.
  
- II. Old business (progress report on items and/or hazards from previous meetings).
  
- III. New business (assign someone to research, follow-up, etc., on each hazard and/or item listed).
  
- IV. Review new incident reports (list action or recommendations discussed).
  
- V. Other business (describe).
  
- VI. Review committee inspection reports (list action taken or recommendations discussed).
  
- VII. Referred to Safety & Health Coordinator or Central Safety Council (list items and recommended action).

\_\_\_\_\_  
Date next meeting

\_\_\_\_\_  
Time

\_\_\_\_\_  
Copy to Loss Control

\_\_\_\_\_  
Chairperson (signature)

\_\_\_\_\_  
Place

\_\_\_\_\_  
Secretary

**RECORD OF HAZARD OBSERVED**

**Date** \_\_\_\_\_

**Reported By** \_\_\_\_\_

**1. Nature and Location** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Action Taken** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**By Whom** \_\_\_\_\_

Signature