# TABLE OF CONTENTS

**Policy and Procedures**
- Agency Policy Statement 6
- Agency Health & Safety Program Guidelines 7
  - Written Programs 7
  - Safety and Health Policy 8
  - Accidents 9
  - First Aid 9
  - General Safety Rules 9
  - Worker’s Compensation Insurance 10
  - Corrective Action for Willful Unsafe Acts 10
  - Recordkeeping Requirement 10

**Accident Reporting**
- Employee Injury Process 13
  - Supervisor Instruction Checklist 14
  - First Report of Injury or Illness form 15
  - Employer Authorization form 16
  - Witness Statement form 17
  - Medical Treatment Decision form 18
  - Authorization for Disclosure form 19
  - Employee Statement form 20
  - Injured Worker’s Handout 21

**Customer Incident/Property Damage** 22

**Emergency Preparedness Plan** 32
- Emergency Response Program 32
- Crisis Management Policy Statement 34
- Emergency Response Team 35
- Natural Disasters Contingency Plan 35
- Hurricane Preparedness Plan 36
- Tornadoes/Thunderstorms 38
- Blackout/Utility Failure 39
- Earthquake 40
- Bomb Threat Procedures 41
• Telephone Bomb Threat Checklist 42
• Workplace Violence-Duty to Warn Policy 43
• Workplace Medical Emergency 44
• Hazard Communication 44
• Fire Prevention Plan 47
• Emergency Evacuation Procedures 47
• Monthly Fire Inspection forms 48
• Fire Drill forms 50
• Emergency Evacuation notice posters 52

Control of Hazardous Energy Policy 53
• Lockout/Tagout Procedure 53
• Restoring to Normal Operation 54

Personal Protective Equipment 55
• PPE Certification form 61
• PPE Documentation form 62

Bloodborne Pathogens Exposure Control Plan 63
• Exposure Determination 63
• Compliance Methods 64
• Hepatitis B Vaccine 66
• Post-Exposure Evaluation & Follow-up 67
• Interaction with Health Care Professionals 67
• Training 68
• Acknowledgement of Training form 69
• Record Keeping 70
• Hepatitis B Vaccine Declination form 70

Fleet Safety Program 71
• Responsibilities 71
• Drivers Selection 73
• Vehicle Selection 74
• Vehicle Maintenance 74
• Emergency Equipment 75
• Vehicle Safety Inspections 75
• Daily Vehicle Inspection forms 77
• Vehicle Accident Reporting 78
• Driver Training 80
Forklift Truck Safety Plan 81
Safety Committee 83
Routine Safety & Health Inspections 84
Safety Rewards Program 86
Tobacco Use Policy 87
  • Designated Tobacco Areas (DTAs) 88
Hazardous Material Procedure 90
GOODWILL INDUSTRIES, Inc.

Occupational Health and Safety Program

Agency Policy Statement

The Occupational Safety and Health Act of 1970 clearly states our common goal of safe and healthful working conditions. The safety and health of our employees continues to be the first consideration in the operation of this Agency.

Safety and health in our Agency must be part of every operation. Without question it is every employee's responsibility at all levels.

It is the intent of this Agency to comply with all laws. To do this we must constantly be aware of conditions in all work areas that can produce injuries. No employee is required to work at a job he or she knows is not safe or healthful. Your cooperation in detecting hazards and, in turn, controlling them is a condition of your employment. Inform your supervisor immediately of any situation beyond your ability or authority to correct.

The personal safety and health of each employee of this company is of primary importance. The prevention of occupationally-induced injuries and illnesses is of such consequence that it will be given precedence over operating productivity whenever necessary. To the greatest degree possible, management will provide all mechanical and physical facilities required for personal safety and health in keeping with the highest standards.

We will maintain a safety and health program conforming to the best management practices of organizations of this type. To be successful, such a program must embody the proper attitudes toward injury and illness prevention not only on the part of supervisors and employees, but also between each employee and his or her coworkers. Only through such a cooperative effort can a safety program in the best interest of all be established and preserved.

Our objective is a safety and health program that will reduce the number of injuries and illnesses to the absolute minimum in keeping with and surpassing the best experience of similar operations. Our goal is zero accidents and injuries.

Robert G. Smith
President/CEO
GOODWILL INDUSTRIES, Inc.
Program Responsibilities: The Agency Safety Officer is the Director, Safety and Security. He/she is responsible for all managerial facets of this program and has full authority to make necessary decisions to ensure success of the program. Since safety is the responsibility of every employee of this Agency, each employee has the authority to halt any operation where there is danger of serious personal injury.

Agency Health and Safety Program Guidelines

The Safety Officer will review and evaluate this document:

- On an annual basis.
- When changes occur to 29 CFR that prompt a revision.
- When changes occur to any related regulatory document that prompts a revision of this document.
- When facility operational changes occur that require a revision of this document.

Written Programs

The Agency will maintain written individual procedures for the types of hazards/issues that our employees may be exposed to. Each program will be reviewed/revised on an annual basis or as required by the respective governing OSHA Standards. Each program will be maintained independently to avoid situations where it is unclear where responsibility for a given issue belongs. Effective implementation of this program requires support from all levels of management within the Agency. Each written program will be communicated to all personnel that are affected. Each program will encompass the total workplace, regardless of the number of workers employed or the number of work shifts. They will be designed to establish clear goals and objectives. The following individual safety programs will be maintained:

Bloodborne Pathogens Exposure Control Plan
Hazardous Communication
Control of Hazardous Energy to include (Lockout/Tagout) Plan
Fire Prevention Plan
Safety and Health Policy

It is the policy of Goodwill to comply with relevant federal and state occupational health and safety laws. Goodwill’s policy is directed to minimizing the exposure of our employees, customers, and visitors to health or safety risks in our facilities. To accomplish this objective, Goodwill employees are expected to work diligently to maintain safe and healthful working conditions and to adhere to proper operating practices and procedures designed to prevent injuries and illnesses.

Goodwill employees are responsible for the following:

1. Exercising maximum care and good judgment to prevent accidents and injuries.
2. Maintaining clear pathways around workstations.
3. Immediately reporting and seeking first aid for all injuries, regardless of how minor.
4. Immediately reporting accidents, and unsafe conditions, equipment or practices.
5. Properly using safety equipment provided by Goodwill.
6. Conscientiously observing all safety rules and regulations.
7. Providing notice to the supervisor before beginning the workday of any medication that may cause drowsiness or other side effects that could lead to injury to an employee or his/her co-workers.
8. Maintaining required certifications for operation of equipment.

All Occupational Safety and Health Administration (OSHA) standards must be followed. Employee safety and health are important to Goodwill. Employees who violate safety standards, who cause hazardous or dangerous situations, or who fail to report, or (where appropriate) remedy such situations, or fail to report an accident, will be subject to corrective action up to and including termination of employment.
Accidents

No matter how insignificant an accident or injury may seem at the time of occurrence, employees are required to notify their supervisor immediately.

Incident reports must be completed by the on-duty supervisor. Where personal injury is involved management should ensure that the injured worker receives immediate medical attention. All employee incidents/accidents must be reported immediately to the Safety and Security Office. See Attachment #2 for Injury Report.

First Aid

Any employee injured at work or requiring medical assistance must contact his or her supervisor. First Aid equipment will be maintained at all worksites and all management will be trained and certified in First Aid.

General Safety Rules for all Departments

The following safety rules are established by this PALMETTO GOODWILL as general safety rules for all departments.

- Wear all protective garments and equipment necessary to be safe on the job. Wear proper shoes; sandals and other open-toed or thin soled shoes will not be worn.

- Do not lift items that weigh more than 25lbs alone or are too bulky to be handled by one person. Ask for assistance. Follow proper lifting techniques, IE: Lift with your legs or use material handling equipment, IE: Pallet jacks, rolling carts, etc.

- Keep all aisles, stairways, and exits clear.

- DO NOT place equipment and materials so as to block emergency exit routes, fire alarm boxes, fire extinguisher, electrical control panels or sprinkler shutoffs.

- Stack all materials neatly and make sure stacks are stable.

- Keep your work area and all company facilities clean and neat.

- Do not participate in horseplay, or tease or otherwise distract fellow workers. Do not run on company premises - always walk.

- Forklift operators must safeguard other employees at all times; employees must show consideration for forklift operators.

- Filing cabinets, desks, storage cabinets, and other storage devices should have drawers closed when not in use to prevent tripping hazards.
• Burned out lights should be replaced immediately.

• Frayed or damaged electrical cords should be replaced.

• Never take chances. If you are unsure, you are unsafe.

• Ask for help, let common sense be your guide.

**Workers’ Compensation Insurance**

To provide for payment of medical expenses and for partial salary continuation in the event of a *work related accident or illness*, Goodwill provides workers’ compensation insurance. The amount of benefits payable and the duration of payment depend on the nature of the injury or illness. In general, however, all medical expenses incurred in connection with a *work related injury or illness* are paid in full, after a short waiting period or, if the employee is hospitalized, immediately.

Any employees injured or who become ill on the job must immediately report such injury or illness to the supervisor. Prompt reporting ensures that Goodwill can quickly assist in obtaining appropriate medical treatment. Failure to follow this procedure could result in jeopardizing any workers’ compensation benefits to which the employee may be entitled. Questions regarding workers’ compensation should be directed to the employee’s immediate supervisor and the Safety and Security Department.

**Corrective Actions for Willful Unsafe Acts**

The willful commitment of an unsafe act cannot be condoned. Employees who willfully jeopardize their own or coworkers safety will be subject to corrective action up to and including termination.

**Recordkeeping requirement.**

This Agency fully understands that companies with eleven (11) or more employees any time during the calendar year immediately preceding the current calendar year must comply with the provisions of 29 CFR 1904. This section provides for recordkeeping and reporting by the Agency covered under 29 CFR 1904 as necessary and appropriate for developing information regarding the causes and prevention of occupational accidents and illnesses, and for maintaining a program of collection, compilation, and analysis of occupational safety and health statistics both for this company and as part of the national system for analysis of occupation safety and health. Records shall be established on a calendar year basis.

This employer will report under CFR 1904, all work-related fatalities, all work-related inpatient hospitalizations of one or more employees, all work-related amputations, and all work-related losses of an eye.

This employer will maintain a log of occupational injuries and illnesses under 29 CFR 1904.2 and to make reports under 29 CFR 1904.21 upon being notified in writing by the bureau of Labor Statistics that the employer has been selected to participate in a statistical survey of occupational injuries and illnesses.
Log and summary of occupational injuries and illnesses. This employer will:

Maintain a log and summary of all recordable occupational injuries and illnesses by calendar year.

Enter each recordable injury and illness on the log and summary as early as practicable but no later than 6 working days after receiving information that a recordable injury or illness has occurred. For this purpose form OSHA No. 300 or an equivalent which is as readable and comprehensible to the person not familiar with it will be used. The log and summary shall be completed in the detail provided in the form and instructions on form OSHA No. 300.

If this employer elected to maintain the log of occupational injuries and illnesses at a place other than this establishment or by means of data-processing equipment, or both, it will meet the following criteria:

There will be available at the place where the log is maintained sufficient information to complete the log to a date within 6 working days after receiving information that a recordable case has occurred.

At each facility belonging to this Company, there will be available a copy of the log which reflects separately the injury and illness experience of that establishment complete and current to a date within 45 calendar days.

Supplementary records. In addition to the log of the occupational injuries and illnesses (OSHA 300) this Company shall have available for inspection at each of our facilities within 5 working days after receiving information that a recordable case has occurred, a supplementary record for each occupational injury or illness for that establishment.

Annual summary. This Company shall post an annual summary of occupational injuries and illnesses for each facility under our control. This summary shall consist of a copy of the year's totals from the form OSHA No. 300A and the following information from that form:

Calendar year covered.

Company name and facility address.

Certification signature, title, and date.
A form OSHA No. 300A shall be used in presenting the summary. If no injuries or illnesses occurred in the year, zeros will be entered on the totals line, and the form posted.

The summary shall be completed by February 1 of each calendar year. This company, or the officer or employee of the employer who supervises the preparation of the log and summary of occupational injuries and illnesses, shall certify that the annual summary of occupational injuries and illnesses is true and complete to the best of their knowledge. The certification shall be accomplished by affixing the signature of the employer, or the officer or employee who supervises the preparation of the annual summary of occupational injuries and illnesses, at the bottom of the last page of the log and summary or by appending a separate statement to the log and summary certifying that the summary is true and complete to the best of their knowledge.
The Company will post a copy of the Company's summary (OSHA No. 300A) in each facility in the same manner required under 29 CFR 1903.2. The summary covering the previous calendar year shall be posted no later than February 1, and shall remain in place until at least April 30.

Records retention. Records provided for in 29 CFR 1904.2, 1904.4, and 1904.5 (including form OSHA No. 300 and its predecessor forms OSHA No. 100, OSHA No. 102 & OSHA No. 200) will be retained for 5 years following the end of the year to which they relate.

Access to records. This Company shall provide, upon request, records provided for in 29 CFR 1904.2, 1904.4, and 1904.5, for inspection and copying by any representative of the Secretary of Labor for the purpose of carrying out the provisions of the OSHA act, and by representatives of the Secretary of Health, Education, and Welfare, or by any representative of the State accorded jurisdiction for occupational safety and health inspections or for statistical compilation.

The log and summary of all recordable occupational injuries and illnesses (OSHA No.300 & No. 300A) will, upon request, be made available to any employee, former employee, and to their representatives for examination and copying in a reasonable manner and at reasonable times. The employee, former employee, and their representatives shall have access to the log for any facility in which the employee is or has been employed. Reporting of fatalities or multiple hospitalization accidents. Within 48 hours after the occurrence of an employment accident which is fatal to one or more employees or which results in hospitalization of five or more employees, this Company shall report the accident either orally or in writing to the nearest office of the Area Director of the Occupational Safety and Health Administration, U.S. Department of Labor. The reporting may be by telephone, FAX or telegraph. The report shall relate the circumstances of the accident, the number of fatalities, and the extent of any injuries. It is understood that the Area Director may require such additional reports, in writing or otherwise, as he/she deems necessary, concerning the accident.

Statistical program. This Company will comply with all requirements to maintain, provide, and use statistical summaries. Upon receipt of an Occupational Injuries and Illnesses Survey Form, this Company shall promptly complete the form in accordance with the instructions contained therein, and return it in accordance with the instructions.
Employee Injury Process

In the event of any employee injury, the supervisor has tools at his/her disposal to ensure (1) the employee receives appropriate medical treatment (2) the information is reported to Safety and Security in a timely/efficient manner. The flow chart below reflects the decision matrix in dealing with employee accidents.
CUSTOMER INCIDENT AND PROPERTY DAMAGE REPORTING

1.0 PURPOSE

The purpose of this operating instruction is to establish Palmetto Goodwill’s policy when reporting various incidents that occur during day to day operations. Timely and accurate reporting minimizes losses and ensures the situation receives appropriate attention in a manner that protects the best interests of the agency.

2.0 RESPONSIBILITIES

The Safety and Security department will provide all training, materials and expertise in reporting and investigation techniques and standards. All appropriate paperwork used will be provided to the management team of all business areas. The site management team will be responsible for ensuring their employees are aware of reporting requirements.

3.0 TERMS DEFINED

**Customer Incident**: Any injury, or perceived injury to a customer of the agency. A customer may be shopping in a retail store, visiting one of our Job Link Centers, or even being served at one of our contract locations. If we are in the business of serving this person, they are our customer.

**Property Damage**: Any damage or loss of use of any Palmetto Goodwill property. This property can be a retail store, cell phone, vehicle, or even a computer. If the property belongs to Goodwill and it gets damaged, then it falls under this category. *(See Attachment 4)*

**Charleston Area**: Goodwill operations in Charleston, Dorchester and Berkeley counties.

**Outer Charleston Area**: Goodwill operations in all counties we serve other than Charleston, Dorchester and Berkeley.

**GWLSC**: Goodwill Industries of Lower South Carolina

**GWLSC Business Area**: Any site that GWLSC conducts business. This can be a retail store, contract site, warehouse, or administrative office building.

4.0 PROCEDURES

1. **Customer Incident Reporting**: Upon notification of a customer incident, management will assess the situation. If first aid need be rendered, ensure a trained first aid provider on staff render treatment. If the situation is **LIFE THREATENING**, dial 9-1-1 for immediate medical attention. Do not call for emergency service if not. Once the situation is neutralized, management should:

   (1) Secure the scene, render first aid if necessary.
   (2) Contact the appropriate District Manager or Project Manager by Phone.
   (3) Complete a Customer Incident Report *(Attachment 3)*
   (4) Scan the Customer Incident Report to the District Manager/Project Manager AND Safety and Security Office.

At no time should management assume responsibility for any customer incident, transport a customer to receive medical treatment, or allow a customer to fill out the Customer Incident Report. If the customer demands a copy of the report, have them contact the Safety and Security Office.
UNIT III

EMERGENCY PREPAREDNESS PLAN
FOR PALMETTO GOODWILL

EMERGENCY RESPONSE PROGRAM

MISSION

The mission of Palmetto Goodwill in a disaster situation is to implement all actions necessary in order to maintain the health, safety and accountability of those we serve and our staff.

PURPOSE

The primary purpose of this plan is to provide detailed information and guidance to all agency personnel in order to minimize the risk of injuries to employees and staff which could be incurred as a result of a disaster in the areas that we serve. Any deviations from the established policies require the direct approval of the President/CEO.

DEFINITION

A disaster is defined as a sudden and extraordinary misfortune, a calamity. Preparedness simply means being ready to deal with a disaster before, during and after, it happens.

Disaster preparedness planning, if thorough, coordinated and rehearsed, can reduce the possibility of injury, loss of life or other undesirable consequences which could result from a natural or man-made disaster within our service areas.

RESOURCES AVAILABLE

Internal resources within our agency include: First Aid/CPR trained employees, Transportation and Maintenance personnel to assist Site/Facility Managers.

External resources include County Rescue Squads, Police and Fire Departments, Emergency Medical Services (ambulance and paramedics) County Sheriffs' Departments, Volunteer Fire Departments, The SC Highway Patrol and the local Hospital and Emergency Rooms.

DISASTER CONTROL OPERATIONS

Emergency Operations will be accomplished through coordinated efforts of the established Disaster Control Team. The President/CEO will make the decision to activate the Emergency Response Team. The situation is to be evaluated as soon as possible and immediate reactions identified. In every situation, it is imperative that the staff at each facility take every action to safeguard the people in their charge and to keep the Emergency Response Team informed of any change in their situation.
1. The Disaster Control Operations will be coordinated at the Administrative Offices.

2. If warned of an impending disaster, staff will notify the President/CEO or the Vice President in charge during the absence of the President/CEO. At that time, a decision regarding the activation of the Emergency Response Team will be made.

3. If warned of an impending disaster during normal agency hours, the President/CEO, or designee, will decide whether to cease or continue operations.

4. If there is no warning of a disaster, and a disaster occurs, The Emergency Response Team will be activated by the President/CEO, or any other member of the Emergency Response team in his absence.

5. If the disaster is at a remote site/facility the individual activating the Emergency Response will immediately notify the President/CEO or any member of the Emergency Response team in his absence.

6. The Agency must rely on the telephone system as its primary means of communications. At least one phone line should remain open at the Administrative Offices at all times for incoming calls. Members of the Executive Management Team have cellular phones. In an emergency, outgoing calls can be made on these phones to help alleviate the shortage of phone lines.

7. Each site/facility will establish a messenger contact.

8. Local media, radio and television stations will be used as a means to get information to agency staff and employees regarding pertinent information.
Crisis Management Policy Statement

When a crisis occurs clear, accurate and timely communication is essential in safeguarding Goodwill's employees, persons served, facilities, assets and credibility.

Definitions

Crisis: A crisis is an unplanned situation which has the potential to result in injury to employees or others or negative visibility, and over which an employee has limited control. For Goodwill, a crisis might involve a fire, a hurricane, a client disappearance or injury, theft, an employee arrest or a scandal involving Goodwill employee or board member.

Crisis Team: Crisis Management Team (CMT) members will serve as the primary crisis team. When a crisis occurs, a member of CMT will be responsible for informing those who need to know and for designating appropriate members for the crisis team as the situation requires. The President/CEO will head up the CMT.

Procedures

1. Notify a member of the Crisis Management Team (CMT) to assess the situation, gather facts - who, what, when, where, why, how.

2. Take necessary immediate action, e.g. evacuate building (Crisis Team)

3. Involve legal, insurance, safety team, security as appropriate (Crisis Team)

4. Prepare communications materials (Marketing)

5. Provide a clear statement (CEO)

6. Communicate internally and externally as appropriate (CEO, Marketing)

7. Channel all communication through designated spokesperson (CEO, Marketing)

8. Issue release to media if appropriate (Marketing)

9. Reassess situation (Crisis Team)

10. Update regularly (Crisis Team)

11. Conduct post-crisis evaluation (Crisis Team)

12. Implement corrective measures when appropriate (Crisis Team)

13. Issue report to internal and external audiences regarding follow-up measures (CEO, Marketing)
**Emergency Response Team:**

The Emergency Response Team will be comprised of the CEO, EMT members and other key staff deemed essential to the agency. This team will meet when emergency conditions present a danger to the operations of the agency. The main duties of this team will be to develop operational contingency plans in appropriate response to the emergency.

**NATURAL DISASTERS CONTINGENCY PLAN**

When a Natural Disaster (hurricane, flood, tornado, etc.) occurs affecting a Goodwill facility, the facility manager must assess any damage to the facility and report its safety and operational status. This is done only after ensuring the immediate safety of the people involved.

1. **DO NOT PANIC**, seek appropriate protection, i.e., under a desk, table, case, etc. Avoid locations next to windows.

2. If necessary, evacuate the building in a safe and orderly manner (if possible, secure accountable items)

3. Call 911 if medical or evacuation assistance is required (after a Natural Disaster, assistance may be slow responding due to the number of calls).

4. If necessary, shut down critical building systems. If wiring is shorting out, turn off the power. If water pipes are damaged, turn off the water. If the smell of gas is detected, turn off the gas.

5. Stand outside, away from the building, power lines, overhangs, gas pumps etc. The manager-in-charge will account for all employees after the evacuation is completed.

6. Provide assistance to any injured employees.

7. Extinguish all flames. Do not smoke, light matches, or cause sparks.

8. If you can determine that the building is safe to re-enter, then the inside of the building must be surveyed to determine re-occupancy.

9. Notify the families of injured employees. In the event of a severe injury or fatality, notification should be made in person by a manager, if all possible. CONTACT EAP FOR ASSISTANCE.

10. Contact your local city/county disaster EOC – Emergency Operations Center, to advise them of damage and/or injuries and to coordinate assistance.

11. If damage is found, complete Property Damage Incident report and submit to the Safety and Security Office within 24 hours.

12. Work with local city/county disaster or Red Cross workers to prevent further damage.
Hurricane Preparedness Plan:

1. In case of the potential threat of a hurricane, the CEO will initiate a meeting of the ERT at the time a Hurricane watch is posted. The team will respond and meet at the designated time and place as instructed by the CEO.

2. The ERT will initiate appropriate steps to ensure that personnel and the property of the agency are protected in order to minimize the operational impact from the hurricane. The actions taken by the team will focus on keeping the safety and well-being of personnel a priority.

Specific Duties of the Team:

Below are specific duties assigned by position of the ERT:

1. The CEO is responsible for leading the ERT in the planning and implementation of the actions necessary for appropriate response before and after hurricane situations. The CEO will make the decisions regarding closure and post reporting to work response.

2. The CFO will initiate steps to back-up the system using a two-tape method. One back-up will remain on site in a fire/water proof safe. The other back-up tape will be kept off site as precautionary measures. The CEO and CFO will confer and agree on who and where the second back-up tape will be kept. The CFO will also be responsible for initiating procedures to safeguard all computer equipment when a Hurricane Warning is posted. In case of long-term power outages or severe damage conditions, the VP of Finance will implement temporary manual accounting and manual payroll procedures until computerized operations are restored. Upon the posting of a Hurricane Warning, the CFO will ensure that operational funds are in appropriate accounts for post hurricane recovery.

3. The VP of Human Resources will ensure that updated personnel telephone lists are available to the Emergency Response Team for distribution to the appropriate supervisory personnel. Departmental supervisors will use this telephone list in order to disseminate appropriate procedures. Upon the posting of a Hurricane Warning, the VP of Corporate Relations will change the voice mail greeting to reflect the instructions for closure and post reporting procedures identified by the CEO. The VP of Corporate Relations will assist in the manning of telephone lines to ensure accurate information is being provided to callers.

4. The VP of Mission Services will gather data from each contracting activity to provide appropriate instructions to each Project Manager for dissemination to subordinates. The VP of Mission Services will initiate a plan to ensure all contract supplies and equipment is secured appropriately. This plan should be disseminated as soon as a Hurricane Watch is posted. The VP of Mission Services will assist the Project Managers in the development of appropriate post response plans.
5. The VP of Mission Services will be responsible for the development of a post response plan that addresses the needs of the clients adversely affected by the hurricane. The emphasis of this plan will be the provision of assistance necessary to promote the employees ability to return to work in a timely manner. During watch, early warning and post hurricane conditions, The VP of Mission Services will assist in manning the telephones, providing information and counseling if needed.

6. The VP of Donated Goods, through the Retail Director and District Managers will be responsible for initiating precautionary measures at each store location to protect personnel and property. At the time a hurricane warning is issued, they will contact the store managers in case of store closure, who will notify subordinate employees. The Retail Director and DMs will immediately assess the storm damage incurred at the stores and report back to the CEO for appropriate response. The VP of Corporate Relations through the Marketing Manager will be responsible for contacting the local media for dissemination of agency closure, post employee reporting procedures and re-opening information pertaining to operations.

7. The Transportation Director will instruct essential employees to initiate procedures to secure property and eliminate the presence of debris. The main responsibility of the Transportation Manager will be to secure the buildings, Attended Donation Centers, and fleet vehicles. If operational closure is imminent, the Transportation Director will notify transportation/solicitation staff with specific post-response instructions. Transportation services must be restored as soon as possible to aid in the recovery efforts.

8. The VP of Corporate Relations will be responsible for consolidating pre-hurricane plans for dissemination to the Team members. The VP of Corporate Relations will also assist the manning of the telephones during watch, early warning and post hurricane conditions. Post hurricane responsibilities will include the consolidation of incoming damage reports for prioritization of responsive actions needed.
TORNADOES/SEVERE WEATHER

At some time we may be in the path of a tornado or other violent weather systems. We must ensure all employees are aware of the danger of a tornado/severe weather systems and that immediate action is taken.

TORNADOES

**Tornado:** A violent storm with whirling winds of up to 300 mph. It is a rotating, funnel shaped cloud, which extends toward the ground from the base of a thundercloud.

**Severe Weather:** A violent storm with heavy rain and wind (may be up to 70 mph).

**Tornado Watch:** Conditions right for tornadoes in or near your area.

**Tornado Warning:** A tornado has been sighted or is on radar and may strike in your vicinity. Take shelter immediately.

When in your home or in a building, take shelter in the basement or cellar if available. It is also recommended to get close to the floor and under a table or workbench to protect your head. In Goodwill facilities, relocate to the TORNADO SAFE ZONE or the interior hallways, against the interior walls and near columns in the building interior – on the **lowest level**. Again, when possible, get under cases, tables, or other equipment to protect yourself from falling debris. Stay away from windows, doors, and outside walls.

**DO NOT GO OUTSIDE!!**

If in a mobile home or vehicle, get out and lie flat in the nearest ditch, ravine, culvert or under a bridge structure with your head shielding your head.

THUNDERSTORMS

If you can hear thunder, lightning can strike at your location. Get inside a building or vehicle. If outside, don't get underneath or stand near tall isolated tees or telephone poles. Go to low areas, a ravine or valley and in a thick growth of small trees when possible. If in a group, spread out. Stay away from water and metal equipment (tools, bicycles, tractors, wire fences, metal pipes and rails).

If you feel your hair stand on end, lightning may be about to strike you. Immediately drop to your knees, bend forward and put your hands on your knees. Do not lie flat on we ground – you'll be more likely at attract a lightning strike.
BLACKOUTS

In the case of an electrical blackout, everyone that is not within the emergency lighting area should stay in place until someone with a flashlight comes for you. This will prevent accidental trips, falls and injuries.

BLACK OUT - POWER FAILURE POLICY

STAY CALM

1. The facilities are equipped with emergency lighting which comes on immediately in the event of a power failure. These lights will provide emergency lighting for approximately 30 minutes.

2. ALL management staff will need to take a head count in their areas. Flashlights should be readily available and batteries replaced on a regular schedule.

3. All employees should remain at their workstations until a member of management with a flashlight helps them move to a safe area.

4. If the power is not restored quickly, and weather permitting, everyone will be moved to an area where natural sunlight is available (Job Link Center).

5. CALL FOR HELP. A member of management will summon help if needed by calling the following:

   - The maintenance department
   - 911, fire, police, or ambulance – for injuries
   - South Carolina Electric and Gas (843) 745-6000
EARTHQUAKE PREPAREDNESS POLICY

THE MAIN CONCERN DURING AN EARTHQUAKE IS TO SHIELD YOURSELF FROM FALLING OBJECTS.

PROCEDURES:

BEFORE AN EARTHQUAKE:
- Management should have flashlights and batteries replaced regularly
- Employees should know alternate escape routes
- Employees should be familiar with where emergency supplies are stored

DURING AN EARTHQUAKE:
- Get under a sturdy table, desk or in a door way frame
- Brace against an inside wall
- Move away from windows, glass, outside walls and doors
- Keep head protected at all times

AFTER AN EARTHQUAKE:
- Report injuries to Management and provide first aid as needed
- All employees are to wait for instructions
- Clean-up spills
- **DO NOT USE TELEPHONES**
- **DO NOT** strike a match, turn on lights or do anything that makes a spark until any gas lines have been checked
- If damage to electrical system is suspected (frayed wires, sparks or the smell of hot insulation) turn off the system at the main circuit breaker or fuse box notify fire department
- **DO NOT** turn gas back on until the gas company has given the O.K.
- If water leaks are suspected, shut off water at main valve
- If an earthquake is followed by a fire, follow the fire evacuation procedures

NOTE: MANAGEMENT STAFF OR DESIGNATED PERSONS WILL SHUT-OFF UTILITIES, WHEN NECESSARY AND NOTIFY THE PROPER AUTHORITIES
BOMB THREAT ACTIONS
KEEP THIS BY TELEPHONE AT ALL TIMES

Although bomb threats are typically seen as the work of cranks or not so funny pranksters, recent increases in terrorism have made it important that all bomb threats be taken seriously. Because of the potential danger to life and property, immediate action must be taken when a bomb threat is received. The action taken must be consistent with the caller information.

1. It is important for the person receiving a bomb threat to obtain as much information from the caller as possible, using the attached “BOMB THREAT” checklist, which should be located by all telephones.

2. Display this ORANGE BOMB THREAT document to alert someone to notify Senior on site management and Call 911 for assistance, advise the dispatcher of the situation.

3. Senior Management will order immediate for evacuation if necessary or if advised by fire department and/or police department.

4. If the situation warrants (i.e., specific, accurate information was provided) immediately evacuate the facility.

5. Follow the advice of the police department.

6. If the facility is evacuated, leave all doors open, but observe to be sure unauthorized people do not enter the facility.

7. Instruct all employees to be alert for suspicious looking and acting people, and foreign or suspicious objects.

8. Avoid publicity as this usually generates additional (copycat) bomb threats.

POSSIBLE EXPLOSIVE DEVICE

In the event an item is brought to your attention which could be an explosive device, it is vital to both life and property that immediate action be taken to eliminate the jeopardy involved. The following steps must be taken:

1. Do not attempt to move the device from the position where discovered (do not submerge in water).

2. Do not attempt to ascertain the contents of the package.

3. Follow items 3 thru 8 above.
TELEPHONE BOMB THREAT CHECKLIST

INSTRUCTIONS: Be Calm, Be Courteous. Listen. Do Not Interrupt the Caller.

YOUR NAME:  
TIME:  
DATE:  

CALLER'S IDENTITY/SEX:  
Male  
Female  
Adult  
Juvenile  

APPROXIMATE AGE:  

ORIGIN OF CALL:  
Local  
Long Distance  
Telephone Booth  

<table>
<thead>
<tr>
<th>VOCAL CHARACTERISTICS</th>
<th>SPEECH</th>
<th>GRAMMAR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Loud</td>
<td>Fast</td>
<td>Good</td>
</tr>
<tr>
<td>High</td>
<td>Slow</td>
<td>Poor</td>
</tr>
<tr>
<td>Pitched</td>
<td>Distinct</td>
<td>Fair</td>
</tr>
<tr>
<td>Raspy</td>
<td>Stutter</td>
<td>Foul</td>
</tr>
<tr>
<td>Intoxicated</td>
<td>Slurred</td>
<td>Other</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Accent</th>
<th>Manner</th>
<th>Background noises</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local</td>
<td>Calm</td>
<td>Trains</td>
</tr>
<tr>
<td>Middle Eastern</td>
<td>Rational</td>
<td>Animals</td>
</tr>
<tr>
<td>Hispanic</td>
<td>Coherent</td>
<td>Quiet</td>
</tr>
<tr>
<td>African</td>
<td>Deliberate</td>
<td>Voices</td>
</tr>
<tr>
<td>Slavic</td>
<td>Delicate</td>
<td>Airplanes</td>
</tr>
<tr>
<td>Other</td>
<td>Righteous</td>
<td>Party</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Other</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>BOMB FACTS</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
<tr>
<td>Pretend Difficulty Hearing - Keep Caller Talking - If Caller Seems Agreeable To Further Conversation, Ask Questions Like:</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>When will it go off?</th>
<th>Certain hour/time remaining?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Where is it located?</td>
<td>Which building/area?</td>
</tr>
<tr>
<td>What kind of bomb?</td>
<td>What kind of package?</td>
</tr>
<tr>
<td>How do you know so much about the bomb?</td>
<td>What is your name and address?</td>
</tr>
</tbody>
</table>

If building is occupied, inform caller that detonation could cause injury or death. Call the Police Department at **911**, and relay information about call. Did the caller appear familiar with building (by his/her description of the bomb location)? Write out the message in its entirety and any other comments on a separate sheet of paper and attach to this checklist. Notify your supervisor immediately.
Workplace Violence-Duty to Warn Policy

Goodwill is concerned about the increased level of violence, including sexual assault in society, which has now spread to workplaces throughout the United States. It is the policy of Goodwill to expressly prohibit any acts or threats of violence by any Goodwill employee against any individual(s) or themselves on or off Goodwill premises. Goodwill will not tolerate acts or threats of violence against Goodwill employees, customers, visitors, or any individual at any time while engaged in business with, or on behalf of, Goodwill - on or off Goodwill premises.

In keeping with the spirit and intent of this policy and to ensure Goodwill’s objectives are attained, Goodwill is committed to the following:

• To provide a safe and healthful work environment, in accordance with Goodwill’s safety and health policy.

• To take prompt corrective action up to and including immediate termination, against any employee who engages in any threatening behavior or acts of violence or who uses any obscene, abusive, or threatening language or gestures.

• To take appropriate action when dealing with employees or visitors to Goodwill’s facilities who exhibit this type of behavior. Such action may include notifying law enforcement personnel and prosecuting violators to the maximum extent of the law. Goodwill will never attempt to restrain or confine anyone at any time.

• To prohibit employees, former employees, customers, and visitors from bringing unauthorized firearms or other weapons onto Goodwill’s premises.

• To establish measures that ensure Goodwill’s facilities are safe and secure and, where possible, limit access to working areas to current employees.

Employees have a “duty to warn” their supervisors or the Vice President of Human Services of any workplace activities or anyone whose actions appear questionable as quickly as possible. Examples of suspicious behaviors include but are not limited to:

• Threats or acts of violence
• Aggressive behavior
• Offensive acts
• Threatening or offensive comments
• Persons at or near the workplace with no apparent reason or purpose
• Suicidal thoughts, expression or gestures

Goodwill will not tolerate retaliation in any form against employees making reports under this policy. Employees are not expected to confront suspicious persons or restrain a violent person or persons threatening violence. It is the duty of all employees to report such persons immediately.
Workplace Medical Emergency Policy

Goodwill is concerned about the health and safety of all employees. It is the policy of Goodwill to respond to all medical emergencies quickly, decisively and with first aid trained personnel.

In keeping with the spirit and intent of this policy and to ensure Goodwill’s objectives are attained, Goodwill is committed to the following:

- Maintaining an employee trained in First Aid and CPR in all locations. Identifying this employee by posting the information in a conspicuous area.

- To take prompt corrective action in the event of medical emergency up to and including contacting emergency services (911) for severe medical situations.

- To take appropriate action when dealing with family members of employees experiencing a medical emergency by referring any questions to the Human Resources office.

- To follow established procedures to minimize the impact of the medical emergency on the work center. This includes prompt and proper cleanup of immediate area, and maintaining victim confidentiality.

Hazard Communication

The purpose of this program is to inform employees that our Agency is complying with the OSHA Hazard Communication Standard, Title 29 Code of Federal Regulations 1910.1200, by compiling a hazardous chemicals list, by using SDS's, by ensuring that containers are labeled, and by providing employees with training.

This program applies to all work operations in our Agency where employees may be exposed to hazardous substances under normal working conditions or during an emergency situation.

The Safety and Health (S&H) officer is the program coordinator, acting as the representative of the Agency, who has over-all responsibility for the program. The Safety and Health officer will review and update the program, as necessary.

Under this program, employees will be informed of the contents of the Hazard Communication Standard, the hazardous properties of chemicals with which employees work, safe handling procedures, and measures to take to protect themselves from these chemicals. Employees will also be informed of the hazards associated with non-routine tasks.

The Safety and Health officer will maintain a list of all hazardous chemicals and related work practices used in the facility. A separate list is available for each work area and may be posted there. Each list also identifies the corresponding Safety Data Sheet (SDS) for
each chemical. A master list of these chemicals will be maintained by and is available from the S&H officer.

SDS’s provide employees with specific information on the chemicals employees use. The S&H officer will maintain a binder with an SDS on every substance on the list of hazardous chemicals. The SDS will be a fully completed OSHA Form 174 or equivalent. The S&H officer will ensure that each work site maintains an SDS for hazardous materials in that area. SDS’s will be made readily available to employees at their work stations during their shifts.

The S&H officer will ensure that all hazardous chemicals in the Agency are properly labeled and updated as necessary. Labels should list at least the chemical identity, appropriate hazard warnings, and the name and address of the manufacturer, importer or other responsible party. The S&H officer will refer to the corresponding SDS to assist employees in verifying label information. Containers that are shipped to the Agency will be checked by the supervisor of shipping and receiving to make sure all containers are properly labeled.

If employees transfer chemicals from a labeled container to a portable container that is intended only for their immediate use, no labels are required on the portable container. If employees are required to perform hazardous NON-ROUTINE TASKS, (e.g., cleaning tanks, entering confined spaces, etc.) a special training session will be conducted. The training will inform employees regarding the hazardous chemicals to which employees might be exposed and the proper precautions to take to reduce or avoid exposure.

Everyone who works with or is potentially exposed to hazardous chemicals will receive initial training on the Hazard Communication Standard and the safe use of those hazardous chemicals by the S&H officer. A program that uses both audiovisual materials and one on one type training with the direct supervisor has been prepared for this purpose. Whenever a new hazard is introduced, additional training will be provided. Regular safety meetings will also be used to review the information presented in the initial training. Supervisors will be trained regarding hazards and appropriate protective measures so they will be available to answer questions from employees and provide daily monitoring of safe work practices.

The training plan will emphasize these items:

< Summary of the standard and this written program.

< Chemical and physical properties of hazardous materials (e.g., flash point, reactivity) and methods that can be used to detect the presence or release of chemicals.

< Health hazards, including signs and symptoms of exposure, associated with exposure to chemicals and any medical condition known to be aggravated by exposure to the chemical.

< Procedures to protect against hazards (e.g., personal protective equipment required, proper use, and maintenance; work practices or methods to assure proper use and handling of chemicals; and procedures for emergency response).
Work procedures to follow to assure protection when cleaning hazardous chemical spills and leaks.

Where SDS's are located. How to read and interpret the information on both labels and SDS's and how employees may obtain additional hazard information.

The SAFETY AND SECURITY department or designee will review the employee training program and advise the Agency President on training or retraining needs. Retraining is required when the hazard changes or when a new hazard is introduced into the workplace. Even so, it will be Agency policy to provide training regularly in safety meetings to ensure the effectiveness of the program. As part of the assessment of the training program, the S&H officer will obtain input from employees regarding the training they have received and their suggestions for improving it.

The Safety and Security Department, upon notification by the responsible supervisor, will advise OUTSIDE CONTRACTORS in person of any chemical hazards that may be encountered in the normal course of their work on the premises, the labeling system in use, the protective measures to be taken, and the safe handling procedures to be used. In addition, SAFETY AND SECURITY department will notify these individuals of the location and availability of SDS's. Each contractor bringing chemicals on-site must provide the Agency with the appropriate hazard information on the substances, including the labels used and the precautionary measures to be taken in working with these chemicals.

All employees can obtain further information on this written program, the hazard communication standard, applicable SDS's and chemical information lists at the Safety and Security office.
**Fire Prevention**

A monthly Safety and Health Inspection will be conducted by management. At that time, each fire extinguisher will be checked. Fire extinguishers will be checked for the following items and initialed by inspector and dated on the inspection tag:

1) Level of Charge in the fire extinguisher. If below the green safe area it will be switched with one that has been recharged. This can be coordinated through the Safety and Security department.

2) Proper placement of the fire extinguisher. Mounted with the top between 4 and 5 feet from the floor and identified by a sign to make the extinguisher easily identifiable.

3) Accessibility of fire extinguisher. Not blocked so that you can walk to it for emergency use.

4) Physical condition of fire extinguisher. Safety pin in place in handle, hose not ripped and nothing bent or dented.

All employees will be trained on evacuation procedures and evacuation routes will be posted. A monthly fire drill will be conducted for all Enclave employees. A fire drill will be conducted semi-annually for all employees.

**EMERGENCY EVACUATION PROCEDURES**

In the event of emergency and the fire alarm sounds, or if you are instructed to evacuate the facility:

1. All employees must evacuate the facility immediately via the nearest fire exit.
2. Employees must report immediately to the evacuation rally point.
3. Supervisors are responsible for performing a personnel count and report any missing personnel to the Evacuation Team.
4. The Evacuation Team will perform evacuation of their assigned areas.
5. No employee will move any vehicles or re-enter the building unless directed by the Fire Department.
6. All employees will stay clear of exits and the route to the fire scene and fire equipment. All employees will be watchful of responding emergency personnel.

NOTE: In the event of LONG TERM (more than 1 hour) evacuation of the Enclave Area or Main Office, an alternate site will be used for critical operations. The Executive Management Team will determine which operations will be continued. Each site is the alternate for the other. Work schedules will be considered and transportation needs will be arranged as needed.
Monthly Fire Inspection

Facility: _____________________________    Date: ______________________________

Inspection completed by: ________________________________

1. ___ There is an effective signaling system used to alert employees in case of fire or other emergency.
2. ___ The alarm system is properly tested and maintained.
3. ___ The location of fire extinguishers are properly identified with appropriate signs and are not blocked
4. ___ The extinguishers are located every 75 feet along egress routes and at all designated exits
5. ___ There is a written Emergency Action Plan and Fire Prevention Plan available.
6. ___ The Evacuation Routes posted
7. ___ Emergency alarm systems and devices are readily seen and heard above ambient noise levels
8. ___ All employees have received instruction on alarm and evacuation procedures
9. ___ Fire drills are conducted semi-annual for each shift and documentation available
10. ___ All fire extinguishers are professionally inspected annually
11. ___ All extinguishers are inspected each month and inspection tags initialed
12. ___ Fire extinguishers are hydrostatically tested every six (6) years
13. ___ All Exit lights working and visible
14. ___ All Emergency lighting working
15. ___ No smoking signs are posted. Ashtrays are provided in designated smoking areas
16. ___ No smoking in buildings regulation is enforced
17. ___ No open sources of flame or space heaters are present

COMMENTS:__________________________________________________________________________________
_____________________________________________________________________________________________
_____________________________________________________________________________________________
________________________________________   __________________________
SIGNATURE                    DATE
MONTHLY FIRE INSPECTIONS
LOCATION: __________________

See attached report

<table>
<thead>
<tr>
<th>Conducted By:</th>
<th>Date &amp; Time:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Conducted By</td>
<td>Date &amp; Time</td>
</tr>
<tr>
<td>--------------</td>
<td>-------------</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Control of Hazardous Energy Policy

General. All equipment shall be locked out or tagged out to protect against accidental or inadvertent operation when such operation could cause injury to employees. Do not attempt to operate any switch, valve, or other energy isolation device where it is locked or tagged out. Lockout is the preferred method of isolating machines or equipment from energy sources. However, the following procedure is for use in both lockout and tag out.

This procedure establishes the minimum requirements for lockout or tag out of energy isolating devices. It shall be used to ensure that the machine or equipment is isolated from all potentially hazardous energy, and locked out or tagged out before employees perform any servicing or maintenance activities where the unexpected energizing, start-up or release of stored energy could cause injury.

The Maintenance Manager and Retail Store Managers are the only authorized employees to lockout/Tagout equipment and will be issued their own personal kits. Each new or transferred affected employee and other employees whose work operations are or may be in the area shall be instructed in the purpose and use of the lockout/Tagout procedures.

In preparation for Lockout/Tagout, a survey will be conducted to locate and identify all isolating devices to be certain which switch(es), valve(s) or other energy isolating devices that apply to the equipment to be locked or tagged out. More than one energy source (electrical, mechanical, or others) may be involved.

Sequence of Lockout/Tagout Procedure

1. Notify all affected employees that a lockout/Tagout system is going to be utilized and the reason. The authorized employee shall know the type and magnitude of energy that the machine or equipment utilizes and shall understand the hazards.

2. If the machine or equipment is operating, shut it down by the normal stopping procedure (depress stop button, open toggle switch, etc.).

3. Operate the switch, valve, or other energy isolating device(s) so that the equipment is isolated from its energy source(s). Stored energy (such as that of springs, elevated machine members, rotation flywheels, hydraulic systems, and air, gas, steam, or water pressure, etc.) must be dissipated or restrained by methods such as repositioning, blocking, bleeding down, etc.

4. Lockout/Tagout the energy isolating devices with assigned individual lock(s) or tag(s). Individual lock(s) will be used in every case possible; if it is not possible to use a lock, a tag(s) will be employed.

5. After ensuring that no personnel are exposed, and as a check on having disconnected the energy sources, operate the push button or other normal operating controls to make certain the equipment will not operate. To assure that
no personnel are exposed, whenever possible the area will be roped off with traffic cones and caution tape.

**Caution:** Return operating control(s) to "neutral" or "off" position after the test.

The equipment is now locked out or tagged out.

**Restoring Machines or Equipment to Normal Production Operations.**

After the service and/or maintenance is complete and the equipment is ready for normal production operations, check the area around the machines or equipment to ensure that no one is exposed.

After all tools have been removed from the machine or equipment, guards have been reinstalled and employees are in the clear, remove all lockout/tagout devices. Operate the energy isolating devices to restore energy to the machine or equipment.

**ELECTRICAL SAFE WORK PRACTICES (KEY CONTROL)**

Palmetto Goodwill will employ safety-related work practices to prevent shock or other injuries resulting from either direct or indirect electrical contacts when work is performed near or on equipment or circuits which are or may be energized. To ensure this requirement is fulfilled, the following items will have strict key control procedures:

- BALERS
- SCISSOR LIFTS
- ELECTRIC PALLET JACKS (STACKERS)
- COUNTER BALANCE FORK LIFTS
- COMPACTOR/CRUSHERS
- ANY OTHER TYPE OF EQUIPMENT that has a key to initiate electrical power for use.

**Sequence of Key Control Procedure**

1. In the event an operator requires a key(s) for a piece of equipment listed above, he/she will contact the acting manager of the store.
2. The manager will retrieve the key(s) from the office area and issue it to the operator.
3. The operator will perform necessary operations and promptly remove the key(s) once work has been completed OR when no longer in physical control of the equipment.
4. The operator will **NEVER** leave a key(s) in a piece of equipment unattended.
5. The operator will return the key(s) to the acting manager for placement in the office.

This procedure will prevent any accident operation of a piece of equipment and control the electrical energy produced. Violation of this policy or procedures is subject to corrective action up to and including termination.
Personal Protective Equipment

The Agency will assess the workplace to determine if hazards are present, or likely to be present, which necessitate the use of personal protective equipment (PPE).

Reference - OSHA 29 CFR 1910.132

The Agency is responsible for identifying the workplace hazards and selecting the appropriate PPE for the identified hazard. Such assessments shall be done in the form of a written certification. PPE should only be required after all engineering controls, substitution methods, and administrative controls have been exhausted. It should be noted that the Agency is not required to purchase all the PPE that is used in the workplace. The determining factor in deciding who has to purchase the PPE is whether the PPE is personal in nature and can be used by the employee outside the workplace. If the PPE is personal in nature and can be used outside of the workplace, (i.e. prescription safety glasses, safety toed shoes) then the Agency is not required to purchase the PPE. However if the PPE can only be used in the workplace, then the Agency is required to purchase the PPE.

The program elements need to be addressed to ensure safety in the workplace.
   1. Hazard Assessment - Survey the workplace to determine the hazards that may exist.
   2. Equipment selection - Select and have each affected employee use the type of PPE that will protect them from the hazards identified in the hazard assessment. Communicate the selection decisions to each affected employee and select PPE that properly fits them.
   3. Verify the hazard assessment has been done through a written certification that contains the following:
      a. Workplace(s) evaluated
      b. Name of person certifying that the evaluation has been done
      c. Date(s) of the hazard assessment
      d. Identification as the written certification of hazard assessment

Training shall be provided to each employee who is required to use PPE. Each employee shall be trained by their supervisor to know the following as a minimum:

   1. When PPE is necessary
   2. What PPE is necessary
   3. How to properly don, doff, adjust, and wear PPE
   4. Limitations of the PPE
   5. Proper care, maintenance, useful life and disposal of the PPE

Employees must demonstrate, to their supervisor, an understanding of the training before being allowed to perform work requiring the use of PPE. Retraining shall be done when:
   1. Changes in the workplace render the previous training obsolete
   2. Changes in the types of PPE
   3. The Agency believes the employee's knowledge is lacking, demonstrated by improper use of the available PPE.
The Agency shall verify that each affected employee has received and understood the required training through a written certification that contains:

1. Name of the employee trained
2. Date(s) of the training
3. Identified as certification of training

Other programs involved with the development of this program might include Hazard Communication Program, Hearing Conservation Program and Blood Borne Pathogen Program.

It is the direct responsibility of each supervisor in an affected area to ensure the proper assessment of hazards in the workplace, selection of equipment, training of affected employee(s) and supervision of affected employee(s) to assure that the PPE is being used properly. The Safety and Health officer is to coordinate this effort and provide the necessary support to the affected supervisors. It shall be the personal responsibility of each affected and trained employee to properly use all required PPE. Failure of the employee to do so may result in disciplinary actions, up to and including termination.
CERTIFICATION OF HAZARD ASSESSMENT
FOR PERSONAL PROTECTIVE EQUIPMENT
PALMETTO GOODWILL

Assessment Date: _________________

Person Completing Assessment: _____________________________________________________

Area/Process Assessed: ____________________________________________________________

TYPES OF HAZARDS IN AREA/PROCESS

____ MOTION HAZARD
- Impact
- Penetration (sharp objects)
- Compression (roll over)
- Falling (or potential falling) objects
- Rolling or pinching objects

____ CHEMICAL EXPOSURE

____ HARMFUL DUST

____ LIGHT (OPTICAL) RADIATION

____ ELECTRICAL

____ WORKPLACE LAYOUT

____ LOCATION OF CO-WORKER

____ HIGH OR LOW TEMPERATURES

____ OTHERS (LIST HERE) ____________________ ____________________________

SOURCES OF HAZARDS IN THE AREA/PROCESS:
______________________________________________________________________
______________________________________________________________________

DATA ANALYSIS (TYPES AND SEVERITY OF POTENTIAL RISKS IN THE AREA/PROCESS):
______________________________________________________________________
______________________________________________________________________

PPE SELECTED FOR AREA/PROCESS:
______________________________________________________________________

This document certifies that a hazard assessment for selection of personal protective equipment pursuant to 29 CFR 1910.132(d) was conducted.

ASSESSOR'S SIGNATURE: _________________________________ DATE: ___________________

Return completed original to Safety and Security
PERSONAL PROTECTIVE DOCUMENTATION

Personal Protective Equipment

<table>
<thead>
<tr>
<th>Procedure</th>
<th>Type of Equipment</th>
<th>Issued By</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Exposure Determination

The OSHA standard requires employers to perform an exposure determination concerning which employees may incur occupational exposure to blood or other potentially infectious materials. This exposure determination is made without regard to the use of personal protective equipment (i.e. employees are considered to be exposed even if they wear personal protective equipment). After conducting this exposure determination, each employer is required to list all job classifications in which all of its employees may be expected to incur such occupational exposure, regardless of frequency. At this facility, the following job classifications are in this category:

<table>
<thead>
<tr>
<th>A (required to be offered)</th>
<th>B (may be offered)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Custodians</td>
<td>All other staff</td>
</tr>
<tr>
<td>Janitors</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The standard further requires employers to compile a list of job classifications in which some employees may have occupational exposure to blood or other potentially infectious materials. As to these job classifications, employers must also compile a list of all the tasks or procedures in which occupational exposure occurs. These job classifications and their associated tasks or procedures are as follows:

<table>
<thead>
<tr>
<th>JOB CLASSIFICATION</th>
<th>TASKS/PROcedures</th>
</tr>
</thead>
<tbody>
<tr>
<td>Custodians/Janitors</td>
<td>In performance of routine cleaning duties.</td>
</tr>
<tr>
<td>All other Staff</td>
<td>Direct contact with people when performing non-violent crisis intervention. Delivering direct care to people such as hygiene, grooming and First Aid.</td>
</tr>
</tbody>
</table>

**Implementation Schedule and Methodology**

OSHA requires that this Exposure Control Plan include a schedule and method of implementation for the various requirements of the standard. The following complies with this requirement:

**Compliance Methods**

Universal precautions will be observed at all facilities in order to prevent contact with blood or other potentially infectious materials. All blood or other potentially infectious materials will be considered infectious regardless of the perceived status of the source individual.

Engineering and work practice controls will be utilized to eliminate or minimize exposure of employees at this facility. These controls will be examined and maintained on a regular schedule. The following is a list of the engineering and work practice controls utilized at all facilities, along with the schedule, i.e. daily, once per week, etc., for reviewing the effectiveness of the controls, and the identity of the supervisor or other individual who has the responsibility to conduct these reviews.
<table>
<thead>
<tr>
<th>Controls</th>
<th>Schedule/Review</th>
<th>Responsible Party</th>
</tr>
</thead>
<tbody>
<tr>
<td>Any broken glass must be collected with dust pan &amp; broom.</td>
<td>Daily</td>
<td>Custodian/Janitor or available staff member</td>
</tr>
<tr>
<td>Custodian must wear gloves to use in cleaning restroom, emptying garbage cans, and cleaning spills.</td>
<td>Daily</td>
<td>Custodian/Janitor</td>
</tr>
<tr>
<td>All Staff must wear gloves when delivering direct care, cleaning spills, and body fluids including excretions.</td>
<td>Daily</td>
<td>All Staff as needed</td>
</tr>
</tbody>
</table>

Hand washing facilities are also available to employees who incur exposure to blood or other potentially infectious materials. OSHA requires that these facilities be readily accessible to employees after they incur exposure.

**NOTE:** Antiseptic towelettes are available in all first aid kits and Bloodborne Pathogens Response Kits.

Where occupational exposure remains after institution of engineering and work practice controls, personal protective equipment shall also be utilized. Immediately after removal of gloves or other personal protective equipment, or as soon thereafter as feasible, employees shall wash hands and any other potentially contaminated skin area with soap and water.

If employees incur exposure to their skin or mucous membranes, those areas shall be washed or flushed with water, as appropriate, as soon as feasible following contact.

**Personal Protective Equipment for use with anticipated exposure to blood or other potentially infectious materials.**

All personal protective equipment used at this facility will be provided without cost to employees. Personal protective equipment will be chosen based on the anticipated exposure to blood or other potentially infectious materials. The protective equipment will be considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach the employees’ clothing, skin, eyes, mouth, or other mucous membranes, under normal conditions of use and for the duration of time during which the protective equipment will be used.

Each facility will be provided a Bloodborne Pathogen Response Kit. Those identified to be trained in BBP response/cleanup include all site management personnel. In the event of a BBP response/cleanup, only trained personnel will complete will respond. The supervisor/manager will ensure an appropriate BBP kit will be on hand at all times.
All personal protective equipment will be cleaned, laundered and disposed of by the employer at no cost to employees. All repairs and replacements will be made by the employer at no cost to employees.

All garments that become penetrated by blood shall be removed immediately or as soon thereafter as feasible. All personal protective equipment will be removed prior to leaving the work area.

Gloves are in each first aid kit and BBP response kit and should be thrown away after use. Garments that are soiled with blood shall be disposed of by bagging them in a double bag with a biohazard label.

Gloves shall be worn where it is reasonably anticipated that employees will have hand contact with blood, other potentially infectious materials, mucous membranes, or non-intact skin. The following is a list of the procedures for which gloves are to be used, along with the identity of the party responsible for distributing the gloves:

**Disposable gloves** used at all facilities are not to be washed or decontaminated for reuse. They are to be replaced as soon as practical when they become contaminated or as soon as feasible after they are torn, punctured, or when their ability to function as a barrier is compromised.

**Masks**, in combination with eye protection devices such as goggles, glasses with solid side shields, or chin length face shields are required to be worn whenever splashes, spray, splatter, or droplets of blood or other potentially infectious materials may be generated and eye, nose, or mouth contamination can reasonably be anticipated. All contaminated work surfaces will be decontaminated after completion of procedures, immediately or as soon as feasible after any spill of blood or other potentially infectious materials, at the end of the work shift if the surface may have become contaminated since the last cleaning.

**Hepatitis B Vaccine**

All category **A** employees who have been identified as having exposure to blood or other potentially infectious materials will be offered the hepatitis B vaccine, at no cost to the employee. The vaccine will be offered within 10 working days or within their initial assignment to work involving the potential for occupational exposure, unless the employee has previously had the vaccine or undergone antibody testing which showed the employee has sufficient immunity. If the employee previously declined, no testing is required.

Employees who decline the hepatitis B vaccine will sign a waiver which uses the wording in Appendix "B" hereto, which adopts the wording of the waiver set forth in Appendix "A" of the OSHA standard.

Employees who initially decline the vaccine but who later reconsider and wish to have it may then have vaccine provided at no cost. The S&H officer is responsible for assuring that the vaccine is offered, the waivers are signed, and for administering the vaccine:
Post-Exposure Evaluation and Follow-Up

When an employee incurs an exposure incident, it should be reported to the Safety officer, who is responsible for assuring that post-exposure evaluation and follow-up procedures are effectively carried out, and for maintaining records of exposure incidents. All employees who incur an exposure incident will be offered post-exposure evaluation and follow-up in accordance with the OSHA standard. This follow-up will include the following:

- Documentation of the route of exposure and the circumstances related to the incident;
- The identification and status of the source individual, if possible. The blood of the source individuals will be tested (after consent is obtained) for HIV/HBV infectivity;
- The exposed employee will be informed of the applicable laws or regulations concerning disclosure of the identity and the infectivity of the source individual. Where permitted by law, the test results of the source individual will be made available to the exposed employee;
- The exposed employee will be offered the option of having his or her blood collected and tested for HIV/HBV serological status. If the employee cannot initially decide whether to undergo blood testing for HIV serological status, the blood sample will be preserved for up to 90 days to allow the employee to decide. However, if the employee decides prior to the expiration of that 90-day period that testing will or will not be conducted, then appropriate action can be taken and the blood sample discarded;
- The employee will be offered post-exposure prophylaxis in accordance with the current recommendations of the U.S. Public Health Service.
- The employee will be given appropriate counseling concerning precautions to take during the period after the exposure incident. The employee will also be given information on what potential illnesses to be alert for and to report any related experiences to appropriate personnel.

Interaction with Health Care Professionals

In the following instances, a written opinion shall be obtained from the health care professional who evaluates employees of this facility under the provisions of the plan:

1) When the employee is sent to obtain the hepatitis B vaccine; and

2) Whenever the employee is sent to a health care professional following an exposure incident.

Health care professionals shall be instructed to limit such opinions to:

1) Whether the hepatitis B vaccine is indicated and if the employee has received the vaccine, or for evaluation following an incident;
2) That the employee has been informed of the results of the evaluation; and

3) That the employee has been told about any medical conditions resulting from exposure to blood or other potentially infectious materials.

(Note that the written opinion to the employer is not to reference any personal medical information.)

Sharps in the workplace

All efforts will be made in each agency workplace to eliminate sharps (any item capable of cutting or puncturing the skin). In areas where sharps are necessary for job completion, appropriate PPE (cut resistant gloves) wear will be mandatory. All required PPE will be provided for by the agency. Each employee is responsible for wearing and maintaining the PPE. Any introduction of sharps into the workplace without manager and safety office approval is not authorized.

Any unauthorized sharps in the workplace will be disposed of in a safe manner.

Any questions regarding use of sharps in agency workplaces should be directed to the Safety Office.

Spill Containment

In cases where large quantities of blood or bodily fluids are present, universal precautions must be taken. To contain and clean the area, the use of the BBP response kit is appropriate, along with the spill kit provided for the workplace. Any materials used to clean a BBP spill will be disposed of appropriately in accordance with training.

All BBP spill cleanup must be reported to the Safety Office.

Training

Training for all employees under this plan will be conducted prior to initial assignment to tasks where occupational exposure may occur. This training will include explanation of the following:

1) The OSHA Bloodborne Pathogens Standard

2) Types of bloodborne diseases

3) Modes of transmission of bloodborne pathogens

4) This Exposure Control Plan, i.e. points of the plan, lines of responsibility, how the plan will be implemented, etc.

5) Procedures which might cause exposure to blood or other potentially infectious materials at this facility.

6) Control methods which will be used at the facility to control exposure to blood or other potentially infectious materials.
7) Personal protective equipment available along with BBP response kits at this facility and who should be contacted concerning its use.

8) Post-exposure evaluation and follow-up

9) Signs and labels used at the facility

10) Hepatitis B vaccine program at the facility

All employees will receive annual refresher training. This training is to be conducted within one year of the employee’s previous training. Employees will also receive additional training addressing new exposures created by modified tasks or procedures, when such arise.
### Acknowledgement of Receipt of Training

OSHA 29 CFR Part 1910.1030 - Occupational Exposure to Bloodborne Pathogens

<table>
<thead>
<tr>
<th>Date of Training</th>
<th>Facilitator</th>
</tr>
</thead>
</table>

**Purpose:**
- ___ Initial Training
- ___ Orientation
- ___ Annual
- ___ Other/Retraining

**Summary of Training** (including but not limited to):

2. Types of bloodborne diseases.
3. Modes of transmission of bloodborne diseases.
5. Methods for recognizing tasks and other activities that may involve exposure to blood and other potentially infectious materials.
6. Use and limitations of methods that will prevent exposure.
7. Types, proper use, location, removal, handling, decontamination and disposal of personal protective equipment.
8. Selection of personal protective equipment.
9. Benefits of being vaccinated for Hepatitis B and that the vaccine will be offered free of charge.
10. Actions to take and person to contact in an emergency involving blood or other potentially infectious materials.
11. Procedures to follow if an exposure incident occurs.
12. Post exposure evaluation and follow-up.
13. Explanation of the signs and labels required.
14. Question and answer session.
15. Hepatitis B vaccine decision form completion.

I have received training in the topics listed above. I was provided an opportunity to ask questions and receive answers and know that I may contact the facilitator listed above if I have additional questions.

**Employee Name (Print):**

______________________________

______________________________

Employee Signature          Date
**Record Keeping**
The records required by the OSHA standard will be maintained by the following party or department:

- Human Resources Personnel Folder

**HEPATITIS B VACCINE DECLINATION (MANDATORY)**

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B Virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

____  Yes, I would like the Hepatitis B Vaccine

____  No, at this time I would not like to receive the Hepatitis B Vaccine. I understand that if I change my mind, I will notify my supervisor.

EMPLOYEE NAME (Print):________________________________________

EMPLOYEE SIGNATURE: ____________________________  DATE: ____________

JOB TITLE: ____________________________  DEPT: ____________

SUPERVISOR OR WITNESS SIGNATURE:_______________________________

DATE: ____________
Fleet Safety Program

Accidents, whether they occur on the streets and highways or in our terminal operations, profit no one. They may result in damage to the goods and products in our care. They contribute towards delays in deliveries. And, when personal injuries occur to our employees, they can cause unnecessary misery as well as the possible loss of income.

It is well recognized that most accidents can be prevented, thus avoiding their many undesirable consequences. It is equally well recognized that accident-free operations are not achieved by chance. Rather, they result from the thoughtful application of sound safety principles to the work at hand. To achieve the highest degree of safety, it is our policy that sound safety principles shall be followed in all of our activities and applied to all phases of our work.

To implement our policy, an accident control program has been developed and adapted. It applies to all activities at our docks and to the operation of all our vehicles, whether they be Rehab vehicles, straight or over-the-road vehicles, or delivery vehicles. It will be conducted through the regular channels of supervision. It requires the fullest attention and cooperation of all employees.

In short, our policy is to provide service with safety.

Responsibilities

There are three basic areas of responsibility within this program: top management, supervisory, and each individual employee. The exact responsibilities outlined in this program are as follows:

**TOP MANAGEMENT:** Top management's concern as well as necessity for involvement in this program is paramount. Management has conscientiously accepted its responsibility for prevention of accidents. We feel an obligation to send each employee home free from injury to body or risk to health.

In order to preserve and maintain this ideal, this program has been prepared, and will be implemented.

Although coordination of the program has been assigned to a supervisor, it must be emphasized that top management at times will itself conduct surprise inspections of vehicles, and will occasionally sit on accident review boards to re-emphasize management's goals. All operations within this program will be reviewed continuously on a day to day basis by top management members.

Accidents, whether they produce injury or not, are always costly to the company as well as to the individual workers and drivers. They are often disastrous to that driver's future and the security of their family. It is the firm and continuing policy of the management of this company that accidents should be reduced or eliminated by the use of every reasonable precaution and by aggressive promotion of safe practices and driving skills on premises and off.
SUPERVISORS: The supervisor is the key person in the safety program because he/she is in constant contact with employees. The Division Directors should hold meetings with their supervisors at least once a month to review safety policies, and accidents.

No supervisor must be allowed to feel they are relieved of any part of their responsibility for safety; safety is an operating function and cannot be transformed to a staff organization. The individual Department Director and supervisors represent management, and they are expected to carry out the company policy effectively. This will be done by:

a. Familiarizing themselves with the safety program and insure its effective application.
b. Attend meetings of the PALMETTO GOODWILL Safety Team and give full support to all committee activities.
c. Review the Accident Summary Reports in order to keep informed on the dock and fleet safety record, and insist on appropriate action when accident trends are unfavorable.
d. Review all fleet accidents personally to satisfy himself/herself that accident causes are being investigated and proper corrective action is being taken.
e. Confer with the Safety Officer when new operations, trips, or equipment are introduced into the operation.
f. Give leadership and direction to the administration of safety activities; give fair consideration to recommendations; interpret and support policies as an example to other supervisors and subordinates.
g. To provide complete safety instructions to employees prior to assignment of duties.
h. Enforce all safety regulations.
i. Continuously inspect for unsafe practices and conditions and provide for prompt corrective action to eliminate causes of accidents.

Each Employee: Employees are expected to follow safe procedures and take an active part in protecting themselves, their fellow employees, their dock, and their vehicles. They shall be encouraged to detect and report hazardous conditions, practices, and behavior in their work places and make suggestions for their correction.

Employee cooperation is necessary for the protection of themselves and others, as well as the company. It is important that employees follow safety rules, take no unnecessary chances, use all safeguards and safety equipment provided, drive defensively, and make safety a part of every employee's job.

In case of injury or accident, please report promptly to the employee’s supervisor and get the necessary assistance. Accidents, fires, injuries all hurt us in many ways. Employees and their family suffer if they are injured; all employees lose, because accidents are wasteful. They mean lost production, higher operating cost, and inefficiency. All employees need to do their part to help this be an even safer and better place to work.

Safety Officer Responsibilities: Palmetto Goodwill does not consider that safety is the sole responsibility of one person, who is merely identified as "Safety Officer." This person has a specific duty: that is to assist others in complying with their safety requirements and responsibilities. The Safety Officer will help in the promotion, training, and education required to accomplish the policy previously mentioned the Safety Officer is to assist in promoting the safety idea with the object of maintaining and creating safety consciousness of attitudes on the part of all employees to recognize newly developed
methods. The Safety Officer will assist management in evaluating the efficiency of the program, and will provide assistance to staff when requested. This primarily will be in training and education of drivers, as well as promotional activities.

The Safety Officer through the Safety Team will report on the status of the Fleet Safety Program, the status and results of any accidents.

The Officer will be a key person in surprise inspections of vehicles (both trucks and automobiles) and will be an intermediary for problems that arise.

**Driver Selection**

The following rules will be used to assist management in selecting the best overall candidates for an open position:

- **Application form** - this should be completed in the applicant's own handwriting. It should include such items as education, training, previous employment, driving experience.

- **Interview** - personally interview the applicant to review requirements and qualifications in detail. Discuss the applicant's background and experience in a relaxed environment. Types of vehicles operated, driving record, pertinent medical history as well as personal and professional references. Encourage the applicant to express their feelings about their qualifications and background.

- **Driver License Verification** - personally check and review the applicant's driver's license to determine if he/she is qualified and licensed to operate the type of vehicle you have.

- **Reference Check** - check references with the previous employers and personal references given on the application. An unfavorable report from one previous employer should not be considered a continuing problem; several may indicate an adverse trend. Contact those references that you know personally - you will probably get a true evaluation.

- **Motor Vehicle Driving Record** - Applicant’s Motor Vehicle Driving Record must be checked for accidents and traffic violations.

- **Medical Testing** – Applicant will submit to a pre-employment Drug/Alcohol test – and must be in possession of a current DOT Medical Examiner’s Certificate if operating Goodwill commercial motor vehicles (Tractors, Box Trucks, etc.). All operators will be placed in a random drug testing program after hire.

- **Road Tests** – Transportation Director will ensure each applicant on a road test operating the vehicle that will be used if hired. A short ride will indicate driving ability and skill as well as good and bad habits.
Note: It is the responsibility of the Director of Transportation to annually review all driving records of persons who operate a company vehicle. A company vehicle shall include all day use passenger and commercial vehicles as well as long term assigned vehicles. In the event of a moving violation or reportable accident, regardless of fault, that operator’s use of a company vehicle (personal or commercial) will be suspended until a defensive driving course has been taken and proof thereof submitted at which time their rights will be re-instated.
Vehicle Selection

Selection of appropriate vehicles for the intended job is a critical aspect of our safety program. Initial cost, size, and load capacity are important. The advantages and differences in the various safety features which are available in a vehicle should also be a consideration in the final decision. Input from the drivers based on their experience and knowledge of certain vehicles may also be valuable.

Another important factor in selecting the right vehicle is the cost of maintenance. Some may require service more often than others. Others have better track records with fewer defects and problems. Consideration of all these factors, not just a few, is important in selecting a vehicle that is right for the job.

Vehicle Maintenance

Our fleet will function properly and more efficiently when regular maintenance is observed. It is the simplest and most economical means of protecting our original investment. An effective preventive maintenance program consists of daily checks by drivers, and inspections by service mechanics on a time and/or mileage basis. They should serve to prevent accidents caused by mechanical defects and to reduce overall maintenance costs. Drivers should report any defects to reduce overall maintenance costs. Drivers should report any defects on a daily basis so repairs can be made as soon as possible.

A good preventive maintenance program can result in:

1. Reduced number of accidents caused by mechanical failure;
2. Reduced maintenance costs by making minor repairs rather than major ones;
3. Less time lost to vehicles out of service;
4. Better driver morale operating vehicles which are always in good condition;
5. Improved public relations because of the clean, will-kept fleet which reflects the positive image for PALMETTO GOODWILL.

An organized recordkeeping system is important to a preventive maintenance program because it facilitates proper scheduling of work to be performed. These records should include the following:

2. Amount of time required to complete the repair.
3. The person who performs the maintenance.
4. The final cost.
EMERGENCY EQUIPMENT

At various times, numerous emergency situations will arise. An accident, mechanical failure, fire, or other emergency conditions could occur which need immediate attention. Whatever the situation is, you as a driver, must take prompt action to protect yourself, the vehicle, and others. Failure to do so could be disastrous. Emergency equipment must be provided and you must know its proper use. State and federal authorities establish various minimum requirements for emergency equipment. Those regulations must be followed, in combination with the following basic emergency equipment:

- **Vehicle emergency flashers**
  This is a permanent system on the vehicle linked to the turn signals. They operate together and are used as good immediate warning signals in conjunction with other warning devices.

- **Portable emergency equipment**
  These will include reflectors, flares, flags, or triangles, or combination of two or more. Their purpose is to protect the disabled vehicle placing two or three to the rear of the vehicle and one to the front of the vehicle. They are used in conjunction with emergency flashers.

- **Portable fire extinguishers**
  Limited size extinguishers can be carried, and are therefore used for the smaller fire. Instructions are printed on the side of each extinguishers. Familiarize yourself with them. These are provided on all trucks, and automobiles. If they are discharged they should be replaced immediately.

- **First Aid Kit**
  Gauze, medicated bandages, triangle bandages, antiseptic wipes, smelling salts, eye pad.

- **Wheel chocks**
  Wheel chocks should be placed behind or in front of tires to prevent rolling when the truck is parked.
Vehicle Safety Inspections

A well-planned vehicle inspection program assists you in detecting defects, faulty equipment, and violations of safety and legal regulations. Identification and correction of these hazards will reduce the potential for accidents, minimize vehicle down time, reduce overall maintenance costs, and strengthen driver morale.

Inspections are made daily:

1. Daily Trip Check (pre-trip and post-trip)

The Daily trip check procedures are to be made daily prior to use of the equipment, and at the end of the day when the equipment use ends. Daily trip checks will be done by the drivers daily before the start of the day's operation of the vehicle. The Daily Vehicle Inspection form will be completed and turned into the Transportation Manager. Any repairs that must be made will be reported to the supervision immediately.

Daily inspections will be documented inspections done by drivers as follows:

- Headlights
- Tail lights
- Directional Signals
- Windshield Wipers
- Horn
- Brakes
- Vehicle Emergency Lights
- Emergency Brake
- Tires (air pressure and tread depth)
- Windshield Condition
- Vehicle Body Condition (scratches, dents, rust, etc.)
- Seat Belt Condition and Use
- Heaters/Defroster/Air Conditioner
- Accident Report Kit
- Fire Extinguisher
- First aid Kit
- Emergency Warning Equipment (flares, flags, reflectors)
- Accident Reports and Accident Reporting Kit
- Wheel Chocks

TRANSPORTATION ONLY

- Body Fluid Kit
- Knife For Life
- Forms are attached for your use.
Complete on a DAILY basis before leaving yard and turn in. Check if areas are acceptable & note any problems. Have repairs done before leaving yard. Inspection must be done by driver before the beginning of the trip in enough time to have repairs done.

( ) Headlights
( ) Tail Lights
( ) Directional signals
( ) Horn
( ) Brakes
( ) Vehicle Emergency Lights
( ) Tires
( ) Windshield condition
( ) Windshield wipers
( ) Body Condition
( ) Back up alarm
( ) Seat Belt condition and use
( ) Heater/defroster/air conditioner
( ) Fire Extinguisher
( ) Accident report kit
( ) First aid kit
( ) Emergency Warning equipment (flares, flags, reflectors)

Drivers
signature:__________________________________________
Vehicle Accident Reporting

ACCIDENT PROTOCOL
What to do if an accident takes place

1. If there are no major injuries, immediately remove yourself, your passengers and the vehicle out of harm’s way (if possible). You should put your hazard lights on and set up flares or reflective triangles. This should be done regardless of whether your vehicle is on or off the road.

2. Call the police. Require that any injury, regardless of its severity, is attended to by a medical professional.

3. Contact one of the following Goodwill Managers:
   - Transportation Director   cell 843-224-3957
   - Safety Director      cell 843-364-3697
   - VP Retail        cell 843-708-1154
   - VP Contracts    cell 843-864-7104

4. Exchange contact and insurance information with the Other driver(s) involved. This is important to help facilitate a smooth claim process.

5. Obtain the names and contact information for all witnesses.

6. Take pictures of any damage and of the accident scene. Regardless of how serious the damage is, these pictures can help with the claim process.

7. **DO NOT** assume responsibility for the accident. Be courteous to all involved and cooperate fully with the police, but avoid statements like “I’m sorry, this is all my fault” or “I shouldn’t have done that”.

8. Complete the Property Damage Report or Employee Injury Report if applicable.
EQUIPPING YOUR VEHICLE

Every fleet vehicle (and personal vehicle) should be stocked with certain emergency information and equipment. Below is a list of the essentials:

- Vehicle registration
- Insurance card
- Emergency contact information
- Cellular phone or other emergency communication device
- Reflective Triangles
- Emergency Flares (only to be used if trained on proper handling)
- Spare tire or “Donut”
- Car “Jack”
- Flashlight (check batteries every six months)
- Windshield scraper
- Jumper cables
- Seat belt cutter

DRIVER TRAINING

A driver who is properly trained in safe driving techniques is a good investment. A trained driver will know how and when to respond to situations that require a split-second, direct decision. Statistics indicate that most vehicle accidents are caused by the unsafe actions of drivers. Driver training will familiarize drivers with potential driving hazards and the best way to deal with them.

Every driver needs training at various times in their career. A new driver requires training in order to get off to a good start. Although a new driver may be experienced, he/she may need orientation to our operation, our vehicles, and our company rules and regulations. If an accident occurs repeatedly, it will be necessary to retrain drivers to correct the problem. Periodic refresher training will reinforce positive driving habits and will maintain good driver levels.

Initial Driver Training: Training for the new driver should start immediately when hired. This includes experienced drivers upon hiring also. Never assume that the new driver, experienced or not experienced, knows our way of doing things. Existing drivers should be retrained immediately after a problem is detected.

The following points are to be covered:

1. Company rules and regulations
2. Vehicle familiarization
3. Vehicle inspection
4. Vehicle safety equipment
5. Defensive driving techniques
6. Accident prevention
7. Accident scene procedures
8. Accident reporting
9. Driver Courtesy
Training should be conducted in the office and meeting rooms as well as in and around vehicles.

**Conducting the Training:** The driver should be prepared, put at ease, a general discussion should be held to determine what knowledge a driver already has. Develop interest; stress what is important.

**Present the subject:** Tell, show, illustrate, and question the driver. Cover one point at a time, clearly and completely. Stress key points.

**Conduct a performance try-out:** Have the driver practice what you have demonstrated. Have the driver tell and show you the steps involved. Have the driver explain key points. Ask questions and correct errors. Continue until you are sure he/she knows.

**Follow-up:** Put the driver on their own. Check frequently. Take the time to ride with them. Periodically ask the driver questions. Continue to reinforce the training with periodic safety reminders.
POWERED INDUSTRIAL TRUCK (PIT) SAFETY PLAN

The movement of Goodwill’s donation stream involves the use of several types of material handling equipment. Powered Industrial Trucks (Electric stackers and Counterbalance Forklifts) are used in our day to day operations. This plan is designed to adhere to all OSHA applicable standards.

Requirements:

A. Screening: Managers will screen operators prior to scheduling for training.
   • All operators must be at least 18 years of age.
   • All operators must possess a valid driver’s license.
   • All operators must submit to a pre-certification drug test.

B. Training: The Safety Department will train/certify pre-screened operators.
   • All operators must be trained and certified in the safe operation of PITs by Goodwill.
   • Minimum passing score on written test is 80%.
   • Operators must successfully complete practical operation evaluation.
   • All levels of Retail Store management are required to obtain/maintain PIT certification.
   • Training and certification will be refreshed at a minimum of 3 years or post incident.
   • All operators will be placed in a random drug testing program after certification.

C. Operations: the use of PITs requires adherence to the following:
   • If supplied, all operators shall wear seat belts at all times on PITs.
   • All counterbalance forklifts must be equipped with an overhead guard.
   • All trucks shall be properly chocked when being boarded by PITs.
   • Operators must check truck bed for safety before boarding.
   • Only the operator shall be permitted to ride on a PITs. **NO RIDERS.**
   • If any PITs is unattended, the brakes must be set, controls neutralized and the forks lowered and keys removed.
   • All material being stacked shall be stored at least 18 inches beneath the bottom of sprinkler heads. Sufficient headroom should be maintained beneath overhead installations, lights and pipes.
   • Access to fire aisles and fire equipment shall be kept clear at all times.
   • The operator must slow down and sound the horn at cross aisles, corners, and other locations where vision is obstructed.
   • If the load obstructs the forward view, the operator must travel with the loading trailing.
   • Operators shall always be looking in the direction they are driving.
• When ascending or descending grades, counterbalance forklifts shall always be driven with the load up grade. Stackers shall be driven with load down grade.
• PITs shall always be driven at a speed safe enough to permit it to be brought to a stop in a safe manner.
• Horseplay and stunt driving will not be permitted.
• Operators shall drive PITs slowly when the driving surface is wet or slippery.
• While negotiating turns, speed shall be reduced to a safe level so that steering can be conducted in a slow smooth sweeping motion.
• Inspection shall be completed before operation of any PIT.
• If a PIT is found to be in need of repair, it must be removed from service until it is returned to safe operating condition.
• Cell phones shall never be used while operating any PIT.
• Smoking or any ignition source is prohibited during operation, propane storage areas and battery charging area.
• Stacker operators shall wear steel toed shoes when operating.
• Due to the lack of overhead protection for the operator, stacker operators cannot travel with a double stack of Gaylords.
• If selected for a random drug test, operator will submit sample the same day as notified. Any operator refusing to submit to test is subject to corrective action up to and including termination.

D. Incident response: Any operator who damages property (Goodwill or customer) or causes injury (to an employee or customer), will be:

1. Decertified immediately by the Safety Department
2. Required to submit to a drug test by the on duty manager

Note: While waiting for results, the operator may not operate PITs, but may work in areas the manager determines. This aids in the investigation of the incident to prevent recurrence. In the event of property damage, the manager will complete and forward a Goodwill Property Damage Report to the Safety Department. After incident cause is determined, if the operator needs to be recertified, approval must come from the District Manager in coordination with the Safety Department.

E. Continuous Improvement: The Safety Department will conduct random performance evaluations (with and without notice) to determine operator competence. Store/District managers also will monitor operations and performance.
UNIT VII

Safety Committee

The Agency Safety Committee will be compromised of members of management/supervision and hourly employees. Members shall represent a cross section of employees and departments. The committee chairperson will be the Safety Officer. The Enclave Supervisor will also be a permanent member of the committee.

Principle Responsibilities. The principal responsibilities of the Safety Committee will be as follows:

- Assemble on a quarterly basis to conduct safety meetings.
- Review Accident/Incident Reports and discuss corrective actions.
- Direct and monitor safety training and safety meetings.
- Discuss and report on unfinished business from previous meetings.
- Discuss new business.
- Maintain appropriate records of activities.
- Require directors or supervisors to sit in on the committee meetings whenever deemed necessary.

The Facilitator will make notations of the meeting. He/she will track open safety items through maintenance to conclusion. He/she will act as chairperson in the absence of the Safety Officer.

The Safety Committee will encourage safety awareness among all employees. It will be established to monitor safety performance, safety inspections, safety training and will administer the Agencies Safety Program.

To reduce injuries and save lives.

To encourage constant awareness of working conditions in all areas

To aid the Agency in complying with all laws pertaining to safety.

To ensure that no employee is required to work at a job that is not safe or healthful.

To place the personal safety and health of each employee of this company in a position of primary importance.

To aid in the prevention of occupationally-induced injuries and illnesses.

To the greatest degree possible, aid management in providing all mechanical and physical facilities required for personal safety and health in keeping with the highest standards.

To maintain a safety and health program conforming to the best management practices of organizations of this type.

To establish a program that instills the proper attitudes toward injury and illness prevention not only on the part of supervisors and employees, but also between each employee and his or her coworkers.

To ultimately achieve a safety program maintained in the best interest of all concerned.
Routine Safety and Health Inspections

Routine safety and health inspections of all Agency facilities will be conducted on a recurring basis. The inspection will be conducted to discover through specific, methodical auditing, checking, or inspection procedures; conditions and work practices that lead to job accidents and industrial illnesses.

Walk through inspections will be conducted randomly at all facilities.

Inspection Forms. Inspections forms will be used with each inspection.

Inspection Elements. The following inspection elements will be checked during safety inspections:

<table>
<thead>
<tr>
<th>Element</th>
<th>Criteria</th>
</tr>
</thead>
<tbody>
<tr>
<td>GENERAL AREA</td>
<td></td>
</tr>
<tr>
<td>Floors</td>
<td>Condition, slip, trip, falls, openings</td>
</tr>
<tr>
<td>Aisles</td>
<td>Clearance/Markings, obstructions</td>
</tr>
<tr>
<td>Stairs</td>
<td>Temp/Perm, condition, railings, obstructions</td>
</tr>
<tr>
<td>Eye protection Used</td>
<td></td>
</tr>
<tr>
<td>Protective clothing/</td>
<td>Available, being used, being worn</td>
</tr>
<tr>
<td>equipment</td>
<td></td>
</tr>
<tr>
<td>Back lifting</td>
<td>Using safe techniques, training</td>
</tr>
<tr>
<td>Forklifts</td>
<td>Licenses, flasher &amp; buzzer, ear protection</td>
</tr>
<tr>
<td>Noise control</td>
<td>Hearing protection</td>
</tr>
<tr>
<td>Hand tools</td>
<td>Grounded, guarded, stop buttons, away when not in use</td>
</tr>
<tr>
<td>Machine tools</td>
<td>Guarded, stop buttons, lock out, training</td>
</tr>
<tr>
<td>Trucks</td>
<td>Chocked, tanks sealed, no leaks</td>
</tr>
<tr>
<td>Housekeeping</td>
<td>Fire hazard, sanitary, organized</td>
</tr>
<tr>
<td>Storage of material</td>
<td>Flammable correct container, enclosed storage, stacked neatly and stable</td>
</tr>
<tr>
<td>Chemicals</td>
<td>Clear labels, MSDS’s, storage, separated</td>
</tr>
<tr>
<td>ILLUMINATION - WIRING</td>
<td></td>
</tr>
<tr>
<td>Lighting</td>
<td>Suitable for work, in use, working, improper use</td>
</tr>
<tr>
<td>Lockout/Tagout</td>
<td>Procedures, training, devices, tags</td>
</tr>
<tr>
<td>Electrical</td>
<td>No frayed cord, trip hazard, power strips, not over loading outlets,</td>
</tr>
<tr>
<td>Appliances</td>
<td>Unplugged when not in use, UL approved, Not next to flammable</td>
</tr>
<tr>
<td>FIRE PROTECTION</td>
<td></td>
</tr>
<tr>
<td>Emergency lighting</td>
<td>Working</td>
</tr>
<tr>
<td>Exits</td>
<td>Obstructions, locked, accessible, light design</td>
</tr>
<tr>
<td>Extinguisher</td>
<td>Charged, not blocked, proper location</td>
</tr>
<tr>
<td>Sprinklers</td>
<td>Not blocked, emergency shut off, tested</td>
</tr>
<tr>
<td>Eye washes</td>
<td>Tested, not blocked, clean</td>
</tr>
<tr>
<td>Ventilation</td>
<td>Adequate, fans guarded, maintained, vent clean</td>
</tr>
</tbody>
</table>
FIRST AID

First Aid  Kits, training, OSHA 300 logs
Waste disposal  Containers, labeled, separated
Power systems  Panels closed, clearly marked, breaks functioning
Work practices  Unsafe work practices observed
Ergonomics  Repetitive motion
Ladders  Condition
Vehicles  Unauthorized use, repairs, reckless operation
Dock  Trucks chocked, safety equip. in cabs

HOUSEKEEPING

- Inspection Report. The Facilitator will develop a report based on the items noted during the inspections.
- The report will be distributed immediately to maintenance personnel responsible for correcting deficiencies noted during the inspection.
- The report will be given to the president for his comments, if needed.
- The Safety Committee will make recommendations as to how to avoid these same deficiencies in the future.

The Safety Committee will maintain outlines serving various topics of importance to the safety of employees. The outlines will be flexible. They will be intended to be adapted to the wide range of situations and groups. Supervisors can add the level of detail required to make the material completely relevant to their employees.

Employees will be given safety briefings by their respective supervisors on a quarterly basis. Safety briefings will be given immediately:

- Upon initial job assignment or reassignment.
- When operational changes to equipment or the job occur that would necessitate new safety procedure and awareness.
- When manufacturers provide safety related information pertaining to defects, use, etc., for equipment used by the employees.
- Safety will be included in the agenda of staff meeting on a regular basis. The Safety Committee will keep departmental heads informed of safety performance in the area of accident prevention, and safety.

A well-ordered flow of information is essential to a good safety program. The Agency, through a program of safety meetings at all levels, intends to accomplish the goals of safety awareness, education, and participation.

SAFETY INSPECTION CHECKLISTS:  See Internal Website for site specific checklist
Goodwill Safety Rewards

Goodwill values our employee’s safety above all, which is why we have created the Goodwill Safety Rewards Program! Our employees are our most precious asset and when you work safely, you support the Mission! Participation is easy! Simply “get caught” working safely throughout your work day and you can be rewarded safety points!

Safety Points are collectible and once you accumulate 250 points, we will send you a gift card that can be used anywhere for you to enjoy! Working safely at Goodwill is rewarding so stay safe and have fun!
Procedure:

1. Tobacco use is prohibited on all Goodwill premises, except in DTAs.

2. Designation of DTAs: Goodwill's Director of Facilities Maintenance, with input from Managers, will determine DTAs for each facility.

3. Facilities in close proximity to another may share DTAs to prevent excessive and duplicative designation of tobacco use areas.

4. Standards for DTAs:
   
   (see attachment 1 for example)
   
   a. DTAs will be kept in good condition reflecting their surroundings.
   b. Tobacco use on the premises shall be restricted to the DTAs.
   c. Tobacco use outside of DTAs, including while walking anytime outside the DTAs, is prohibited.
   d. DTAs shall be away from common points of facility entry/egress and not in front of buildings or air intake ducts.
   e. The distance of a DTA from facility entry/egress will not be less than 50 feet.
   f. DTAs shall not be designated in parking lot area or other areas where high traffic or sight lines to donor/shopper areas.
   g. Tobacco users are responsible for keeping DTAs clean and free of cigarette butts and debris. DTAs may be removed if the area around it or leading up to it is cluttered with trash, cigarette butts, etc.

5. Goodwill Facilities/Vehicles: Tobacco Use is prohibited in:

   a. All Goodwill Facilities (owned or leased)
   (ALL OPERATIONS ON MILITARY INSTALLATIONS WILL FOLLOW BASE POLICY)
   b. All Goodwill owned or leased vehicles.

Acknowledgement: I have read and agree to follow the procedure described above. I understand that failure to follow this procedure may result in corrective action.
1.0 PURPOSE
The purpose of this operating instruction is to establish Goodwill Industries of Lower South Carolina's policy for tobacco use in/around company facilities. It also details the designation of tobacco use areas. Adherence to this procedure is mandatory for all employees as it is designed to protect the best interests of the agency.

2.0 RESPONSIBILITIES
The Manager will provide all training to all employees regarding this procedure and with the help of the on-duty supervisors will ensure this procedure is followed daily. The employee is responsible to be knowledgeable of this procedure and follow it. All employees are accountable to this procedure.

3.0 TERMS DEFINED
Goodwill Facility: Any Goodwill owned or leased facility in which the agency conducts business. IE: Retail Store, Warehouse or Administrative Building.

DTA: Designated Tobacco Area.

Manager: Retail Store Manager, Project Manager, Warehouse Manager, or Administrative area Manager.

On-duty Supervisor: The supervisor who ensures business processes are adhered to in the absence of management.

4.0 PROCEDURE
Tobacco use is the leading cause of preventable death in the United States and degrades the ability of our employees to fulfill the mission. The use of open flames or flame producing devices pose a significant fire hazard and is not permitted in our facilities.
1.0 PURPOSE
The purpose of this operating procedure is to establish Goodwill Industries of Lower South Carolina’s policy for hazardous material handling in/around company facilities. It also details the designation of hazardous material storage areas. Adherence to this procedure is mandatory for all employees as it is designed to protect the best interests of the agency and maintain a safe and secure work environment.

2.0 RESPONSIBILITIES
The Manager will provide all training to all employees regarding this procedure and with the help of the on-duty supervisors will ensure this procedure is followed daily. The employee is responsible to be knowledgeable of this procedure and follow it. All employees are accountable to this procedure.

3.0 TERMS DEFINED
Goodwill Facility: Any Goodwill owned or leased facility in which the agency conducts business. IE: Retail Store, Warehouse or Administrative Building.


Manager: Retail Store Manager, Project Manager, Warehouse Manager, or Administrative area Manager.

On-duty Supervisor: The supervisor who ensures business processes are adhered to in the absence of management.

4.0 PROCEDURE
Proper handling of hazardous materials is governed by federal, state, and local laws and must be adhered to at all times. HM’s include but not limited to propane tanks, oxygen tanks, paint, gasoline cans, gas powered equipment, kerosene heaters, fireworks, etc.
Procedure:

1. All hazardous materials must be stored in HMSA’s until transport.

2. Designation of HMSA’s: Goodwill’s Director of Transportation and the Director of Safety and Security, with input from Managers, will determine HMSA’s for each facility.

3. Facilities in close proximity to another may share HMSA’s to prevent excessive and duplicative designation of hazardous material storage areas.

4. Standards for HMSA’s:
   (see attachment 1 for example)
   a. HM will not be accepted unless stored in approved containers.
   b. Spill kits will be available at all facilities in case of an incident.
   c. HM will be stored in HMSA until transport to the warehouse is possible.
   d. HMSA must be located in an open area of loading dock and designated and marked in red paint.
   e. HMSA area must have signage showing that the area is for hazardous material only.
   f. Material Safety Data Sheets for each hazardous material should be available when possible.
   g. All employees involved with HM must be fully trained in the handling procedures as well as how to read a Material Safety Data Sheet and also how to handle an HM spill.
   h. HM being transported to the warehouse for disposal must be listed on the bin order showing the amount and type of HM being transport.
   i. Only drivers with an HM endorsement will be allowed to transport HM within our system.
   j. Once the HM product has arrived at the warehouse the HM product will be disposed of through a series of DHEC approved vendors depending on the type hazardous material being handled.

Acknowledgement: I have read and agree to follow the procedure described above. I understand that failure to follow this procedure may result in corrective action.
ATTACHMENTS
ATTACHMENT #1
Attachment 1:

Example of Proper Placement of HMSA:

Goodwill Facility
(Main Entrance)

Location must in open area on back dock outlined in red with signage designating hazardous material.

Goodwill Facility
(Dock or Rear Area)

Hazardous Material Storage Area (HMSA)
ATTACHMENT #2
SUPERVISOR INSTRUCTION CHECKLIST

PROCEDURES TO FOLLOW WHEN AN EMPLOYEE IS INJURED AT WORK

CHECK OFF AS COMPLETED, SIGN AND RETURN WITH ALL INCIDENT REPORTING FORMS

<table>
<thead>
<tr>
<th>EMPLOYEE NAME:</th>
<th>DATE OF INCIDENT:</th>
</tr>
</thead>
<tbody>
<tr>
<td>MANAGER NAME:</td>
<td>DEPARTMENT:</td>
</tr>
</tbody>
</table>

1.) ☐ Provide medical as needed for injured worker.
2.) ☐ Supervisor completes the “FIRST REPORT OF INJURY WORKSHEET.”
3.) ☐ If medical attention is needed, complete Employer Authorization Form and give to injured worker for treatment with designated physician.
4.) ☐ Provide Employee with Injured Worker Handout, Medical Treatment Decision, Medical Release and Employee Statement forms to **complete and sign, even if the employee is not seeking treatment.**
5.) ☐ Supervisor has any witness complete and sign “WITNESS STATEMENT” form.
6.) ☐ When the employee returns, determine their duty status. If the employee has work restrictions, complete the “MODIFIED DUTY JOB OFFER” and have employee sign.
8.) ☐ Supervisor emails all paperwork, including paperwork from the doctor, to Stephanie Tuffey in the Safety Office. Questions?
   Phone: 843-554-8664
   Cell: 843-566-2938
   Fax: 843-620-1032
   Email: safety@palmettogoodwill.org stuffey@palmettogoodwill.org

Supervisor, please list any comments/concerns that might help in the investigation of the incident:

---

MANAGER/SUPERVISOR SIGNATURE __________________________ DATE __________
FIRST REPORT OF INJURY WORKSHEET

To be completed by a member of management only. If you need help contact Stephanie Tuffey 843-554-8664

PREPARER INFORMATION
Name: ______________________ Phone Number: ______________________
Title: ______________________
Contact Person if Client/Participant: ______________________
Contact Phone Number: ______________________

INJURED EMPLOYEE INFORMATION
Name: ______________________ SS#: ______________________
Address: ______________________ Phone: ______________________
Date of Birth: ___________ Gender: ___________ Marital Status: ___________ # of Dependents: ___________
Date of Hire: ___________ Hire State: SC Job Title: ___________
Supervisor’s Name & Phone Number: ______________________
Employment Status: FT □ PT □ Temp □ Pay Rate $ ___________ per hour Ethnicity: ______________________

ACCIDENT INFORMATION
Date of Incident: ___________ Time of Incident: ___________
Time Shift Begins: ___________ Did Injury Occur on Employer’s Premises?: ______________________
Date Reported to Employer: ______________________
Incident Physical Address: ______________________
Incident Description (How the injury occurred, body part injured, right/left side, where it happened & cause of incident):
__________________________________________________________________________
__________________________________________________________________________

Body Part(s) Injured: __________________________________________

Did Incident Result in a Fatality?: ______________________
Has Employee Returned to Work?: ______________________
Were Safeguards or Safety Equipment Provided?: ______________________ Were they used?: ______________________

WITNESS INFORMATION
Witness Name: ______________________
Address: ______________________ Phone: ______________________

TREATMENT INFORMATION
Did Employee Seek Any Medical Treatment?: ______________________

Name of Medical Provider: ______________________
Address: ______________________
Was Employee Hospitalized?: ______________________ Admit Date: ______________________

PREPARER’S SIGNATURE & DATE: ______________________ TITLE: ______________________

06/2015
Goodwill Industries of Lower South Carolina, Inc.

EMPLOYER AUTHORIZATION FORM

Physician’s Office: Please send a copy of RTW form to the contact below on the date of visit via fax or email.

<table>
<thead>
<tr>
<th>Patient Name:</th>
<th>Date:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Injury:</th>
<th>Type of Injury:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

COMPANY AND BILLING INFORMATION

Company: Goodwill Industries of Lower South Carolina – ATTN: Stephanie Tuffey
Company Address: 2150 Eagle Dr. Bldg. 100 North Charleston, SC 29406
Account #: BTB20188

CONTACT INFORMATION

Primary Contact: Stephanie Tuffey, WC Claims Processor
Phone: 843-554-8664  Fax: 843-620-1032  Email: stuffey@palmettogoodwill.org
Other Authorized: Steve Lovette, Director of Safety & Security

REQUIRED SERVICES

- Worker’s Compensation Injury Treatment
- Post- Incident Drug Screen

CLAIM AND INFORMATION

- First Report of Injury has been filed.
- Claims are to be billed directly to the employer via the company information listed above.

This certifies that the above information is correct. I authorize the medical provider to provide medical treatment to the employee named above.

SIGNATURE OF AUTHORIZED PERSONNEL

DATE

DEPARTMENT

PRINTED NAME

POSITION TITLE

INTERNAL USE FOR DOCTOR’S OFFICE

FORM COMPLETED BY

INITIALS

CENTER NAME

DATE

Developed by: S. Tuffey
Confidential and Proprietary to Goodwill Industries of LSC
Rev: 06/10/15/00
Medical Treatment Decision Form

I have been given a copy of the Employer Authorization Form.

Choose one of the options below:

☐ I would like to receive medical attention. I give my permission/consent for Goodwill Industries to receive/review records of all pertinent information including but not limited to treatment and billing, and to discuss the plan for care, extent of injury, best course of rehabilitative treatment, return to work date, relevant work restrictions, etc. with my treating physician(s).

OR

☐ I at this time, I am choosing NOT to seek Medical Treatment for my work-related injury. I will inform my Manager if I decide to seek medical treatment. I understand I may still be required to submit to a post-incident drug screen.

_________________________  ________________________
EMPLOYEE PRINT NAME       DATE

_________________________
EMPLOYEE SIGNATURE
AUTHORIZATION FOR DISCLOSURE
OF PROTECTED HEALTH INFORMATION FOR WORKERS’
COMPENSATION PURPOSES (HIPAA COMPLIANT)

I hereby authorize all healthcare providers to use and disclosure my Protected Health Information (PHI) as described in this authorization. A photocopy of this Authorization is as valid as the original.

PATIENT IDENTIFICATION INFORMATION

Account or medical record number: ___________________________ Claim No.: ___________________________

Patient’s Full Name: ___________________________ Last First Middle

Address: ____________________________________________ Date of Birth: ____________

Social Security No.: ___________________________ Name and address of recipient: Eastern Alliance Insurance Group
P.O. Box 83777
Lancaster, PA 17608-3777

Release

The purpose of use or disclosure of patient information is for my workers’ compensation claim.

I understand the following information will be released pursuant to a work-related/occupational injury or illness/workers’ compensation claim: hospital and emergency operational logs, outpatient records, medical reports, clinical notes, nurses’ notes, physical therapy records; patient’s history of injury, subjective and objective complaints; x-rays; test results; interpretation of x-rays or other tests (including a copy of the report); diagnosis and prognosis; bills for services; payments received; and any other relevant and material information in the health care provider’s possession. This Authorization also includes, if applicable, drugs/alcohol, psychiatric/psychological services and social work disease, Acquired Immunodeficiency Syndrome (AIDS), Human Immunodeficiency Virus (HIV) or ARC reports. This authorization includes the release of documents in the possession of the healthcare provider whether or not created in your office or by another healthcare provider.

I also agree that any and all of my health care providers may discuss the details of my medical information with the representatives of the above named recipient. However, the health care provider will not condition treatment on the completion of the authorization.

Conditions

I understand that information released in response to this authorization may be used or disclosed to administer, determine and/or litigate my claim. Patient information may be redisclosed to Eastern Alliance, their agents and representatives; authorized information is subject to disclosure to other parties, and any other person, firm or entity that releases materials pursuant to this authorization is released from any liability that might otherwise result from the release of this information.

I understand that this authorization is valid until my case has been closed and for up to one year from the date of closure. I understand that I have a right to revoke this authorization at any time. I understand that if I revoke this authorization I must do so in writing to Eastern. I understand that the revocation will not apply to information that has already been released in response to this authorization.

I have read this Authorization and understand that I can retain a copy.

_________________________________________________________ Date

Printed name, address, phone number of guardian

Description of Authority to Act for Patient:

NOTICE:
Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information or conceals for the purposes of misleading, information concerning any fact material thereto commits a fraudulent insurance act, which is a crime and subjects such person to criminal and civil penalties.

June 2013
Employee Name:

Date of Incident:

In your own words, please describe what happened regarding this incident:

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

_________________________________________________________________________________

Employee Signature: ___________________________ Date: ___________________________

Developed by: C. O’Connell  Confidential and Proprietary to Goodwill Industries of LSC  Rev: 01/17/00
• **Immediately report the injury** to your immediate supervisor.

• **Complete the forms** when requested by your manager, Claims Representative and insurance company.

• Expect to be asked about the events that led to the injury and try to give suggestions for prevention of the next one.

• **Stay in touch** with the claim representative to let them know how you are progressing or if you are having problems.

• **Schedule and attend all appointments.**

• **Follow the advice and treatments recommended by the doctor.**

• **Notify your Employer and Claim Representative of any change in your restrictions** or ability to return to work.

• **Follow the doctor’s restrictions** on your activities and do not exceed the limitations at work and at home.

• **Communicate** with your immediate supervisor, Claim Representative, or Human Resource Department if you have any questions, concerns, or comments on the treatment you are receiving.

• **Ask questions!** Many of the people you deal with have a great deal of experience with workers’ compensation claims and are great resources if you have concerns or questions. We are here to help and make sure you know what to expect.

• **Keep organized.**

• **Remain focused** on your goal of returning to wellness. Although you may hit bumps in the road, you are the number one factor in the success of your recovery.

• **Stay positive!** Being injured and having restrictions can bring you down, but a positive attitude will greatly impact your journey back to wellness.

---

Claim Representative:
Stephanie Tuffey
Office: 843-554-8664
Cell: 843-566-2938
stuffey@palmettogo goodwill.org
Return to Wellness
CUSTOMER INCIDENT REPORT

Once this report is completed submit to Safety@palmettogoodwill.org immediately

Date of Report: __________ Site Location/Department________________________________________

GENERAL INFORMATION

Date of Accident: __________ Exact Time of Accident: _____ A.M./P.M.
Name of Manager on duty at time of accident: ___________________________________________
Name of Store Employee who completed this report: ______________________________________

1. Did you witness accident/incident? Yes No
2. If not, who informed you of the accident? ____________________________________________

Outside weather conditions: (circle all that apply): Clear, Cloudy, Raining, Snowing, Windy, Light, Dark Other________________________________________

Exact Location of incident at store ______________________________________________________

Description of Incident: ____________________________________________________________________________________

*** PLEASE SAVE THE PRODUCT OR EQUIPMENT INVOLVED FOR FURTHER INVESTIGATION***

Did you inspect location immediately after incident? Yes No

Exact Time of inspection: __________ Number of photographs taken of location: __________
Was location clean? Yes No Dry? Yes No Any signs posted? ____________________________________________

Describe conditions of the area that may have played a role in the incident: ________________________

CUSTOMER INFORMATION

Name of Customer: ____________________________________________________________________________
Home Address: ______________________________________________________________________________
Home Phone #: __________ Age or Date of Birth: __________________________

Describe Injury: ____________________________________________________________________________

Describe medical care at scene & name of doctor, hospital or clinic:

Where taken and how? _________________________________________________________________________

Witnesses, if any:

Name: __________________________ Name: __________________________
Address: ______________________ Address: ______________________
Phone #: ______________________ Phone #: ______________________

**ENSURE THAT ALL WITNESS STATEMENTS ARE COLLECTED AT THE TIME OF THE INCIDENT***

If you have any questions or need assistance you can call:
Gregg Hill: 843-609-5087
Steve Lovette: 843-364-3697
Stephanie Tuffey: 843-566-2938
Fred Weaver: 843-296-7321
CUSTOMER STATEMENT

NAME OF CUSTOMER ________________________________________________
DATE OF ACCIDENT ________________STORE/FACILITY_____________

In your own words, please describe what happened regarding this accident. Please sign and date.

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

______________________________    ________________
Signature                  Date
WITNESS STATEMENT

NAME OF WITNESS __________________________________

DATE OF ACCIDENT ________________ STORE/FACILITY__________________

In your own words, please describe what you saw and heard regarding this accident. Please sign and date.

___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________
___________________________________________________________________________________

______________________________    ________________
Signature                   Date
ATTACHMENT #4
DATE OF THE INCIDENT______________________

LOCATION (STORE OR FACILITY#) __________________________

ADDRESS OF DAMAGE: _________________________________________________________
______________________________________________________________________________

MANAGER THAT RESPONDED: __________________________________

PROPERTY DAMAGED: ________________________________________

What Happened? (Please allow the EMPLOYEE to give a statement in his/her own words using employee statement form)
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

Where was the accident/incident located in the facility?
____________________________________________________________________________________

What time is it now? ______________ What time did the incident occur? ______________

Who was present? (Allow the witness to give his/her statement in their own words using witness statement form)

WITNESS NAME: __________________________________________________
Address: ________________________________________________________________
Phone (Home) ________________________ (Work) __________________ (Cell) ____________
What does property owner want to do?

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

What does the property owner want us to do? Please specifically state what the owner is requesting:

____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________
____________________________________________________________________________________

YOU MUST GET STATEMENTS FROM ALL EMPLOYEES WHO WITNESSED THE ACCIDENT/INCIDENT. Please attach employee statements to this report. HAVE ALL STATEMENTS SIGNED AND DATED

Completed by: _____________________________ Date: ______________________

**IMMEDIATELY NOTIFY THE ADMINISTRATIVE OFFICES BY PHONE AND SCAN**

Phone Safety and Security Office: (843) 566-0072 (843) 377-2836 or (843) 566-0499
SCAN: safety@palmettogoodwill.org
WITNESS STATEMENT

NAME OF WITNESS _______________________________

DATE OF ACCIDENT ________________STORE/FACILITY__________________

In your own words, please describe what you saw and heard regarding this accident.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

________________________________________________________ __________________

___________________________________   _______________________
Signature        Date
EMPLOYEE STATEMENT

NAME OF EMPLOYEE ____________________________

DATE OF ACCIDENT ________________STORE/FACILITY__________________

In your own words, please describe what happened regarding this accident.

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________
__________________________________________________________________________

__________________________________________________________________________

___________________________________   _______________________
Signature        Date