This agency is committed to providing a safe work environment for all employees. To that end, I am sharing our agency safety policy statement as a reminder of that commitment and your responsibility to work safely.

The designated agency safety coordinator for this agency is listed below. Additional safety staff names are listed on the enclosure.

<table>
<thead>
<tr>
<th>Name</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td></td>
</tr>
<tr>
<td>Fax</td>
<td>E-Mail</td>
</tr>
</tbody>
</table>

Employees are expected to follow the General Safety Rules, which are enclosed, as well as specific safety rules for specific work locations or job tasks. Because we take safety matters seriously, failure to follow the rules could result in discipline up to and including termination based on the severity of the rule violation. If you need training to safely perform any of your job tasks, please notify your supervisor or the Safety Coordinator.

If you are aware of unsafe acts, have an idea for performing tasks safer, or want to report a safety hazard, you may report it through the Health and Safety Suggestion Program. Use the attached form to report these issues or ideas. The completed form can be dropped in one of the suggestion box locations, or it can be mailed or e-mailed to the Safety Coordinator. All safety issues or concerns will be investigated by the agency and/or subcontracted safety consultant services. The results of investigations will be provided to the safety committee, senior management, and the employee who notified us of the issue.

The commonwealth has many procedures in place to ensure the safety of all employees. A first responder list is enclosed to provide you with the names and contact information for individuals who are trained in first aid and CPR. Please familiarize yourself with this list in the event that an employee working near you needs assistance for a medical emergency. Please note that even when first responders are called, the appropriate emergency number (insert number) should be called immediately for professional assistance. This is also a good time to remind you to verify that your emergency contact information is up to date. Emergency contact information can be maintained directly in SAP if you have computer access or by contacting your Human Resource Office.

An emergency evacuation plan has been developed to meet the needs of each building where employees are located. When emergencies occur, the ability to respond quickly in a coordinated effort with trained people operating as a team is vital. Prompt action reduces, if not eliminates, the possibility of personal injury and will minimize damage. The general emergency evacuation procedures are included below to ensure all employees are aware of the proper emergency response procedures. The emergency evacuation plan, building safety team contact information, and any updates to emergency plan are made available at the following: sent annually via email, posted in appropriate work locations, or made accessible on the agency’s intranet website.
SAFETY POLICY STATEMENT

Our agency is committed to improving the safety and health of our employees, improving productivity through a healthier workforce, and reducing injuries and illnesses. Our agency will strive to provide our employees with the safest possible work environment and the knowledge necessary to safely carry out their job duties. The agency’s safety efforts shall be ongoing and focus on continuous improvement.

Working safely is a responsibility shared by all employees. Managers and supervisors are to maintain the safest possible working conditions by encouraging and enforcing agency safety policies and procedures. All of the necessary and available agency resources shall be utilized to accomplish this important endeavor. Employees are to perform their duties in the safest manner possible and adhere to all established safety rules, procedures, and work practices.

Employees are encouraged to actively participate in the agency’s safety efforts. Involvement by all levels of the organization shall contribute to an effective safety and health program for the benefit of all employees, their families, and the public.

Agency Head Signature ___________________________ Date ___________________________

The following individuals have been designated and empowered to coordinate the safety and health efforts of this agency.

Safety Coordinator:  
Name ___________________________ Telephone ___________________________
Address ___________________________ Fax ___________________________
                                          E-Mail ___________________________

Safety Support Staff:  
Name ___________________________ Telephone ___________________________
Address ___________________________ Fax ___________________________
                                          E-Mail ___________________________
Name ___________________________ Telephone ___________________________
Address ___________________________ Fax ___________________________
                                          E-Mail ___________________________
Name ___________________________ Telephone ___________________________
Address ___________________________ Fax ___________________________
                                          E-Mail ___________________________
First Responders for Medical Emergencies
[Building Name or Agency Name]

The following individuals have been certified in CPR, First Aid, and AED. They have volunteered to assist in the event of a medical emergency. After contacting one of these individuals for assistance, please remember to also call the emergency number (enter number) for professional assistance.

<table>
<thead>
<tr>
<th>Name</th>
<th>Building/Room #</th>
<th>CPR/First Aid/AED</th>
<th>Telephone</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# SAFETY & HEALTH SUGGESTION FORM

To help the agency achieve a healthier and safer work environment, use this form to report suggestions for improving the health and safety of your work environment. The form can be used to report unsafe acts, to suggest ideas for performing tasks safer, or to report safety hazards. By including your name, staff can seek clarifying information about your suggestion, and you will receive a response to your suggestion.

<table>
<thead>
<tr>
<th>Explanation of suggestion</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>What benefit will be received if the suggestion is implemented?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Is there a cost associated with the suggestion?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>-----</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>In your opinion, is there an immediate health or safety concern if the idea is not implemented? Please explain.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
</tr>
<tr>
<td>-----</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Your name (optional)</th>
<th>Date</th>
<th>Work Phone Number or E-Mail</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Return completed form to:

Safety Suggestion Form
General Safety Rules and Enforcement Procedures

1. Be aware of and adhere to the safety and health policies, procedures, rules, and work practices established by the agency.

2. Conduct yourself in a safe manner and maintain a safe work area.

3. Immediately report any unsafe acts or conditions to your manager or supervisor.

4. Report all incidents (including near misses) and accidents, whether an injury occurred or not, to your manager or supervisor as soon as possible.

5. Horseplay and practical jokes can cause harm or injury and are not permitted while performing official duties for the Commonwealth or while on Commonwealth owned or leased property.

6. Fighting and physical force should never occur while on Commonwealth owned or leased property or while performing official duties.

7. Displaying or using any weapon (or any instrument used as a weapon) or firearm (or missile-projecting device) while on Commonwealth owned or leased property or while performing official duties, unless authorized to do so as part of your assignment, is not permitted.

8. Use, possession, or being under the influence of alcoholic beverages or non-prescribed controlled substances while on Commonwealth owned or leased property or while performing official duties is not permitted.

9. Keep your work area clean and free from slip, trip, fall, and other safety hazards.

10. Know and use proper lifting techniques and request assistance when lifting heavy or awkward loads.

11. Use an ANSI (American National Standards Institute) approved stepladder or stepstool to reach high shelves. Move the stool or ladder as necessary to avoid stretching.

12. Follow warning signs that caution of possible safety hazards or conditions.

13. Always use handrails when walking in stairways and take one step at a time.

14. Avoid running and use caution in congested areas and at blind corners.

15. Obey traffic laws while operating a vehicle.

16. Wear seat belts at all times while driving on Commonwealth business.

17. Know and adhere to your responsibilities concerning policies and procedures for emergencies such as fires, bomb threats, etc.
18. Use appropriate personal protective equipment (i.e., safety glasses, safety shoes, latex gloves, respirators, etc.) where it is justified or required based on workplace exposure.

19. Obey safety precautions published by the manufacturer while using equipment or chemicals.

**Drug Free Workplace**

The unlawful manufacture, distribution, dispensing, possession or use of alcohol or other controlled substance either while on duty or in the workplace will not be tolerated in accordance with Management Directive 505.25 Amended, Substance Abuse in the Workplace or required agency policy concerning Substance Abuse Awareness and Prevention. Any employee involved in these activities may be subject to discipline, up to and including dismissal. In addition, you may be subject to criminal penalties.

Employees are required to notify the agency of any criminal drug statute conviction for a violation occurring in the workplace, no later than five days after such conviction.

In agencies which participate in the State Employee Assistance Program (SEAP), managers and supervisors should seek the assistance of the agency SEAP Coordinator whenever an employee has a suspected drug, alcohol, or other problem which impairs their job performance. Employees with substance abuse problems can receive free and confidential evaluations by calling SEAP at 1-800-692-7459. For counseling or treatment, employees may contact United Behavioral Health at 1-800-924-0105.

In agencies which do not participate in SEAP, managers and supervisors should seek the assistance of their Human Resources office. For counseling or treatment, employees should contact their behavioral health provider.

**Tobacco Use**

Many Commonwealth buildings are required to be smoke-free. In accordance with Management Directive 205.19, Smoking in Commonwealth Buildings and Facilities, designated smoking areas are shown on the attached diagram. The agency has taken positive steps to reduce smoking hazards (tobacco use) in the workplace and to encourage smoking cessation among their employees.
EMERGENCY EVACUATION PROCEDURE

When an alarm sounds, you must immediately begin to evacuate the building, unless you have been previously notified to disregard the alarm. You must evacuate the building under all circumstances, even if the alarm stops sounding.

Follow these guidelines to ensure a safe and efficient evacuation.

- **DO NOT STOP AN EVACUATION FOR ANY REASON ONCE IT IS STARTED**
- Take your coat (and purse, lunch, briefcase, etc.) and any other item you brought in with you that day if it is readily available
- If possible lock or log off computers and secure “sensitive” documents.
- **DO NOT ATTEMPT TO GO TO ANOTHER FLOOR IF YOU ARE NOT NEARBY YOUR WORK AREA.**
- **DO NOT OPERATE CELLULAR TELEPHONES, TWO-WAY RADIOS, OR LIKE EQUIPMENT DURING ANY EVACUATION.**
- As you leave your work area, observe if there are any suspicious packages, boxes, parcels, envelopes, etc. in your work area. Report any such suspicious items to the Exit Guard or Floor Chief as you exit the floor. Remember that at the beginning of an evacuation you will not necessarily know the reason for the evacuation. It could be a real bomb threat, real fire, other real emergency, or drill.
- Head towards the CLOSEST emergency exit and begin evacuation.
- **DO NOT** attempt to use the elevators. They will be out of service the moment an alarm sounds.
- Use the stairwells as **EXITS ONLY**.
- When entering the stairwells it is imperative to maintain a single file movement. As you enter the stairwells, keep to the outside (right) of the stairwell and then gradually merge to the inside (left) by the next floor. Stay along the inside (left) of the stair railing in order to allow for the entry of people from other floors.
- If you require assistance for evacuating the building, please report to the safe area at any of the stairwells, wait for a “buddy” and instructions from the Floor Chief.
- If you have a visitor to the Building who needs assistance at any time during an evacuation, please report to the safe area at any of the stairwells with them and wait for instructions from the Floor Chief.
- You MUST leave the building. After exiting the building, head (indicate direction – north, south, east, west) until you reach the Assembly Area, which is (insert location). For your safety, **DO NOT CROSS** (insert street names as applicable).
- In the event of an emergency requiring evacuation of the building, the Floor Chiefs will contact the Building Fire Marshal located in the (insert location) of the building (Primary Incident Command) to notify him/her of the status of his/her floor, as well as to report the number of persons that require assistance. Unless directed otherwise by the Building Fire Marshal you should then report to (insert location) (Primary Assembly Area). If needed, the Secondary Incident Command will be the (insert location) and the Secondary Assembly Area will be the (insert location).
- If at any time during an evacuation a person creates a hazard to fellow employees, the Floor Chief or any other Safety Team Member has the authority to remove that person from the stairwell until they are able to continue descending without jeopardizing the health and safety of fellow employees.
- Please note that all evacuation team members should keep their orange vests on for identification.