HAZARD COMMUNICATION PROGRAM

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HAZARD COMMUNICATION PROGRAM

I. PURPOSE
   a. The purpose of this Written Hazard Communication program is to ensure that:
      i. Hazardous substances present in the workplace are properly identified and labeled.
      ii. Employees have access to information on the hazards of these substances.
      iii. Employees are provided with information on how to prevent injuries or illnesses due to exposure to these substances.
      iv. Identify by job title the person who has the responsibility for maintaining the program, the SDS's, conduct training, etc.
      v. Note: This program will be available to all employees for review and a copy will be located in the following area(s):
         1. Main Office 2100 Wood Avenue Easton, PA 18042
         2. Maintenance Shop 2100 Wood Avenue Easton, PA 18042
         3. All Crew Trucks

II. AUTHORITY AND REFERENCE
    a. Occupational Safety and Health Administration (OSHA) 29 CFR 1910.1200

III. HAZARD DETERMINATION
    a. A "hazardous substance" is a physical or health hazard that is listed as such in either:
       i. 29 CFR Part 1910, Subpart Z, Toxic and Hazardous Substances, Occupational Safety and Health Administration.
       ii. Threshold Limit Values for Chemical Substances and Physical Agents in the Work Environment (latest edition), American Conference of Governmental Industrial Hygienists (ACGIH).
    b. A "hazardous substance" is regarded as a carcinogen or potential carcinogen if it is identified as such by:
       iii. 29 CFR Part 1910, Subpart Z, Toxic and Hazardous Substances, Occupational Safety and Health Administration.
    c. Manufacturers, importers and distributors will be relied upon to perform the appropriate hazard determination for the substances they produce or sell.
    d. The following materials are not covered by the Hazard Communication Standard:
       i. Any hazardous waste as defined by the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act of 1976, as amended (42 USC 6901 et seq.) when subject to regulations issued under that act by the Environmental Protection Agency.
       ii. Tobacco or tobacco products.
       iii. Wood or wood products. NOTE: Wood dust is not exempt since the hazards of wood dust are not "self-evident" as are the hazards of wood or wood products.
       iv. Consumer products (including pens, pencils, adhesive tape) used in the workplace under typical consumer usage.
       v. Articles (i.e. plastic chairs).
       vi. Foods, drugs, or cosmetics intended for personal consumption by employees while in the workplace.
       vii. Foods, drugs, cosmetics, or alcoholic beverages in retail stores packaged for retail sale.
       viii. Any drug in solid form used for direct administration to the patient (i.e. tablets or pills).
IV. APPLICATION
   a. This program applies to the use of any hazardous substance which is known to be present in the workplace
      in such a manner that employees may be exposed under normal conditions of use or in a foreseeable
      emergency.

V. RESPONSIBILITY FOR COMPLIANCE
   a. The administration of this program will be the responsibility of The Safety Manager. The administrative
      responsibilities of this individual/position will include:
         i. Identification of the employees to be included in the Hazard Communication Program.
         ii. Development and maintenance of a hazardous substance master inventory.
         iii. Coordination and supervision of employee training.
         iv. Coordination and supervision of the facility's container labeling program.
         v. Coordination of any necessary exposure monitoring.
         vi. Coordination and supervision of required recordkeeping.
         vii. Periodic evaluation of the overall program.
   b. Employees are responsible for following all safe work practices and using proper precautions required by
      the guidelines in this program.

VI. HAZARDOUS SUBSTANCE INVENTORY
   a. The Safety Manager is responsible for compiling, maintaining, and updating, when necessary, a master list
      of hazardous substances used or produced in the facility. The inventory list will include the common identity
      or trade name of the product and the name and address of the manufacturer. Hazardous substances will be
      listed alphabetically by manufacturer. Substances which are not in containers will also be included on the
      inventory list, e.g., welding fumes, carbon monoxide from a fork lift, etc. (See Appendix A)

VII. LABELING
   a. The Safety Manager is responsible for evaluating labels on incoming containers. Each label must contain the
      following information:
         i. Identity of the substance.
         ii. Appropriate hazard warning.
         iii. Name and address of the manufacturer.
         iv. If the label is not appropriate, the Safety manager will notify the manufacturer (or supplier) that
            the label is not adequate. (See Appendix B)
         v. The Safety Manager is responsible for preparing an appropriate label if one is not supplied by the
            manufacturer.
         vi. A container will not be released for use until an appropriate label is affixed to the container.
         vii. Labels will be removed if they are incorrect. When the container is empty it may be used for other
             materials provided it is properly cleaned and relabeled.
         viii. Each department supervisor is responsible for ensuring that all containers used in his/her
              department are labeled properly and remain legible. Defacing labels or using them improperly is
              prohibited.
         ix. Unlabeled portable containers, such as pails and buckets, should be used by one employee and
             emptied at the end of each shift. If the secondary containers are used by more than one employee
             and/or its contents are not emptied at the end of the shift, the department supervisor is
             responsible for labeling the container with either a copy of the original label or with a generic label
             which has a space available for appropriate hazard warnings.
VIII. SAFETY DATA SHEETS

a. SDS’s will be available to the employees on all hazardous substances to which there is potential or actual exposure. The Safety Manager is responsible for ensuring that SDS are available on all incoming products. A product will not be released for use until a completed SDS is on file. (See Appendix C) that the SDS is needed. (See Appendix D).

b. The Safety Manager is responsible for the review of all incoming SDS’s. If the SDS is not complete, it will be returned to the manufacturer with a request for the missing information. (See Appendix E)

c. The Safety Manager will request an SDS on the purchase orders of all new products. (See Appendix F)

d. The Safety Manager is responsible for compiling and updating the master SDS file. This file will be kept at the main office, 2100 Wood Avenue, Easton, PA 18042.

e. Copies of SDS’s will be kept in the following areas:
   i. Department Location
      1. Supervisors Crew Trucks/Job Sites
      2. Storage areas Warehouse/Maintenance Shop
   ii. Employees will have access to these SDS’s during all work shifts. Copies will be made available upon request to The Safety Manager. (See Appendix G)
   iii. The Safety Manager is responsible for updating the data sheets to include new information as it is received. A notice will be posted to inform employees that revised information has been received. (See Appendix H)

IX. EMPLOYEE TRAINING

a. Prior to starting work with hazardous substances, each employee will attend a Hazard Communication Training Session where they will receive information on the following topics:
   ii. Location of the written Hazard Communication Program.
   iii. How to read and interpret an SDS.
   iv. Location of SDS’s.
   v. Physical and health hazards of hazardous substances in their work area.
   vi. Methods and observation techniques to determine the presence or release of hazardous chemicals.
   vii. Work practices that may result in exposure.
   viii. How to prevent or reduce exposure to hazardous substances.
   ix. Personal protective equipment.
   x. Procedures to follow if exposure occurs.
   xi. Emergency response procedures for hazardous chemical spills.

b. Upon completion of the training program, each employee will sign a form documenting that he/she has received the training. (See Appendix I)

c. Whenever a new employee is transferred or hired, he/she will be provided training regarding the Hazard Communication Standard. The training session will be conducted by the Safety Manager before the start of his/her employment if possible.

d. The Safety Manager is responsible for identifying and listing any non-routine hazardous task performed at this facility. The Safety Manager or his /her designee will conduct training on the specific hazards of the job and the appropriate personal protective equipment and safety precautions and procedures. (See Appendix J)

e. When a new substance is added to the inventory list, The Safety Manager is responsible for reviewing the SDS for potential health effects. If the product presents a new health hazard (causes health effects unlike those covered in the training session), the (The Safety Manager) is responsible for notifying all affected employees about the new health effects which result from exposure to the new substance.
f. Both the new Safety Data Sheet and the Employees New Substance Signature Form will be placed in the SDS information binder. Each affected employee must read the SDS and sign the signature form. (See Appendix H)

X. INFORMATION TO CONTRACTORS
   a. The Safety Manager is responsible for providing outside contractors with the following information:
      i. Hazardous chemicals to which they may be exposed as a result of working in this facility.
      ii. Suggestions for appropriate protective measures.
   b. Contractors that are potentially exposed to hazardous chemicals present at the facility will not be allowed to begin work until they have been provided information concerning these hazards and have signed a form to document this exchange. (See Appendix K)
   c. The Safety Manager is responsible for obtaining information from contractors on all hazardous substances to which employees may be exposed as a result of the contractor’s work at the facility/jobsite. (See Appendix L). The Safety Manager will notify affected employees about the health effects that may result from exposure to each substance.

XI. PERSONNEL POLICIES
   a. When an employee is not following safety and health rules regarding working with a hazardous substance, disciplinary action will be taken as specified in The Hillis Group, LLC Employee Handbook.

XII. RECORD KEEPING
   a. All SDS’s will be kept for a period of 5 years after the use of the substance has been discontinued.
      EXCEPTION: If an employee exposure to a particular hazardous chemical occurs, the SDS for that product will become part of the employee’s medical records. Medical records must be kept for 30 years.
      i. “Exposure” or “exposed” means that an employee is subjected to a toxic substance or harmful physical agent in the course of employment through any route of entry (inhalation, ingestion, skin contact or absorption, etc.), and includes past exposure, but does not include situations where the employer can demonstrate that the toxic substance or harmful physical agent is not used, handled, stored, generated, or present in the workplace in any manner different from typical non-occupational situations.
   b. The master inventory list will also be kept for 5 years.

XIII. COMMUNITY HAZARD COMMUNICATION
   a. The Safety Manager is responsible for responding to requests from members of the community on hazardous substances used in the facility.

XIV. EMERGENCY RESPONSE PROCEDURES FOR HAZARDOUS CHEMICAL SPILLS
   a. When a hazardous chemical spill occurs, follow these procedures:
      i. Move all employees away from spill to a safe environment.
      ii. Call 911 or the designated emergency response number in your area to notify the necessary response team for the hazardous chemical spill.
      iii. Retrieve the Hazard Communication Information Binder, if possible.
         1. Locate the SDS for the hazardous chemical which spilled.
         2. If requested, provide the SDS to the Emergency Response Team.
      iv. Note: Do not try to contain the spill. The Emergency or Hazardous Material Response Team is trained to deal with hazardous chemical spills.
XV. PROGRAM EVALUATION

a. The Safety Manager will conduct an evaluation of the Hazard Communication program annually. The individual responsible for the items identified for improvement will be notified in writing. It is expected that action to correct the item will be taken within five working days. (See Appendix M)

b. * At least annually, 25% of all employees will be interviewed to determine the effectiveness of the Hazard Communication Program. Each interview will access the employee's retention of information given during the training session, use of SDS's and response to chemical spills (if applicable). The results of each interview will be recorded on the Employee Interview Form. (See Appendix N) The Employee Interview Form will be retained on file for 12 months.
## HAZARDOUS SUBSTANCE INVENTORY

**Organization:** The Hillis Group, LLC  
**Location:** 2100 Wood Ave, Easton, PA 18042

<table>
<thead>
<tr>
<th>Manufacturer</th>
<th>Product Name</th>
<th>Quantity</th>
<th>SDS Yes/No</th>
<th>Work Area</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bonsal American</td>
<td>Sakrete Concrete Mix</td>
<td>&lt;50</td>
<td>Yes</td>
<td>Warehouse and Job Sites</td>
</tr>
<tr>
<td>Camco</td>
<td>Windshield Washer Fluid</td>
<td>&lt;10 gal</td>
<td>Yes</td>
<td>Shop and crew trucks</td>
</tr>
<tr>
<td>Exxon/Mobil</td>
<td>Unleaded Gasoline</td>
<td>&lt;30 gal</td>
<td>Yes</td>
<td>Shop and Crew Trucks</td>
</tr>
<tr>
<td>Exxon/Mobil</td>
<td>Gasoline w/Ethanol</td>
<td>&lt;30 gal</td>
<td>Yes</td>
<td>Shop and Crew Trucks</td>
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<tr>
<td>Lesco</td>
<td>Starter Fertilizer</td>
<td>&lt;1 tons</td>
<td>Yes</td>
<td>Warehouse and Job Sites</td>
</tr>
<tr>
<td>Lesco</td>
<td>Limestone pellets</td>
<td>&lt;1 tons</td>
<td>Yes</td>
<td>Warehouse and Job Sites</td>
</tr>
<tr>
<td>Phillips</td>
<td>#2 Diesel</td>
<td>&lt;5000 gal</td>
<td>Yes</td>
<td>Shop and Crew Trucks</td>
</tr>
<tr>
<td>Profile Products</td>
<td>Flexterra-221</td>
<td>&lt;2000 lbs</td>
<td>Yes</td>
<td>Warehouse and Job Sites</td>
</tr>
<tr>
<td>Rock Salt</td>
<td>Sodium Chloride</td>
<td>&lt;10000 lbs</td>
<td>Yes</td>
<td>Job Sites</td>
</tr>
<tr>
<td>Shell</td>
<td>Rotella Motor Oil</td>
<td>&lt;50 gals</td>
<td>Yes</td>
<td>Shop</td>
</tr>
<tr>
<td>Sherwin-Williams</td>
<td>Marking Paint</td>
<td>&lt;5 gals</td>
<td>Yes</td>
<td>Warehouse Crew trucks</td>
</tr>
<tr>
<td>Silkrol</td>
<td>Kano Laboratories</td>
<td>&lt;24 cans</td>
<td>Yes</td>
<td>Shop and Crew Trucks</td>
</tr>
<tr>
<td>Valvoline</td>
<td>NAPA Multi-purpose grease</td>
<td>&lt;50 lbs</td>
<td>Yes</td>
<td>Shop</td>
</tr>
<tr>
<td>WD-40</td>
<td>WD-40</td>
<td>&lt;15 cans</td>
<td>Yes</td>
<td>Shop and Crew Trucks</td>
</tr>
</tbody>
</table>

**Completed By:** Samuel C. Brockman  
**Date:** 12/8/2010
LETTER TO REQUEST A COMPLETE LABEL

TO: Chemical Manufacturer, Vendor, Distributor
FROM: The Hillis Group, LLC

DATE:

RE: Chemical Labels

We are using (number) of your products and in evaluating the label(s) on (this/these) product(s), we determined that the label(s) (is/are) not appropriate for the following reason(s):

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Reason Label Is Not Appropriate</th>
</tr>
</thead>
</table>

Please clarify the wording on (this/these) label(s) or send (a) revised label(s). Your prompt attention is necessary for us to fully implement our Hazard Communication Program. Please respond to this request no later than (date 14 days after the date of this letter).

Thank you for your cooperation.
Appendix C

CHECKLIST OF REQUIRED SDS INFORMATION

The Hazard Communication Standard 1910.1200 requires that 13 items of information be included in Safety Data Sheets provided to purchasers. There is no specified order for these items; they may be found anywhere on the SDS. If the preparer of the SDS has found no relevant information for a given item, the SDS must be marked to indicate that no applicable information was found. This checklist should be used to determine the completeness of the SDS. It does not assess the accuracy of the information.

Check If Item Is Complete

1. The identity used on the label.
2. Chemical and common names - may be the same as #1.
3. Physical and chemical characteristics of the hazardous ingredients (e.g., flash point, appearance and odor).
4. Physical hazards (e.g., combustible, unstable).
5. Health hazards (e.g., corrosive) plus signs and symptoms of exposure and medical conditions aggravated by exposure.
6. Primary route(s) of entry (e.g., inhalation).
7. Air exposure limits (e.g., PEL, TLV).
8. Carcinogenicity.
9. Precautions for safe handling and use (e.g., storage, waste disposal).
10. Control measures (e.g., personal protection).
11. Emergency and first aid procedures.
12. Date of preparation of SDS.
13. Name/address/phone number of responsible party.

PRODUCT: _____________________________  MANUFACTURER: _____________________________

DATE OF SDS: __________________________  CHECKED BY: ___________________________
LETTER TO REQUEST SDS

TO: Chemical Manufacturer, Vendor, Distributor
FROM: The Hillis group, LLC
DATE: 

RE: Safety Data Sheets (SDS)

We are using ( ) of your products and need (a) Safety Data Sheet(s) in order to complete our Hazard Communication Program.

Please send (a) Safety Data Sheet(s) on the following products:

Your prompt attention is necessary for us to fully implement our Hazard Communication Program. Please send the SDS(s) no later than 15 days after the date of this letter. Thank you for your cooperation.
LETTER TO REQUEST A COMPLETE SDS

TO: Chemical Manufacturer, Vendor, Distributor

FROM: The Hillis Group, LLC

DATE:

RE: Safety Data Sheets (SDS)

In reviewing the Safety Data Sheet(s) for your product(s), the following required information (according to the OSHA Hazard Communication Standard 1910.1200) was not on the SDS:

<table>
<thead>
<tr>
<th>Product Name</th>
<th>Reason SDS Is Not Complete</th>
</tr>
</thead>
</table>

Please supply us with this information. Your prompt attention to this is necessary for us to fully implement our Hazard Communication Program. Please send this information by 15 days after the date of this letter.

Thank you for your cooperation.
Appenidix F

LETTER TO ACCOMPANY PURCHASE ORDERS

This is a notice to chemical vendors concerning the need for SDS’s and container labeling. This letter should be attached to purchase orders for all chemicals or other hazardous substances.

TO: Chemical Manufacturer, Vendor, Distributor
FROM: The Hillis group, LLC
2100 Wood Avenue
Easton, PA 18042

DATE: 
RE: Hazard Communication Responsibilities

Attached to this letter is a purchase order for the chemicals which we plan to utilize in our facility. Our receiving personnel have been instructed to accept only containers which have been properly labeled and identified. Improperly labeled containers will result in refusal of the shipment. We would appreciate your cooperation in this matter.

We expect to receive Safety Data Sheets (SDS) prior to receipt of our initial order and/or when an SDS has been revised. If your policy is different, or has changed since our last order, please notify us as soon as possible. To assist us, we would appreciate if you would record the responsible party information on the shipping papers.

If you have any questions, please do not hesitate to contact me. Thank you for your cooperation. I look forward to working with you in the future.

Yours truly,

Safety manager

*** NOTE: THIS LETTER SHOULD BE ATTACHED TO THE INITIAL AND/OR TO EACH PURCHASE ORDER FOR CHEMICALS OR HAZARDOUS SUBSTANCES***
Appendix G

REQUEST FOR CHEMICAL HAZARD INFORMATION

(Use a separate form for each chemical/material)

Name of Requester (S): ___________________________ Date:

Social Security Number:

Department: ___________________________ Name

of Chemical/Material:

Manufacturer:

Description:

(Please describe the material as completely as possible)

__________________________________________ Date ____________________________

Employee or Union Representative Signature

Received copy of SDS: Yes No

Copy provided by: ___________________________ Date:
Appendix H

EMPLOYEE’S NEW CHEMICAL/SUBSTANCE SIGNATURE FORM

Name of New Chemical/Substance: ______________________________________________

Vendor’s Name: ______________________________________________________________

Location: _____________________________________________________________________

Date the Chemical Arrived: _____________________________________________________

Date of Posting (SDS) Form: _____________________________________________________________________

This chemical may have health effects not covered during your initial Hazard Communication Training Session. Each affected employee is asked to read the attached Safety Data Sheet (SDS) to understand the new health effects for the following chemical:

Upon reading the Safety Data Sheet (SDS), each employee must sign and date this form.

1.______________________________________________ 5.___________________________________

2.______________________________________________ 6.___________________________________

3._____________________________________________  7.___________________________________

4.__________________________________________________ 8._______________________________________
EMPLOYEE HAZARD COMMUNICATION TRAINING RECORD

The following employee(s) have completed training in Hazard Communication. Each trained employee is now knowledgeable in all 10 different training topics covered in the Hazard Communication Written Training Program.

2. Location of the written Hazard Communication Program.
3. Physical and health hazards of hazardous substances in their work area.
4. How to prevent or reduce exposure to hazardous substances.
5. Personal protective equipment.
6. Methods/observation/techniques to determine the presence or release of hazardous chemicals.
7. How to read and interpret SDS.
8. Location of SDS.
9. Work practices that result in exposure.
Emergency response procedures for hazardous chemical spills.

<table>
<thead>
<tr>
<th>Employee's Name</th>
<th>Employee's Signature</th>
<th>Date</th>
<th>Trainer</th>
<th>Trainer's Signature</th>
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## NON-ROUTINE HAZARDOUS TASK TRAINING DOCUMENTATION FORM

The following employee(s) has/have been trained to perform work in what is considered a "non-routine hazardous task."

<table>
<thead>
<tr>
<th>Non-routine Hazardous Task</th>
<th>Employee</th>
<th>Date</th>
<th>Trainer</th>
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<tbody>
<tr>
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</table>
## Appendix K

### DOCUMENTATION OF INFORMATION GIVEN TO CONTRACTORS PERTAINING TO HAZARD COMMUNICATION

<table>
<thead>
<tr>
<th>Date</th>
<th>Contractor</th>
<th>Information Given</th>
<th>Contractors’ Signature</th>
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</thead>
<tbody>
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</table>
LETTER TO CONTRACTORS

Subject: OSHA HAZARD COMMUNICATION STANDARD To

Whom it May Concern:

The Occupational Safety & Health Administration (OSHA) Hazard Communication Standard (29CFR 1910.1200) states that contractors/suppliers must be informed of the hazardous chemicals their employees may be exposed to while performing their work and any appropriate protective measures. In order to comply with this requirement, The Hillis Group, LLC has developed a list of all the hazardous chemicals known to be present in our facility. A Safety Data Sheet (SDS) is also on file for each of these chemicals and/or hazardous substances. This information is available to you and to your employees upon request.

In order to protect the safety and health of our own employees, contractors/suppliers must provide (upon request) an SDS on any hazardous chemical(s) or material(s) which they bring into this facility. Failure to provide this information in a timely manner will result in the removal of the contractor/supplier from the premises.

Each employer is also responsible for notifying any subcontractor they employ regarding the requirements of OSHA’s Hazard Communication Standard and other provisions described in this letter.

If we can be of any further assistance, please feel free to contact me at (phone number).

Sincerely,
## HAZARD COMMUNICATION ANNUAL PROGRAM SUMMARY

### Training

<table>
<thead>
<tr>
<th>Training Type</th>
<th>Number of Training Courses Presented</th>
<th>Number of Employees Trained</th>
</tr>
</thead>
<tbody>
<tr>
<td>New-employee training:</td>
<td></td>
<td></td>
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<tr>
<td>Work-area-specific training:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New-substance training:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other training:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total courses/employees</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Hazardous Substances

<table>
<thead>
<tr>
<th></th>
<th># of Different Hazardous Substances in Use</th>
<th># of SDS on File</th>
</tr>
</thead>
<tbody>
<tr>
<td>Previous Total:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>New This Year:</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Revised Total:</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The following activities have been completed:

Written plan is up to date.
Hazardous substance inventory has been updated. All training is up to date.
All SDS are up to date.
All products are properly labeled.
All portable containers are properly labeled.
If any of the above activities are not complete, explain:


Completed By: _____________________________ Date: ___________________________
Appendix N

EMPLOYEE HAZARD COMMUNICATION INTERVIEW

Date of Interview: ___________ Interview conducted by: ___________________________
Agency: ______________________ Location: ________________________________

1. Do you feel that your organization’s Hazard Communication Program is successful overall?
   Yes _____ No _____ Why? ________________________________________________

2. What was the subject of the last training session you attended? ___________________
   _______________________________________________________________________

3. Have you applied the information from that session? Yes _____ No _____
   If yes, how? _______________________________________________________________________
   _______________________________________________________________________

4. Have you had an occasion to refer to an SDS in the last month? Yes _____ No _____
   Which one?
   a. Was the SDS easy to understand? Yes _____ No _____
   b. Why did you refer to the SDS?
   c. Did the SDS have the information you were looking for? Yes _____ No _____
   If not, what information was missing? __________________________________________
   _______________________________________________________________________

5. Have all of the containers in your work area been properly labeled and marked?
   Yes _____ No _____

6. Over the last six months, has your work area been involved in any chemical spill or emergency?
   Yes _____ No _____ If yes, describe incident ____________________________
   _______________________________________________________________________

7. Were you prepared? Yes _____ No _____ If not, why not? __________________________
   _______________________________________________________________________

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<table>
<thead>
<tr>
<th>Has a program for hazard communication training been established?</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>Has a program for hazard communication procedures been established and is the program reviewed on an annual basis?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Are chemical injuries tracked for program improvement?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have chemical hazard control procedures developed for each job?</td>
<td></td>
<td></td>
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<tr>
<td>Has a chemical inventory of the facility been conducted?</td>
<td></td>
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<tr>
<td>Are the procedures reviewed on an annual basis?</td>
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</tr>
<tr>
<td>The hazard communication procedures include the following:</td>
<td></td>
<td></td>
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<tr>
<td>A statement of the intended use?</td>
<td></td>
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<tr>
<td>Steps for labeling of containers?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Steps for safe issuance, use, transfer and disposal of chemicals?</td>
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<td></td>
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<tr>
<td>Are control procedures inspected at least annually?</td>
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<tr>
<td>Are periodic inspections conducted by a competent employee?</td>
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<tr>
<td>Is the inspection designed to correct deviations or inadequacies?</td>
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<tr>
<td>Is the inspection documented?</td>
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<td></td>
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<tr>
<td>Have SDSs been produced in accordance with 29CFR 1910.1200?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have employees been informed of:</td>
<td></td>
<td></td>
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<tr>
<td>The requirements of 29 CFR 1910.1200?</td>
<td></td>
<td></td>
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<tr>
<td>Any operations in their work area where hazardous chemicals are present?</td>
<td></td>
<td></td>
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<tr>
<td>The location and availability of the written HAZCOM program?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The location and availability of the lists of hazardous chemicals?</td>
<td></td>
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</tbody>
</table>
Does employee training include at least:

<table>
<thead>
<tr>
<th>YES</th>
<th>NO</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

Have criteria for recurrent training been developed?

Is the training documented?

Is the training conducted by a competent person?

Is retraining required whenever there is a change in job assignments?
Controlled Document

Procedure Number THG_0001 Revision 2

Originator: S.C. Brockman

Safety Committee Review Date: ___________________________

Chairman: ____________________________________________

<table>
<thead>
<tr>
<th>Revision Number</th>
<th>Effective Date</th>
<th>Pages Revised</th>
<th>Reason for Revision</th>
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</thead>
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<tr>
<td>1</td>
<td>10/10/15</td>
<td>All</td>
<td>Revised Procedure Format</td>
</tr>
<tr>
<td>2</td>
<td>4/26/2016</td>
<td>All</td>
<td>Removed “Material Safety Data Sheets” and “MSDS”. Replaced with “Safety Data Sheet” and/or “SDS”</td>
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