

Great Western Painting

Stop Work Authority

Stop Work Authority Procedures

As referenced in the New Hire Safety Orientation, each employee is:

1. to the best of their ability, work in a safe manner and follow established work rules and procedures.
2. to ask for clarification of safety procedures of which they are not sure **prior** to performing a task.
3. to report to the job site supervisor or competent person any unsafe acts or procedures and will ensure they are addressed and resolved before continuing work.

Specific procedures have been established to ensure that all employees understand the importance of **not** performing a job task if it cannot be performed safely and in accordance with appropriate standards.

Stop Work Authority Procedures training will be given during the new hire safety orientation before initial assignment to any job task. Training will be documented including the employee's name, dates of training, and subject. See following Certificate of Training.

All employees not only have the authority to stop work when control of a health, safety, or environment hazard or risk is not clearly established or understood, they have an obligation to stop work.

Procedures:

1. Upon discovery or realization that control of a health, safety, or environment hazard or risk is not clearly established or understood, the employee will immediately stop work.
2. Employees with whom he/she is working will be **immediately** informed so a health, safety, or environment hazard or risk does not impact them or their work.
3. The supervisor/competent person will be notified as soon as possible so the situation may be addressed (corrected).
4. If the supervisor/competent person can successfully address the issue, work will resume. If it is not resolved, work will remain stopped until it is. Most stop work procedures can be resolved in a timely manner at the job site. On occasion, it may require additional investigation to determine the root cause of the problem and the proper procedures to proceed.

5. The stop work will be documented with a stop work report.

a. **Supervisor Review:**

Supervisors reviewing stop work reports can determine employee participation in the program, the quality of the interventions, trend common issues, and identify opportunities for improvement and establish new safety procedures to preclude a reoccurrence.

b. **Follow-up:**

After the stop work intervention as been initiated and closed, the supervisory review has been completed, all safety issues have been resolved in a timely manner_at the job site to the satisfaction of all persons concerned prior to the resumption of work, [or, if needed, after additional investigation and corrective actions required to identify and address root causes], the **importance of follow-up** can be demonstrated by:

1. providing a learning tool for developing improved training.
2. establishing new safety procedures.
3. facilitating sharing of learning.

Responsibilities:

Employee: Initiate a stop work intervention when warranted.

Supervisor/competent person: notify all affected personnel and supervision of the stop work issue, correct the issue, and resume work when safe to do so.

Management: Establish a culture where stop work authority is exercised freely.

Employees, while fulfilling their **obligation** to stop work when warranted, are reminded that under no circumstances will fulfilling this obligation result in any form of retribution or intimidation from our company or the company for whom we are working.

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POLICY STATEMENT

New Hire Safety Orientation

The safety director, or a designated competent person, will ensure that all new hires are aware of the accessibility of our safety program and, through interactive discussion or practical demonstration, be assured that the new hire understands the safety policies and procedures that pertain to the actual work the new hire will perform.

Further, each new hire will read (or have explained) the contents our of employee handbook and sign the Employee Acknowledge form which states:

I have read and understand the contents of this Employee Handbook.

I will, to the best of my ability, work in a safe manner and follow established work rules and procedures.

I will ask for clarification of safety procedures of which I am not sure **prior** to performing a task.

I will report to the job site supervisor or competent person any unsafe acts or procedures and will ensure they are addressed and resolved before continuing work.

I understand that the complete safety program is located at:

13202 S. Day Court
Draper, UT 84020

and is available for my review.

It will be explained to all new hires that safety training and safety performance is an on-going process. Depending on circumstances, training will take the form of some or all of the following: safety meetings, on-the-job instruction, formal and informal training.

Lastly, all new hires will be informed of the importance of our inspection and enforcement policies and procedures

Patrick Evje
Safety Director

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CERTIFICATE OF TRAINING

I certify the below listed person(s) have received interactive training by a competent person in the subject matter initialed below. All appropriate standards are available to our personnel. The prime training directive is found in 29 CFR 1926.21, Title: Safety training and education, paragraph (b)(2): "The employer shall instruct each employee in the recognition and avoidance of unsafe conditions and the regulations applicable to his work environment to control or eliminate any hazards or other exposure to illness or injury." Training, at a minimum, included all items required by appropriate standard.

Initials of Trainer	Date	Subject
		All subjects contained in our Safety Program.
		Control of Hazardous Energy - Lockout/Tagout
		Exposure Control for Bloodborne Pathogens and Other Infectious Materials
		Fall Protection - Signature of Trainer: _____
		Hazard Communication
		Permit-Required Confined Space Entry
		Personal Protective Equipment - General
		Personal Protective Equipment - Hearing
		Personal Protective Equipment - Respiratory
		Forklifts Trainer: _____ Evaluation Date: _____
		Scaffolds & Ladders
		Steel Erection Activities Qualified Trainer: _____
		Multiple Lift Procedures Qualified Trainer: _____
		Connector Procedures Qualified Trainer: _____
		Controlled Decking Zone Procedures Qualified Trainer: _____
		Employee New Hire Orientation & Stop Work Authority:

(Employee Name - Print)

(Employee Signature)

Patrick Evje
Safety Director

(Initials)

See following three pages for training synopsis.