**ACCIDENT PREVENTION PROGRAM (APP) GENERAL INDUSTRY**

**(Enter your Company Name here)**

S A M P L E

**You may follow this outline, however it is provided as an example only.**

**You must tailor your own Accident Prevention Program to your actual business operations and the potential hazards that may be encountered by your emplolyees.**

**If you are using the electronic version, please read through the document and add and/or delete information as needed to make it job site specific. You also have the option of pressing the “F11” key to scroll through the document and enter information into certain fields that need to be customized to your specific business and/or location.**

***This program must be implemented in order to be effective in practice. It also needs to be updated as changes occur in your business (new equipment, new processes, etc.).***

Accident Prevention Program

***(Add the name of your company here)***

**Element 1 - Safety Orientation:** Each employee will be given a safety orientation by *(Add name or title of person who will provide the initial safety orientation)* when first hired. The orientation will cover the following items:

1. **A description of the accident prevention program:**
* We have a formal written accident prevention program as described in WISHA regulations (WAC 296-800-140).
* It consists of this safety orientation and a safety committee that is described in Part 2 below.
* We also have basic safety rules that all employees must follow. They are:
* Never do anything that is unsafe in order to get the job done. If a job is unsafe, report it to your supervisor or safety committee representative. We will find a safer way to do that job.
* Do not remove or disable any safety device! Keep guards in place at all times on operating machinery.
* Never operate a piece of equipment unless you have been trained and are authorized.
* Use your personal protective equipment whenever it is required.
* Obey all safety warning signs.
* Working under the influence of alcohol or illegal drugs or using them at work is prohibited.
* Do not bring firearms or explosives onto company property.
* Smoking is only permitted outside the building away from any entry or ventilation intake.
* Horseplay, running and fighting are prohibited
* Clean up spills immediately. Replace all tools and supplies after use. Do not allow scraps to accumulate where they will become a hazard. Good housekeeping helps prevent accidents.
* *(Add any other basic safety rules that apply to your company. Delete any from the above list that do not apply to your business.)*
1. **How and when to report injuries. Where first aid facilities are located.**
* If you are injured or become ill on the job, report this to *(Add name or title of person to whom injuries should be reported to)*.
* There is a first aid kit located *(Add where the first aid kits are located in your business.)*
* We require all supervisors to have first-aid/CPR training.
* We have also posted emergency phone numbers *(Add location of emergency phone numbers)*.
1. **How to report unsafe conditions and practices.**
* If you see something that is unsafe or someone working unsafely, immediately report it to (Add name or title of person to whom unsafe conditions should be reported).
1. **What to do in an emergency including how to exit the workplace.**
* An evacuation map for the building is posted *(Add location of evacuation map if you have one or delete this sentence)*. It shows the location of exits, fire extinguishers, first aid kits, and where to assemble outside.

**Fire Emergency**

1. You will be trained on how to use a fire extinguisher as part of your orientation if that is part of your employer’s fire emergency action plan. *(Customize your plan by adding how fire emergencies and how fire extinguisher training if any, will be handled in your business.)*
2. If you discover a fire: Tell another person immediately. Call or have them call 911 and a supervisor.
3. If the fire is small (such as a wastebasket fire) and there is minimal smoke, you may try to put it out with a fire extinguisher (only if you have been trained on how to use fire extinguishers and if you are following your employer’s fire emergency action plan).
4. If the fire grows or there is thick smoke, do not continue to fight the fire.
5. Tell other employees in the area to evacuate.
6. Go to the designated assembly point outside the building.

**Earthquake Emergency**

* During an earthquake:

If you are inside a building:

* Drop under a desk or table, cover your head and hold on. Stay away from windows, heavy cabinets, bookcases or glass dividers.
* When the shaking stops, supervisors are to check for damage and available evacuation routes then begin an evacuation of their area to the designated assembly location.
* Evacuation should proceed as quickly as possible since there may be aftershocks.
* Supervisors must account for each employee in their work group as quickly as possible.
* First aid certified employees should check for injuries and help evacuate injured employees. Do not attempt to move seriously injured persons unless they are in immediate danger of further injury.
* If a gas odor is in the building, tell a supervisor to turn off the gas at the main. Open windows. All supervisors are trained in the gas shut off procedure*. (Tailor this section to your business, including the location of emergency shut-off valves and who would have that assignment.)*
* Supervisors and first aid employees must not re-enter the building once evacuation is complete.
* Do not approach or touch downed power lines or objects touched by downed power lines.
* Do not use the phone except for emergency use.
* Turn on a radio and listen for public safety instructions.
* If you are outside: Stand away from buildings, trees, telephone and electric lines.
* If you are on the road: Drive away from underpasses/overpasses. Stop in a safe area. Stay in the vehicle.
1. **Identification of hazardous chemicals used at this location.**
* Safe use and emergency actions to take following an accidental exposure.
* We use several chemicals, including solvents and cleaners. You will receive a separate orientation as part of our chemical hazard communication program on the hazards of these chemicals before you work with them or work in an area where they are used.
1. **Use and care of required personal protective equipment (PPE).**
* Some tasks in our company require an employee to wear PPE to protect against injury.
* You will be instructed by *(Add name or title of person who will instruct employees in the use and care of ppe)* using the manufacturer’s instructions that are attached to this program how to use and care for these PPE.
1. **On-the-job training about what you need to know to perform the job safely.**
* Before you are first assigned a task, *(Add name or title of person who will conduct on-the-job training for new employees)* will show you what to do along with safety instructions and required PPE.
* We have established safety rules and personal protective equipment (PPE) requirements based upon a hazard assessment for each task.
* Do not use equipment or attempt to do any of these tasks until you have received the required training and PPE.

**Element 2 - Safety Committee (Required for employers with 11 employees or more)**

* Our committee will consist of *(Add the make-up of your company's safety committee here).*
* Employees will elect from among themselves a representative to be on the committee.
* The safety committee members will elect a chairperson.
* The regularly scheduled meeting is *(Add the usual meeting time, such as first Thursday of each month)*. This may be changed by vote of the committee.
* A committee member will be designated each month to keep minutes. **OR**

**Employee Safety Meetings (An option to safety committees for employers with 10 or fewer employees or employers with 11 employees or more who are segregated on different shifts or work in widely dispersed locations in crews of 10 or less)**

* They are typically held (Add the usual meeting time, such as first Thursday of each month)
* All employees are required to attend.
* The leader of the meeting will designate a person to document attendance and the topics discussed.

*You are at the end of the Sample APP Program. Please be sure that you have added all the required information to make it specific to your business. If you have any further information to add, please do so. Otherwise press the Delete key to delete this message . You may also use the optional form to document your Employee Safety Orientation located here:* [*https://www.lni.wa.gov/forms/pdf/F417-276-000.pdf*](file:////Users/davidshapiro/Downloads/%2522)

*Also available are forms to Report a Workplace Hazard:* [*https://www.lni.wa.gov/forms/pdf/F417-277-000.pdf*](file:////Users/davidshapiro/Downloads/%2522)

*and to Report a Workplace Injury, Illness or Close Call:* [*https://www.lni.wa.gov/forms/pdf/F417-278-000.pdf*](file:////Users/davidshapiro/Downloads/%2522)