***COMPANY NAME***

**HAND AND POWER TOOL**

**SAFETY MANUAL**

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13. **OBJECTIVE**

The objective of the ***Company Name*** Hand and Power Tool Safety Program is to provide a safe and healthy work environment and to comply with the Occupational Safety and Health Administration’s (OSHA) Hand and Power Tools Standards. Our policy is to take a proactive approach in identifying hazards, providing proper tool selection options and providing all necessary training for all affected employees. This policy, while written in adherence with OSHA regulations, should not be considered a substitute for any provisions or standards of OSHA.

This program applies to all work operations where employees use or work near someone who uses hand and power tools. Every department and employee will participate in the Hand and Power Tool Safety Program. Copies of the program are available in the ***Department*** for review by all employees.

1. **BACKGROUND**

OSHA's standard identifies areas where protection is needed. OSHA has mandated the use of guards, PPE, safety control switches, and other safety measures when working with hand and power tools. With the safety and well-being of our employees in mind, ***Company Name*** intends to comply with OSHA's standard 100%.

1. **ASSIGNMENT OF RESPONSIBILITIES**
2. Program Administrator

***Responsible Person*** will manage the Hand and Power Tool Safety Program for ***Company Name***, maintain all records pertaining to the plan, including reviewing and updating this plan as necessary and facilitate training.

1. Management

***Company Name*** will ensure that each employee understands and follows the Hand and Power Tool Safety Program through employee orientation, job hazard assessments, training, job performance reviews and disciplinary action. ***Company Name*** will provide all necessary information, equipment and personnel to comply with this program.

1. Supervisors

Supervisor will be capable of identifying existing and predictable hazards in the work area or working conditions which are hazardous or dangerous to employees. Supervisor has authorization to take prompt corrective measures to eliminate such hazards or conditions. Supervisor will work with ***Responsible Person*** to determine the appropriate PPE needed for the work area and ensure its proper use. Supervisor will be responsible for ensuring that their employees are properly trained before allowing any work to start or continue that involves the use of hand and power tools.

1. Employees

Employees share the responsibility for employing proper work practices and to use and maintain all hand and power tools and other equipment and systems in the correct manner.

1. **JOB HAZARD ASSESSMENT**

Proper planning is the best tool for keeping employees safe on the job. A hazard assessment should be performed for all work areas. It is important that management, supervisors and employees are all involved in the assessment process. The assessment should include, but not be limited to, the following elements:

* Evaluation of the worksite
* Evaluation of the work/job to be done
* Evaluation of the various tools and equipment to be used
* Identify affected employees

The assessment will provide information that will help:

* Determine the possible use of administrative and engineering controls;
* Determine the need for PPE;
* Determine training needs; and
* Determine emergency/medical response needs.

When changes in the work area are made, the need for additional hazard assessments might be necessary. ***Responsible Person*** will be responsible for determining this need.

1. **GENERAL SAFETY RULES**

The safety of all employees is the driving factor behind all safety training, rules, procedures and regulations. Employees, supervisors and management of ***Company Name*** should work together to establish a safe working environment. Any unsafe working condition or tool should immediately be reported to your supervisor. Unsafe working conditions must be corrected before work continues. Each tool used has particular rules of use and manufacturer’s guidelines must be followed for each individual tool. Some general safety rules that apply to all hand and power tools are listed below.

* Keep tools in good working condition through regular maintenance.
* Use the right tool for the job.
* Inspect tools for damage before use. Damaged tools should be removed from use and tagged or locked out until repaired or destroyed and discarded.
* Use tools according to the Manufacturer’s guidelines.
* Use appropriate Personal Protective Equipment (PPE).
* Keep floors and work areas clean and dry to prevent slips, trips and falls and other accidents.
1. **PERSONAL PROTECTIVE EQUIPMENT**

Employees should inspect all PPE before work begins and/or each use. Periodic inspections will be performed by the supervisor. Inspect for any damage, wear, corrosion or other safety issue that could affect the proper function of the PPE. Remove all defective or questionable equipment from use immediately and mark as unusable. Equipment should not be returned to use until such equipment has been inspected by the supervisor or the manufacturer and deemed safe and usable. Proper care and maintenance of the equipment will increase the life of the equipment. Refer to the manufacturer's guidelines for correct cleaning and storage rules. If there are questions concerning inspections, maintenance, or storage, ask your supervisor for assistance.

1. **TRAINING**

***Trainer*** is responsible for ensuring that all program elements and training are carried out. All affected employees will receive initial training on OSHA’s Hand and Power Tool Standard and this policy before starting work. Training on the various tools used at ***Company Name*** will be provided as needed. Training will be interactive and will enable each employee to recognize the various hazards associated with hand and power tools, procedures to be followed in order to minimize these hazards and proper use and maintenance of PPE. Training records shall be maintained in ***Department*** and shall contain the name of the employee trained, date(s) of training and signature of ***Trainer***. Circumstances where retraining is required include, but are not limited to, situations where:

* Changes to the workplace render previous training obsolete;
* Changes in the types of tools, equipment or PPE used changes; or
* The employees’ knowledge or use of tools, equipment or PPE indicates that the employee has not retained the required understanding or skill.
1. **EMERGENCY/MEDICAL RESPONSE**

***Company Name*** is committed to the safety of all employees. Emergency/Medical plans for each work area will be created and implemented by ***Responsible Person*** and the supervisor. The plan will provide for adequate first aid kits, prompt medical attention for employees in the event of an accident, and other safety measures as deemed necessary.

1. **ACCIDENT REPORT**

In the event of an accident, an Accident Report Form (Appendix A) must be completed and returned to ***Department*** by the employee involved in the accident and the supervisor.

1. **OUTSIDE CONTRACTORS**

All outside contractors will be required to follow this policy and utilized the appropriate hand and power tool safety protection measures as determined by ***Responsible Person***. Outside contractors will be informed of these requirements during initial contract discussion.

1. **POLICY EVALUATION**

This hand and power tool safety program will be evaluated on a ***Time Frame*** basis to determine its effectiveness and need for change. Items to be reviewed for this purpose include but are not limited to:

* OSHA guidelines
* Job Hazard Assessments
* Training Records
* Accident Reports
* Changes in Equipment

***COMPANY NAME***

ACCIDENT REPORT FORM (Appendix A)

Two copies of this form should be completed, one by the employee and the other by the site supervisor. Both copies should be submitted to the ***Department*** as quickly as possible after an accident. If there are any questions about this form please inquire at the ***Department.***

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| --- | --- | --- |
| Date of Accident: | Location of Accident: | Time of Accident: |
| Name of Employee: | Name of Supervisor: | Duties Being Performed: |

|  |
| --- |
| Describe How Accident Occurred: |
| Describe Resulting Injuries: |
| Additional Information: |
| Recommendations to Prevent Reoccurrence: |

Employee Signature:

Date: