# Generic Plan

What do you want the title of this written plan to be?

## Purpose

This written Enter title and purpose of plan

It is our intent to comply with the requirements of What regulation(s) is this plan intended to help your company comply with?.

## Administrative Duties

Name/title, our company's Enter title of plan Administrator, is responsible for developing and maintaining the written Enter title of plan. This person is solely responsible for all facets of the plan and has full authority to make necessary decisions to ensure the success of this plan. Name/position is also qualified by appropriate training and experience that is commensurate with the complexity of the plan to administer or oversee our Enter title of plan and conduct the required evaluations of plan effectiveness.

The Enter title of plan is kept at the following location: Enter location.

## Company Information

* ***Name:*** Enter company name
* ***Facility Type:*** Enter facility type
* ***Description of Activities:*** Describe facility activities
* ***Facility Coordinator:*** Name/phone number
* ***Alternate Coordinator:*** Name/phone number
* ***Enter subject heading:*** What is your company’s other information?

We have attached a facility map to this Name of written plan

## Affected Persons

The following departments are affected by this plan:

List departments

The following persons/teams/departments have specific responsibilities under this plan:

|  |  |
| --- | --- |
| **Name or Position or Team or Department:** | **Responsibility:** |
|  |  |
|  |  |
|  |  |
|  |  |

What else would you like to add to this section?

## Affected Operations

The following company operations are affected:

|  |  |
| --- | --- |
| **Operation** | **Description** |
|  |  |
|  |  |
|  |  |
|  |  |

Our company uses the following equipment:

Fill in table or attach list.

|  |  |  |  |
| --- | --- | --- | --- |
| **Make, model, and serial number:** | **Type:** | **Quantity:** | **Purpose and location:** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

What do you want to add to this section?

## Hazard Evaluation

Name/ title performs our company's What is it that this person does – a hazard evaluation, hazard assessment, hazard analysis, exposure determination, etc.?. He/She goes about doing this by Enter procedure.

Our initial What is it that this person does – a hazard evaluation, hazard assessment, hazard analysis, exposure determination, etc.? revealed List or describe hazards found or describe results. This may include any necessary worst-case scenario.

We understand that, after our initial What is it that this person does – a hazard evaluation, hazard assessment, hazard analysis, exposure determination, etc.?, additional ones are necessary. We perform additional  [What is it that this person does – a hazard evaluation, hazard assessment, hazard analysis, exposure determination, etc.?](https://www.kelleronline.com/safetyplan/QuestionText.aspx?Version=1026330&Tab=0&QuestionKey=27&anchor=027D) When does your company perform additional hazard evaluations, assessments, analyses, or monitoring? (i.e., if changes in production, process, control, or personnel occur). Our procedures for additional What is it that this person does – a hazard evaluation, hazard assessment, hazard analysis, exposure determination, etc.? are: List procedures.

What do you want to add to the section?

## Medical Surveillance

At our company, persons will not be assigned to certain tasks relating to this plan unless it has been determined that they are physically able to perform the work. Name of physician or other licensed health care professional (PLHCP)of Enter hospital, clinic, or other facility will perform medical evaluations using the following medical questionnaire:

What are the contents of this medical questionnaire? Enter contents here or attach the questionnaire to this plan and state “See attached medical questionnaire.”

All medical questionnaires are confidential. The questionnaire is administered so that the employee understands its content. All employees are provided an opportunity to discuss the questionnaire and examination results with their physician or other licensed health care professional (PLHCP).

Before any initial examination or medical questionnaire is given, we supply the PLHCP with the following information so that he/she can make the best recommendation concerning an employee's ability to work:

What information do you supply the PLHCP before an initial examination or questionnaire?

More Info –

Sample answer:

* Expected physical work effort;
* Duration and frequency of tasks;
* Protective clothing and equipment to be worn;
* Temperature and humidity extremes that may be encountered;
* Other.

Once the PLHCP determines whether the employee has the ability to do his/her job, the PLHCP sends our company a written recommendation containing only the following information:

Enter information.

More Info – Sample answer:

* Limitations on work related to the medical condition of the employee, or related to the workplace conditions in which the work is performed, including whether or not the employee is medically able to work in the job assigned;
* The need, if any, for follow-up medical evaluations; and
* A statement that the PLHCP has provided the employee with a copy of the PLHCP’s written recommendation.

A follow-up medical examination will be provided if I.e., if a positive response is given to any question on the questionnaire or if an employee’s initial medical demonstrates the need for a follow-up medical examination. Our follow-up medical examination includes I.e., tests, consultations, or diagnostic procedures that the PLHCP deems necessary to make a final determination.

Our company provides additional medical evaluations if When does your company provide additional medical evaluations?.

More Info – Sample answers:

* A known or suspected injury relating to this plan has occurred;
* An employee reports medical signs or symptoms that are related to his/her ability to do his/her job;
* A PLHCP, supervisor, or the written plan administrator informs the employer that an employee needs to be reevaluated;
* Information from the plan, including observations made during program evaluation, indicates a need for employee reevaluation;
* A change occurs in workplace conditions (e.g., physical work effort, protective clothing, temperature) that may result in a substantial increase in the physiological burden placed on an employee; or
* Other.

Contact Name/title for a copy of your confidential medical evaluation or questionnaire.

What do you want to add to the section?

## Control Measures

We will use the following engineering controls to reduce employee injury and illness:

|  |  |
| --- | --- |
| **Engineering control:** | **Description:** |
|  |  |
|  |  |
|  |  |
|  |  |

The engineering plans and studies used to determine methods selected for controlling hazards are attached to this written plan.

We will use the following administrative controls to reduce employee injury and illness:

|  |  |
| --- | --- |
| **Administrative control:** | **Description:** |
|  |  |
|  |  |
|  |  |
|  |  |

Job rotation is used at this company to lower employee exposure to hazards. Our job rotation schedules follow:

|  |  |  |  |
| --- | --- | --- | --- |
| **Employee name or ID and job or task** | **Work schedule for job or task** | **Duration of exposure in hours** | **Exposure level (if applicable)** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

We will use the following work practice controls to reduce employee injury and illness:

You may want to attach any work practice programs (like appropriate Protective Work Clothing and Equipment Programs, Housekeeping Programs, and/or Hygiene Facilities and Practices Program) to this written plan. If you do, state “See attached work practice control programs” in table.

|  |  |
| --- | --- |
| **Work practice control:** | **Description:** |
|  |  |
|  |  |
|  |  |
|  |  |

We have developed a detailed schedule for implementation of our plan:

Enter schedule in table or attach to this written plan. If you attach the schedule, state “See attached implementation schedule” in the table.

|  |  |  |  |
| --- | --- | --- | --- |
| **Step:** | **Activity:** | **Planned Implementation Date:** | **Actual Implementation Date:** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

What do you want to add to the section?

## Protective Equipment

Name/title is responsible for ensuring that the following provisions are met.

All protective equipment, including personal protective equipment (PPE), used at this facility will be provided without cost to employees. Protective equipment will be chosen based on anticipated hazards and will be provided to employees in the following manner: I.e., who is responsible for distribution?

Here is the protective equipment we require:

|  |  |
| --- | --- |
| **Task:** | **Protective equipment required:** |
|  |  |
|  |  |
|  |  |
|  |  |

Name/title shall ensure that appropriate protective equipment in the appropriate sizes is readily accessible at the workplace or is issued without cost to employees.

All protective equipment will be cleaned, laundered, and disposed of by Company name at no cost to employees. Protective equipment is cleaned and disinfected at the following intervals:

|  |  |
| --- | --- |
| **Protective equipment type** | **Is cleaned and disinfected at the following interval** |
|  |  |
|  |  |
|  |  |
|  |  |

In order to assure the continued reliability of protective equipment, it must be inspected on a regular basis. The frequency of inspection is related to the frequency of use. Here are our frequencies for inspection:

|  |  |  |
| --- | --- | --- |
| **Protective equipment type** | **Inspection** | **Frequency** |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

Protective equipment that fails an inspection or is otherwise found to be defective is removed from service, and is discarded or repaired or adjusted in accordance with the following procedures:

List procedures.

More Info – Sample answers:

* Repairs or adjustments to protective equipment are to be made only by persons appropriately trained to perform such operations and only with the protective equipment manufacturer’s approved parts;
* Repairs must be made according to the manufacturer’s recommendations and specifications for the type and extent of repairs to be performed;
* \_\_\_\_\_\_\_\_\_\_\_\_\_ must be adjusted or repaired only by the manufacturer or a technician trained by the manufacturer;
* Protective equipment that fails inspection or is otherwise not fit for use and cannot be repaired must be discarded in the following manner: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_; and
* All repairs and replacements will be made by the employer at no cost to employees.

What do you want to add to the section?

## Operating Procedures

### Pre-Operational Procedures

List your pre-operational procedures.

### Operational Procedures

List your operational procedures. You might include all storage and handling procedures, shipping procedures. You might also break the operating procedures into sections under subheads for easier reading.

### Follow-Up Procedures

List your follow-up procedures.

### Non-Routine Task Procedures

List your procedures for non-routine tasks.

### Maintenance Procedures

List your maintenance procedures.

### Management of Change Procedures

Written procedures to manage changes (except for “replacements in kind”) to chemicals, technology, equipment, procedures, and facilities must be established and implemented prior to implementing any such changes. Any implemented changes which result in a change in this plan or its procedures must be reflected in an appendix or an update to this plan or its procedures to ensure that employees are apprised of changes and are given the necessary safety information.

What do you want to add to the section?

## Emergency Situations

Our emergency/accident response procedures include the following:

List procedures. Include reporting procedures and evacuation plan if applicable.

Phone numbers of primary emergency responders include:

List phone numbers for police, fire, ambulance service, hospital, chemical information service, railroad, U.S. Coast Guard, or other responders, as applicable.

Our company provides the following emergency equipment and support:

List equipment or resources. Include monitoring equipment, personal protective equipment, emergency response supplies (like fire extinguishers, brooms, shovels, spill kits, first aid stations), and/or outside firms used to assist in emergency situations like spills).

Name/title will investigate and take steps to prevent any emergency or accident similar to any that has occurred. See our Accident Reporting & Investigation Plan for more details. Also, if necessary, Name/title will report accidents to appropriate agencies (see 29 CFR 1904.8) for accident reporting details.

What do you want to add to the section?

## Inspections

Name/title is qualified to perform inspections for this Name of written plan on a Enter frequency basis. Inspections are conducted as follows:

Describe what standards or regulations are followed if any. List inspection items. If you use a checklist, attach it to this written plan. If you attach a checklist, state “See attached inspection checklist” in answer field.

What do you want to add to the section?

## Security

To protect the company and employees, certain security restrictions are in place at Company name. See our Workplace Violence and Security Plan for full information. The material covered in that plan includes the following topics:

Enter topics.

More Info – Sample answer:

* Access Restrictions
	+ Identification (badges/cards)
	+ Computer access
	+ Reception areas/visitor procedures
	+ Parking issues
	+ Patrols/guards
* Anti-theft Practices

What do you want to add to the section?

## Notification

Our company sends the following notifications to appropriate authorities:

|  |  |  |  |
| --- | --- | --- | --- |
| **Notification:** | **Details:** | **To what authority:** | **When:** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Our company gives employees these notifications:

|  |  |  |  |
| --- | --- | --- | --- |
| **Notification:** | **Details:** | **To who:** | **When:** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Our disciplinary procedures are as follows:

Describe procedures.

What do you want to add to the section?

## Recordkeeping

Name/title is responsible for maintaining the following records and documentation:

|  |  |  |  |
| --- | --- | --- | --- |
| **Record/Document** | **Details** | **Location** | **Duration kept** |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

What do you want to add to the section?

## Marking

We require that the following signs/notices be posted conspicuously:

|  |  |
| --- | --- |
| **Sign/Notice** | **Location** |
|  |  |
|  |  |
|  |  |
|  |  |

See copies of our required signs/notices attached to this Name of written plan

We require that the following labels be used:

|  |  |
| --- | --- |
| **Label:** | **Location:** |
|  |  |
|  |  |
|  |  |
|  |  |

See copies of our required labels attached to this Name of written plan

What do you want to add to the section?

## Training

Under no circumstances may an employee What activity may an employee perform once he/she has successfully completed the training program? until he/she has successfully completed this company's training program under the Name of written plan. This includes all new employees, regardless of claimed previous experience. Individuals in the following departments receive training:

List departments.

The Name of written plan Administrator will identify trainees in each set of new employees and make arrangements with department management to schedule training. The Administrator will also identify those existing employees who need retraining. Name/title is responsible for conducting training. His/Her/Their qualifications include List qualifications.

Training is done in-house. See the attached current copy of the training material and the course outline.

The company training program includes:

List type of instruction. This could be classroom instruction that uses lecture, discussion, DVD, and/or conference formats, and/or this could be practical instruction that uses demonstration, practical exercise, and/or hands-on instruction formats.

Through training we ensure that employees in the departments listed above are knowledgeable in:

List topics.

### Training Certification

After an employee has completed the training program, the instructor will determine whether the employee can safely perform the job.

Name/title is responsible for keeping records certifying each employee who has successfully completed training. Each certificate includes the name of the employee, the date(s) of the training, and the signature of the person who did the training and evaluation.

### Performance Evaluation

Each trained employee is evaluated Enter frequency to verify that the employee has retained and uses the knowledge and skills needed to operate safely. This evaluation is done by Name/title. If the evaluation shows that the employee is lacking the appropriate skills and knowledge, the employee is retrained by our instructor(s). When an employee has an accident or near miss or some unsafe operating procedure is identified, we do retraining.

### Current Trained Employees

Under no circumstances may an employee What activity may an employee perform once he/she has successfully completed the training program? until he/she has successfully completed this company's training program. The following table lists employees who are currently trained employees at this company:

|  |  |
| --- | --- |
| **Department or work area:** | **Employee name/title** |
|  |  |
|  |  |
|  |  |
|  |  |

All employees have a general obligation to work safely.

What do you want to add to the section?

## Contractor Employers

Procedures regarding contractor employers are as follows:

List procedures. You may wish to discuss training, provisions, etc.

What do you want to add to the section?

## Other Requirements

## What other requirements do you want to add to this written plan?

## Plan Evaluation

It is inherent that problems may occasionally arise in this Name of written plan. Although we may not be able to eliminate all problems, we try to eliminate as many problems as possible to improve employee protection and encourage employee safe practices. By having our plan administrator, Name/title, thoroughly evaluate and, as necessary, revise our Name of written plan, we can eliminate problems effectively.

At this company, plan evaluation, performed Enter frequency by our plan administrator, involves the following:

Describe. Evaluating a plan may involve:

* Conducting evaluations of the workplace as necessary to ensure that the provisions of the current written plan are being effectively implemented and that it continues to be effective.
* Regularly consulting employees to assess the employees’ view on program effectiveness and to identify any problems. Any problems that are identified during this assessment must be corrected.
* Other.

What do you want to add to the section?

## Appendices

Our company has attached the following appendices to this written plan:

List. Possible appendices might include:

* Any related regulations;
* Any records or documentation:
* Facility map;
* List of equipment relating to this plan; and
* Medical questionnaire.