

A POLICY **TO DO MORE**

**FHIM**



888.346.3461

[www.fhmic.com](http://www.fhmic.com)

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

\_\_\_\_\_

**WORKPLACE  
SAFETY PROGRAM**

EFFECTIVE DATE \_\_\_\_\_

FHM POLICY NO. 306 - \_\_\_\_\_

TABLE OF CONTENTS

Preface  
Application for Employer Workplace Safety Program Premium Credit

**Section I - Management Commitment and Involvement**  
Policy Statement ..... I.1

**Section II - Safety Committee**  
Safety Committee Organization..... II.1  
Responsibilities..... II.1  
Meetings..... II.1  
Safety Committee Minutes ..... II.2

**Section III - Safety and Health Training**  
Safety and Health Orientation..... III.1  
Job-Specific Training..... III.1  
Periodic Retraining of Employees ..... III.1

**Section IV - First-Aid Procedures**  
Minor First-Aid Treatment ..... IV.1  
Non-Emergency Medical Treatment..... IV.1  
Emergency Medical Treatment..... IV.1  
First-Aid Training ..... IV.1  
First-Aid Instructions ..... IV.2

**Section V - Accident Investigation**  
Accident Investigation Procedures ..... V.1  
Accident Investigation Report Form..... V.2  
Instructions for Completing Report Form ..... V.3

**Section VI - Recordkeeping Procedures**  
Recordkeeping Procedures ..... VI.1  
First Report of Injury or Illness LES Form DWC-1 ..... VI.2

**Section VII - Safety Rules, Policies and Procedures**  
Safety Rules, Policies and Procedures ..... VII.1

## PREFACE

### HOW TO USE THIS MANUAL

The purpose of this safety and health manual is to establish standards for an industry-specific safety and health program. This safety program has been developed by the Florida Division of Safety with voluntary input from Florida employers, Workers' Compensation insurance carriers, labor organizations, trade associations and other industry leaders.

This manual is intended to serve as the basis for an employer integrated safety and health management program. Implementation of this safety program satisfies the requirements of the Division of Safety. The essential elements of this program include: top management's commitment and involvement; the establishment and operation of safety committees; provisions for safety and health training; first aid procedures; accident investigations; recordkeeping of injuries; and workplace safety rules, policies and procedures.

If this manual meets the needs of your establishment, it may be used exactly as written. If you have previously established and are maintaining a safety program, you can continue to use your program provided that the essential elements covered in this safety program are also addressed in your program. Use of all or part of this manual does not relieve employers of their responsibility to comply with other applicable local, state or federal laws. In addition, if an employer maintains the OSHA 200 Log to meet federal requirements, then that will meet the log and summary requirements of the LES SAF 200 form discussed in Section VI of this program.

It is intended that this manual be enhanced and continuously improved by the employer. Any section of this manual may be modified by the employer to accommodate actual operations and work practices, provided that the original intent of that section is not lost. For example, if a safety committee meets weekly or quarterly instead of monthly, then Section II of the manual should be amended to accommodate this practice. If there is a safety rule, policy or procedure appropriate for the work or work environment which has not been included, or if a rule included in Section VII is inappropriately written, then a new safety rule, policy or procedure should be added to improve the manual. Likewise, if a specific rule in the Safety Rules, Policies and Procedures section does not apply because the equipment or work operation described is not used, then that specific rule should be crossed out or deleted from the manual. If accidents occur, new safety rules should be developed and incorporated in Section VII of this manual to prevent their recurrence. More information, including job-specific rules, can be found on the Internet at [www.safety-fl.org](http://www.safety-fl.org) (Written Safety and Health Programs).

To apply for the 2% Workers' Compensation premium credit, complete the Application for Employer Workplace Safety Program Premium Credit and the appropriate sections of the Workplace Safety Program Manual; and mail to:

FHM Insurance Company  
Risk Management Dept  
PO Box 616648  
Orlando FL 32861-6648  
888-346-3461 / 407-351-1212 Ext. 411, 401 or 204  
FAX 407-352-5788

## APPLICATION FOR EMPLOYER WORKPLACE SAFETY PROGRAM PREMIUM CREDIT

Employer Name

Name of Contact Person

Telephone #

Policy #

Effective Date of Policy

I am submitting a copy of my workplace safety program that meets the requirements of the Florida Occupational Safety and Health Act, Chapter 93-415, §52-74, Laws of Florida, and Rule 381-17 of the Florida Administrative Code. I certify that this safety program has been implemented in my workplace and is being maintained as submitted to my carrier.

This is to certify that my workplace safety program meets or exceeds the following provisions as provided for in Rule 381-17:

- |  |  |
|--|--|
| <ol style="list-style-type: none"> <li>1. Management Commitment to Safety</li> <li>2. Safety Committee</li> <li>3. Safety Health and Training</li> <li>4. Safety Rules, Policy and Procedure Requirements</li> </ol> | <ol style="list-style-type: none"> <li>5. Accident Prevention</li> <li>6. First Aid Procedures</li> <li>7. Record Keeping</li> </ol> |
|--|--|

The workplace safety program and application I am submitting for the purpose of obtaining a premium credit do not contain any misleading or untrue information. I am aware that I may be subject to an on-site inspection by the Florida Department of Labor and Employment Security, Division of Safety, or my carrier, for the purpose of validating the accuracy of this information.

I am aware that if I knowingly and willfully falsify or conceal a material fact, make a false, fictitious or fraudulent statement or representation; or make or use any false document knowing the document to contain any false, fictitious, or fraudulent entry or statement to my carrier of Workers' Compensation insurance under Chapter 442, Florida Statutes, I will be guilty of a misdemeanor of the second degree, punishable as provided in Sections 775.082 or 775.083, Florida Statutes, and will be subject further to a penalty in the amount of \$500 a day, not to exceed \$50,000 for each occurrence; and

I am also aware that if I, in any matter within the jurisdiction of the division, knowingly and willfully falsify or conceal a material fact, make any false, fictitious, or fraudulent statement or representation, or make or use any false document, knowing the same to contain any false, fictitious, or fraudulent entry, that I commit a misdemeanor of the second degree, punishable as provided in Section 775.082 or 775.083, Florida Statutes. Moreover, I understand that an employer who commits such an act will be subject further to a penalty in the amount of \$500 a day, not to exceed \$50,000 for each occurrence.

***Any person, who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete, or misleading information is guilty of a felony of the third degree.***

\_\_\_\_\_  
Signature

State of Florida

County of \_\_\_\_\_

\_\_\_\_\_  
Print Name and Title

Sworn to, or affirmed, and subscribed before me this \_\_\_\_\_ day  
of \_\_\_\_\_ 19 \_\_\_\_, by \_\_\_\_\_.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Notary

\_\_\_\_\_  
Expiration Date and Number

**Section I.**

**MANAGEMENT COMMITMENT AND INVOLVEMENT  
POLICY STATEMENT**

The management of this organization is committed to providing employees with a safe and healthful workplace. It is the policy of this organization that employees report unsafe conditions and do not perform work tasks if the work is considered unsafe. Employees must report all accidents, injuries, and unsafe conditions to their supervisors. No such report will result in retaliation, penalty, or other disincentive.

Employee recommendations to improve safety and health conditions will be given thorough consideration by our management team. Management will give top priority to and provide the financial resources for the correction of unsafe conditions. Similarly, management will take disciplinary action against an employee who willfully or repeatedly violates workplace safety rules. This action may include verbal or written reprimands and may ultimately result in termination of employment.

The primary responsibility for the coordination, implementation, and maintenance of our workplace safety program has been assigned to:

Name:  
Title: \_\_\_\_\_ Telephone:

Senior management will be actively involved with employees in establishing and maintaining an effective safety program. Our safety program coordinator, myself, or other members of our management team will participate with you or your department's employee representative in ongoing safety and health program activities, which include:

- Promoting safety committee participation
- Providing safety and health education and training
- Reviewing and updating workplace safety rules

This policy statement serves to express management's commitment to and involvement in providing our employees a safe and healthful workplace. This workplace safety program will be incorporated as the standard of practice for this organization. Compliance with the safety rules will be required of all employees as a condition of employment.

Signature of CEO/President

Date

Company Name \_\_\_\_\_

Address \_\_\_\_\_

## Section II.

### SAFETY COMMITTEE

#### Safety Committee Organization

A safety committee has been established to recommend improvements to our workplace safety program and to identify corrective measures needed to eliminate or control recognized safety and health hazards. The safety committee consists of the following supervisory and non-supervisory members of our organization:

_____	Safety Program Coordinator
_____	Supervisory Employee Member
_____	Supervisory Employee Member
_____	Non-Supervisory Employee Member
_____	Non-Supervisory Employee Member
_____	Non-Supervisory Employee Member

#### Responsibilities

The safety committee shall determine the schedule for evaluating the effectiveness of control measures used to protect employees from safety and health hazards in the workplace.

The safety committee will be responsible for assisting management in reviewing and updating workplace safety rules based on accident investigation findings, any inspection findings, and employee reports of unsafe conditions or work practices; and accepting and addressing anonymous complaints and suggestions from employees.

The safety committee will be responsible for assisting management in updating the workplace safety program by evaluating employee injury and accident records, identifying trends and patterns, and formulating corrective measures to prevent recurrence.

The safety committee will be responsible for assisting management in evaluating employee accident and illness prevention programs, and promoting safety and health awareness and co-worker participation through continuous improvements to the workplace safety program.

Safety committee members will participate in safety training and be responsible for assisting management in monitoring workplace safety education and training to ensure that it is in place, that it is effective, and that it is documented.

#### Meetings

Safety committee meetings are held quarterly and more often if needed. The safety program coordinator will post the minutes of each meeting (see page 2) within one week after each meeting.

**SAFETY COMMITTEE MINUTES**

Date of Committee Meeting: \_\_\_\_\_

Time: \_\_\_\_\_ Minutes

Prepared By: \_\_\_\_\_

Location: \_\_\_\_\_

**Members in Attendance**

Name

Name

Name

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Previous Action Items:**

**Review of Accidents Since Previous Meeting:**

**Recommendations for Prevention:**

**Recommendations from Anonymous Employees:**

**Suggestions From Employees:**

**Recommended Updates To Safety Program:**

**Recommendations from Accident Investigation Reports:**

**Safety**

**Training**

**Recommendations:**

**Comments:**

## **Section III.**

### **SAFETY AND HEALTH TRAINING**

#### **Safety and Health Orientation**

Workplace safety and health orientation begins on the first day of initial employment or job transfer.

Each employee has access to a copy of this safety manual, through his or her supervisor, for review and future reference, and will be given a personal copy of the safety rules, policies, and procedures pertaining to his or her job. Supervisors will ask questions of employees and answer employees' questions to ensure knowledge and understanding of safety rules, policies, and job-specific procedures described in our workplace safety program manual.

All employees will be instructed by their supervisors that compliance with the safety rules described in the workplace safety manual is required.

#### **Job-Specific Training**

- Supervisors will initially train employees on how to perform assigned job tasks safely.
- Supervisors will carefully review with each employee the specific safety rules, policies, and procedures that are applicable and that are described in the workplace safety manual.
- Supervisors will give employees verbal instructions and specific directions on how to do the work safely.
- Supervisors will observe employees performing the work. If necessary, the supervisor will provide a demonstration using safe work practices, or remedial instruction to correct training deficiencies before an employee is permitted to do the work without supervision.
- All employees will receive safe operating instructions on seldom-used or new equipment before using the equipment.
- Supervisors will review safe work practices with employees before permitting the performance of new, non-routine, or specialized procedures.

#### **Periodic Retraining of Employees**

All employees will be retrained periodically on safety rules, policies and procedures, and when changes are made to the workplace safety manual.

Individual employees will be retrained after the occurrence of a work-related injury caused by an unsafe act or work practice, and when a supervisor observes employees displaying unsafe acts, practices, or behaviors.

## Section IV.

### FIRST AID PROCEDURES

#### EMERGENCY PHONE NUMBERS

Safety Coordinator	_____	Poison Control
First Aid	_____	Fire Department
Ambulance	_____	Police
Medical Clinic		
Clinic Address		

#### Minor First Aid Treatment

First aid kits are kept in the front office and in the employee lounge. If you sustain an injury or are involved in an accident requiring minor first aid treatment:

- Inform your supervisor.
- Administer first aid treatment to the injury or wound.
- If a first aid kit is used, indicate usage on the accident investigation report.
- Access to a first aid kit is not intended to be a substitute for medical attention.
- Provide details for the completion of the accident investigation report.

#### Non-Emergency Medical Treatment

For non-emergency work-related injuries requiring professional medical assistance, management must first authorize treatment. If you sustain an injury requiring treatment other than first aid:

- Inform your supervisor.
- Proceed to the posted medical facility. Your supervisor will assist with transportation, if necessary.
- Provide details for the completion of the accident investigation report.

#### Emergency Medical Treatment

If you sustain a severe injury requiring emergency treatment:

- Call for help and seek assistance from a co-worker.
- Use the emergency telephone numbers and instructions posted next to the telephone in your work area to request assistance and transportation to the local hospital emergency room.
- Provide details for the completion of the accident investigation report.

#### First Aid Training

Each employee will receive training and instructions from his or her supervisor on our first aid procedures.

## FIRST AID INSTRUCTIONS

**In all cases requiring emergency medical treatment, immediately call, or have a co-worker call, to request emergency medical assistance.**

### WOUNDS:

Minor: Cuts, lacerations, abrasions, or punctures

- Wash the wound using soap and water; rinse it well.
- Cover the wound using clean dressing.

Major: Large, deep and bleeding

- Stop the bleeding by pressing directly on the wound, using a bandage or cloth.
- Keep pressure on the wound until medical help arrives.

### BROKEN BONES:

- Do not move the victim unless it is absolutely necessary.
- If the victim must be moved, "splint" the injured area. Use a board, cardboard, or rolled newspaper as a splint.

### BURNS:

Thermal (Heat)

- Rinse the burned area, without scrubbing it, and immerse it in cold water; do not use ice water.
- Blot dry the area and cover it using sterile gauze or a clean cloth.

Chemical

- Flush the exposed area with cool water immediately for 15 to 20 minutes.

### EYE INJURY:

Small particles

- Do not rub your eyes.
- Use the corner of a soft clean cloth to draw particles out, or hold the eyelids open and flush the eyes continuously with water.

Large or stuck particles

- If a particle is stuck in the eye, do not attempt to remove it.
- Cover both eyes with bandage.

Chemical

- Immediately irrigate the eyes and under the eyelids, with water, for 30 minutes.

### NECK AND SPINE INJURY:

- If the victim appears to have injured his or her neck or spine, or is unable to move his or her arm or leg, do not attempt to move the victim unless it is absolutely necessary.

### HEAT EXHAUSTION:

- Loosen the victim's tight clothing.
- Give the victim "sips" of cool water.
- Make the victim lie down in a cooler place with the feet raised.

## **Section V.**

### **ACCIDENT INVESTIGATION**

#### **Accident Investigation Procedures**

An accident investigation will be performed by the supervisor at the location where the accident occurred. The safety coordinator is responsible for seeing that the accident investigation reports (see page 2) are being filled out completely, and that the recommendations are being addressed. Supervisors will investigate all accidents, injuries, and occupational diseases using the following investigation procedures:

- Implement temporary control measures to prevent any further injuries to employees.
- Review the equipment, operations, and processes to gain an understanding of the accident situation.
- Identify and interview each witness and any other person who might provide clues to the accident's causes.
- Investigate causal conditions and unsafe acts; make conclusions based on existing facts.
- Complete the accident investigation report.
- Provide recommendations for corrective actions.
- Indicate the need for additional or remedial safety training.

Accident investigation reports must be submitted to the safety coordinator within 24 hours of the accident.

ACCIDENT INVESTIGATION REPORT

REPORT #

COMPANY: \_\_\_\_\_ ADDRESS:

1. Name of injured: \_\_\_\_\_ S.S. #:
2. Sex  M  F Age: \_\_\_\_\_ Date of accident:
3. Time of accident: \_\_\_\_\_ a.m. \_\_\_\_\_ p.m. Day of accident:
4. Employee's job title:
5. Length of experience on job: \_\_\_\_\_ (years) \_\_\_\_\_ (months)
6. Address of location where the accident occurred:
7. Nature of injury, Injury type, and Part of the body affected:
8. Describe the accident and how it occurred:
  
9. Cause of the accident:
  
10. Was personal protective equipment required?  yes  no Was it provided?  yes  no  
Was it being used?  yes  no If "no", explain.  
  
Was it being used as trained by supervisor or designated trainer?  yes  no If "no", explain.
11. Witness(es):
  
12. Safety training provided to the injured?  yes  no If "no", explain.
  
13. Interim corrective actions taken to prevent recurrence:
  
14. Permanent corrective action recommended to prevent recurrence:
  
15. Date of report \_\_\_\_\_19  
Prepared by:
  
- Supervisor (Signature) \_\_\_\_\_ Date:
16. Status and follow-up action taken by safety coordinator:
  
  
- Safety Coordinator (Signature) \_\_\_\_\_ Date:

## INSTRUCTIONS FOR COMPLETING THE ACCIDENT INVESTIGATION REPORT

An accident investigation is not designed to find fault or place blame but is an analysis of the accident to determine causes that can be controlled or eliminated.

**(Items 1-6) Identification:** This section is self-explanatory.

**(Item 7) Nature of Injury:** Describe the injury, e.g., strain, sprain, cut, burn, fracture. **Injury Type:** First aid -injury resulted in minor injury/treated on premises; Medical - injury treated off premises by physician; Lost time - injured missed more than one day of work; No Injury - no injury, near-miss type of incident. **Part of the Body:** Part of the body directly affected, e.g., foot, arm, hand, head.

**(Item 8) Describe the accident:** Describe the accident, including exactly what happened, and where and how it happened. Describe the equipment or materials involved.

**(Item 9) Cause of the accident:** Describe all conditions or acts which contributed to the accident, i.e.,

- a. unsafe conditions - spills, grease on the floor, poor housekeeping or other physical conditions.
- b. unsafe acts - unsafe work practices such as failure to warn, failure to use required personal protective equipment.

**(Item 10) Personal protective equipment:** Self-explanatory

**(Item 11) Witness(es):** List name(s), address(es), and phone number(s).

**(Item 12) Safety training provided:** Was any safety training provided to the injured related to the work activity being performed?

**(Item 13) Interim corrective action:** Measures taken by supervisor to prevent recurrence of incident, i.e., barricading accident area, posting warning signs, shutting down operations.

**(Item 14):** Self-explanatory

**(Item 15):** Self-explanatory

**(Item 16) Follow-up:** Once the investigation is complete, the safety coordinator shall review and follow-up the investigation to ensure that corrective actions recommended by the safety committee and approved by the employer are taken, and control measures have been implemented.

## **Section VI.**

### **RECORDKEEPING PROCEDURES**

#### **Recordkeeping Procedures**

The safety coordinator will control and maintain all employee accident and injury records. Records are maintained for a minimum of three (3) years and include:

- Accident Investigation Reports, see Section V.2
- Workers' Compensation First Report of Injury Reports DWC 1, see Section VI. 2
- Log & Summary of Occupational Injuries and Illnesses - OSHA 200 Log (private employers) or State of Florida LES SAF 200 (public employers)  
OSHA 200 Logs can be obtained from the area OSHA office: 813-626-1177 or 800-826-8348.  
State of Florida LES SAF 200 Logs can be obtained from the State Division of Safety at 800-367-4378 (FL only) or 850-922-8955.



## Section VII.

### SAFETY RULES, POLICIES, AND PROCEDURES

The safety rules contained on these pages have been prepared for your guidance and protection in your daily work. Employees are to study these rules carefully, review them often and observe these precautions and good common sense in carrying out their duties.

These safety rules will include both general workplace safety rules and job-specific safety rules.

#### GENERAL RULES:

All Employees

#### JOB-SPECIFIC RULES:

By Occupational Class, i.e. painter, clerk, carpenter, etc.

**(Note to Employer:** General and job-specific safety rules are to be determined based on the needs and exposures of your particular company and its employees. The following pages represent some common examples relating to all employees. Each employer will be responsible for job-specific rules relating to each particular business.

More information, including job-specific rules for your particular industry, can be found on the Internet at **[www.safety-fl.org](http://www.safety-fl.org)** - Written Safety and Health Programs.)

## **ALL EMPLOYEES**

### **Housekeeping**

Use caution signs or cones to barricade slippery hallways.

### **Lifting Procedures - General**

1. Test the weight of the load before lifting by pushing the load along its resting surface.
2. If the load is too heavy or bulky, use carrying aids such as dollies or carts, or get assistance from a co-worker.
3. Never lift anything if your hands are greasy or wet.
4. Wear protective gloves when lifting objects with sharp corners or jagged edges.

When lifting:

1. Face the load.
2. Position your feet 6 to 12 inches apart with one foot slightly in front of the other.
3. Bend at the knees and keep your back straight.
4. Get a firm grip on the object with your hands and fingers. Use handles when present.
5. Hold objects as close to your body as possible.
6. Perform lifting movements smoothly and gradually; do not jerk the load.
7. If you must change direction while lifting or carrying the load, pivot your feet and turn your entire body. Do not twist at the waist.
8. Set down objects in the same manner as you picked them up, except in reverse.
9. Do not lift an object from the floor to a level above your waist in one motion. Set the load down on a table or bench and then adjust your grip before lifting it higher.

### **Ladders and Step Ladders**

1. Read and follow the manufacturer's instructions label affixed to the ladder if you are unsure how to use the ladder.
2. Do not use ladders that have loose rungs, cracked or split side rails, missing rubber foot pads, or other visible damage.
3. Keep ladder rungs clean and free of grease. Remove buildup of material such as dirt or mud.
4. When performing work from a ladder, face the ladder and do not lean backward or sideways from the ladder.
5. Allow only one person on the ladder at a time.
6. Do not stand on the top two rungs of any ladder.
7. Do not stand on a ladder that wobbles or leans.
8. Do not try to "walk" a ladder by rocking it. Climb down the ladder, and then move it.

## Climbing a Ladder

1. Face the ladder when climbing up or down.
2. Maintain a three-point contact by keeping both hands and one foot or both feet and one hand on the ladder at all times when climbing up or down the ladder.
3. Do not carry items in your hands while climbing up or down a ladder.

## Driving/Vehicle Safety - Fueling Vehicles

1. Turn the vehicle off before fueling.
2. Do not smoke while fueling a vehicle.
3. Wash hands with soap and water if you spill gasoline on your hands.

## Driving Rules

1. Shut all doors and fasten your seat belt before moving the vehicle.
2. Obey all traffic patterns and signs at all times.
3. Maintain a three-point contact using both hands and one foot or both feet and one hand when climbing into and out of vehicles.
4. Do not leave keys in an unattended vehicle.

## OFFICE PERSONNEL

### Office Safety - General

1. Do not place material, such as boxes or trash, in walkways and passageways.
2. Do not throw matches, cigarettes or other smoking materials into trash baskets.
3. Do not kick objects out of your pathway; pick them up or push them out of the way.
4. Keep floors clear of items such as paper clips, pencils, tacks or staples.
5. Straighten or remove rugs and mats that do not lie flat on the floor.
6. Mop up water around drinking fountains and drink dispensing machines.
7. Do not block your view by carrying large or bulky items; use a dolly or hand truck or get assistance from a coworker.
8. Store sharp objects, such as pens, pencils, letter openers or scissors in drawers or with the points down in a container.
9. Carry pencils, scissors and other sharp objects with the points down.
10. Use a ladder or step stool to retrieve or store items that are located above your head.
11. Do not run on stairs or take more than one step at a time.
12. Keep doors in hallways fully open or fully closed.
13. Use handrails when ascending or descending stairs or ramps.
14. Obey all posted safety and danger signs.

### Furniture use

1. Open one file cabinet drawer at a time. Close the filing cabinet drawer you are working in before opening another filing drawer in the safe cabinet.
2. Use the handle when closing doors, drawers and files.
3. Put heavy files in the bottom drawers of file cabinets.
4. Do not tilt the chair you are sitting in on its back two legs.
5. Do not stand on furniture to reach high places.

### Equipment Use

1. Do not use fans that have excessive vibration, frayed cords or missing guards
2. Do not place floor type fans in walkways, aisles or doorways.
3. Do not plug multiple electrical cords in to a single outlet.
4. Do not use extension or power cords that have the ground prong removed or broken off.
5. Do not use frayed, cut or cracked electrical cords.
6. Use a cord cover or tape the cord down when running electrical or other cords across aisles, between desks or across entrances or exits.
7. Turn the power switch of the local exhaust fans to “on” when operating the blueprint machine.
8. Do not use lighting fluid to clean drafting equipment; use soap and water.