**Hazard Communication Program**



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**HAZARD COMMUNICATION PROGRAM**

**Name of Agency/Institution/University Campus\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Date Prepared \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**I. PURPOSE**

The purpose of this Written Hazard Communication program is to ensure that:

1. Hazardous substances present in the work place are properly identified and labeled.

2. Employees have access to information on the hazards these substances pose.

1. Employees are provided with information on how to prevent injuries or illnesses due to exposure to these substances.
2. Identify by job title who has the responsibility for maintaining the program, SDS’s, conduct training, etc.

**Note:** This program will be available to all employees for review and a copy will be located in the following area(s):

**Location:**

1.

2.

3.

**II. AUTHORITY AND REFERENCE**

Occupational Safety and Health Administration (OSHA) 29 CFR 1910.1200

Dept. of Safety and Professional Services (Chapter 332) (DSPS) 332.15

**III. HAZARD DETERMINATION**

A. A "hazardous substance" is a physical or health hazard that is listed as such:

1. 29 CFR Part 1910, Subpart Z, *Toxic and Hazardous Substances*, Occupational Safety and Health Administration. (See OSHA website or OSHA manual for details)

2. *Threshold Limit Values for Chemical Substances and Physical Agents in the Work Environment* (latest edition), American Conference of Governmental Industrial Hygienists (ACGIH).

B. A "hazardous substance" is regarded as a carcinogen or potential carcinogen if it is identified as such by:

1. National Toxicology Program (NTP), *Annual Report on Carcinogens* (latest edition).

2. International Agency for Research on Cancer (IARC) *Monographs* (latest edition).

3. 29 CFR Part 1910, Subpart Z, *Toxic and Hazardous Substances*, Occupational Safety and Health Administration.

C. Manufacturers, importers and distributors will be relied upon to perform the appropriate hazard determination for the substances they produce or sell.

D. The following materials are not covered by the Hazard Communication Standard:

1. Any hazardous waste as defined by the Solid Waste Disposal Act, as amended by the Resource Conservation and Recovery Act of 1976, as amended (42 USC 6901 et seq*.*) when subject to regulations issued under that act by the Environmental Protection Agency.

2. Tobacco products.

3. Wood products. **Note:** Wood dust or wood treated with a hazardous chemical s are not exempt since the hazards of wood dust are not self-evident.

4. Consumer products (including pens, pencils, adhesive tape) used in the work place under typical consumer usage.

5. Articles (i.e. plastic chairs).

6. Foods, drugs, or cosmetics intended for personal consumption by employees while in the work place.

7. Foods, drugs, cosmetics, or alcoholic beverages in retail stores packaged for retail sale.

8. Any drug in solid form used for direct administration to the patient (i.e. tablets or pills).

**IV. SCOPE AND APPLICATION**

This program applies to the use of any hazardous substance which is known to be present in the workplace in such a manner that employees may be exposed under normal conditions of use or in a foreseeable emergency.

**V. RESPONSIBILITY FOR COMPLIANCE**

A. The administration of this program will be the responsibility of (*person/position designated*). The administrative responsibilities of this individual/position will include:

1. Identification of the employees to be included in the Hazard Communication Program.

2. Development and maintenance of a hazardous substance master inventory list.

3. Coordination and supervision of employee training.

4. Coordination and supervision of the facility's container labeling program.

5. Coordination of any necessary exposure monitoring.

6. Coordination and supervision of required recordkeeping.

7. Periodic evaluation of the overall program.

8. Obtaining and updating SDS’s.

B. Employees are responsible for following all safe work practices and using proper precautions required by the guidelines in this program.

**VI. HAZARDOUS SUBSTANCE INVENTORY LIST**

A. (*person/position designated*) is responsible for compiling, maintaining, and updating a master list of hazardous substances used or produced in the facility. The inventory list will include the common identity or trade name of the product. The name and address of the manufacturer shall be kept up to date. Hazardous substances will be listed alphabetically by manufacturer. The master list shall identify the work areas where the chemicals are used or stored and when the chemicals are removed (or used up) from the facility.Substances which are not in containers will also be included on the inventory list, e.g., welding fumes, carbon monoxide from a fork lift, etc. **(*See Form #1*)**

**VII. LABELING**

A. (*person/position designated*) is responsible for evaluating labels on incoming and existing containers. Each label must contain the following information:

1. Name, address and telephone number of the chemical manufacturer, importer, or other responsible party.

2. Product identifier.

3. Signal word.

4. Hazard statement(s).

5. Precautionary statement(s).

6. Pictogram(s).

B. If the label is not appropriate, (*person/position designated*) will notify the manufacturer or supplier that the label is not adequate. **(*See Form #2*)**

(*person/position designated*) will send a second request to the manufacturer if the correct label is not received within 30 days.

(*person/position designated*) is responsible for preparing an appropriate label if one is not supplied by the manufacturer within the second 30 days.

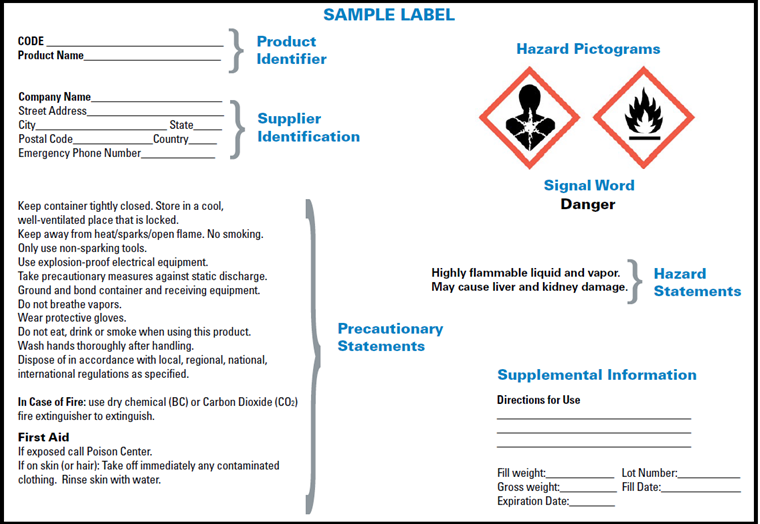
A container will not be released for use until an appropriate label is affixed to the container.

C. Labels will be removed if they are incorrect. When the container is empty it may be used for other materials provided it is properly cleaned and relabeled.

D. Each department supervisor is responsible for ensuring that all containers used in his/her department are labeled properly and remain legible. Defacing labels or using them improperly is prohibited.

E. Secondary containers should be used by one employee and emptied at the end of each shift. If the secondary containers are used by more than one employee and/or its contents are not emptied at the end of the shift, the department supervisor is responsible for labeling the container with either a copy of the original label or with a generic label which has a space available for appropriate hazard warnings.

F. The Hazard Communication Standard (HCS) will require pictograms on labels to alert employees of the chemical hazards to which they may be exposed. (***See Page 28***) Each pictogram consists of a symbol on a white background framed within a red border and represents distinct hazards. **(*See Figure 1*)**



**(Figure 1)**

F. Piping systems shall be marked at access points and every 10 feet where the piping is 8 feet or closer to employee contact.

1. Piping shall be marked as followed:

a. (substance) (color)

b. (e.g., oxygen) (e.g., green)

**VIII. SAFETY DATA SHEETS (SDS) – (Formally known as MSDS**)

1. SDS's will be available to the employees on all hazardous substances to which there is potential or actual exposure. (*person/position designated*) is responsible for ensuring that SDS’s are available on all incoming products. A product will not be released for use until a completed SDS is on file. **(*See Form #3*)**

If the SDS is not available, (*person/position designated*) will notify the manufacturer that SDS is needed. **(*See* *Form #4*)**

(*person/position designated*) will send a second request to the manufacturer if the SDS is not received within 30 days.

1. (*person/position designated*) is responsible for the review of all incoming SDS's. If the SDS is not complete, it will be returned to the manufacturer with a request for the missinginformation. **(*See Form #5*)**

(*person/position designated*) will send a second request for the missing information if a complete SDS is not received within 30 days.

1. (*person/position designated*) will request an SDS before the purchase orders of all new products. **(*See Form #6*)**
2. (*person/position designated*) is responsible for compiling and updating the master SDS file. This file will be kept in/at (name of location).

Copies of SDS's will be kept in the following areas:

**Department: Location:**

E. Employees will have access to these SDS's during all work shifts. Copies will be made available upon request to (*person/position designated*). **(*See* *Form #7*)**

F. (*person/position designated*) is responsible for updating the data sheets to include new information as it is received. A notice will be posted to inform employees that revised information has been received. **(*See* *Form #8*)**

**IX. EMPLOYEE TRAINING**

A. Prior to starting work with hazardous substances, each employee will attend a Hazard Communication Training Session where they will receive information on the following topics:

1. Policies and procedures related to the Hazard Communication Standard.

2. Location of the written Hazard Communication Program.

3. How to read and interpret an SDS.

4. Location of SDS's.

5. Physical and health risks of hazardous substances in their work area.

6. Methods and observation techniques to determine the presence or release of hazardous chemicals.

7. Work practices that may result in exposure.

8. How to prevent or reduce exposure to hazardous substances.

9. Personal protective equipment.

10. Procedures to follow if exposure occurs.

11. Emergency response procedures for hazardous chemical spills.

12. Employers shall provide employees with effective information and training on hazardous chemicals in their work area at the time of their initial assignment, and whenever a new chemical hazard the employees have not previously been trained about is introduced into their work area.

B. Upon completion of the training program, each employee will sign a form documenting that he/she has received the training. **(*See* *Form #9*)**

C. Whenever a new employee is transferred or hired, he/she will be provided training regarding the Hazard Communication Standard. The training session will be conducted by (*person/position designated*) before the start of his/her employment if possible.

D. (*person/position designated*) is responsible for identifying and listing any non-routine hazardous task performed at this facility. (*person/position designated*) will conduct training on the specific hazards of the job including appropriate personal protective equipment, safety precautions, and procedures. **(*See* *Form #10*)**

E. When a new substance is added to the inventory list, (*person/position designated*) is responsible for reviewing the SDS for potential health effects. If the product presents a new health hazard (causes health effects unlike those covered in the training session), the (*person/position designated*) is responsible for notifying all affected employees about the new health effects which result from exposure to the new substance.

A copy of the new Safety Data Sheet (SDS) will be posted by (*person/position designated*) for 30 days. Both the new Safety Data Sheet and the Employees New Substance Signature Form will be placed above or near the SDS information binder. Each affected employee must read the SDS and sign the signature form. **(*See* *Form #8)***

**X. INFORMATION TO CONTRACTORS**

A. (*person/position designated*) is responsible for providing outside contractors with the following information:

1. Hazardous chemicals to which they may be exposed as a result of working in this facility.

2. Suggestions for appropriate protective measures.

B. Contractors that are potentially exposed to hazardous chemicals present at the facility will not be allowed to begin work until they have been provided information concerning these hazards and have signed a form to document this exchange. **(*See* *Form #11*)**

C. (*person/position designated*) is responsible for obtaining information from contractors on all hazardous substances to which employees may be exposed as a result of the contractor's work at the facility. **(*See* *Form #12*)**

D. (*person/position designated*) will notify affected employees about the health affects that may result from exposure to each substance.

**XI. PERSONNEL POLICIES**

When an employee is not following safety and health rules regarding working with a hazardous substance, retraining will be provided and subject to disciplinary action.

**XII. RECORD KEEPING**

1. (*person/position designated*) shall maintain the master SDS List, containing all of the SDS’s received at the facility. (*person/position designated*) shall be promptly notified when any hazardous chemicals are no longer used at the facility.  Once (*person/position designated*) has been notified that a chemical is no longer used, the SDS for that chemical shall be removed from the master list and added to an inactive chemical list. The inactive chemical list shall contain the same information as the master List, and, in addition, the last known date of use for the inactive chemical shall be included in the inactive chemical list. (*person/position designated*) shall maintain the inactive list, along with the inactive SDS, in a permanent electronic or hard copy file.

**EXCEPTION:** If an employee exposure to a particular hazardous chemical occurs, the SDS for that product will become part of the employee's medical records. Medical records must be kept for **30** years.

**NOTE:** “Exposure” or “exposed” means that an employee is subjected to a toxic substance or harmful physical agent in the course of employment through any route of entry (inhalation, ingestion, skin contact or absorption, etc.), and includes past exposure, but does not include situations where the employer can demonstrate that the toxic substance or harmful physical agent is not used, handled, stored, generated, or present in the workplace in any manner different from typical non-occupational situations.

B. Prior master inventory lists will also be retained with inactive materials.

**XIII. COMMUNITY HAZARD COMMUNICATION**

(*person/position designated*) is responsible for responding to requests from members of the community on hazardous substances used in the facility.

**XIV. EMERGENCY RESPONSE FOR HAZARDOUS CHEMICAL SPILLS**

**NOTE:** Employees knowledgeable in the specific hazards and using all required protection to work with the chemical may clean up small amounts of spilled chemicals that do not pose a risk in excess of normal usage.

A. When a hazardous chemical spill occurs, follow these procedures:

1. Move all employees away from spill to a safe environment.

2. Call 911 or the designated emergency response number in your area to notify the necessary response team for the hazardous chemical spill.

3. Retrieve the Hazard Communication Information Binder, if possible.

a. Locate the SDS for the hazardous chemical which spilled.

b. If requested, provide the SDS to the Emergency Response Team.

**NOTE:** Do not try to contain large spills. The Emergency or Hazardous Material

Response Team is trained to deal with hazardous chemical spills. Additional Hazardous Waste Operations and Emergency Response can be referenced in OSHA CFR 1910.120.

**XV. PROGRAM EVALUATION**

(*person/position designated*) will conduct an evaluation of the Hazard Communication program annually. **(See Form #13,15)** The individual responsible for the items identified for improvement will be notified in writing. It is expected that action will be taken to correct the item within five working days.

At least annually, (*indicate number)* employees will be audited to determine the effectiveness of the Hazard Communication Program. Each audit will assess the employee's retention of information given during the training session, use of SDS's and response to chemical spills (if applicable). The results of each audit will be recorded on the Employee Interview Form. **(*See* *Form #14*)**

This written program has been developed by the Bureau of State Risk Management, Department of Administration and is available for download. It may be adapted to fit the particular needs of your facility. The program was adapted from a written program originally developed by the Occupational Safety and Health Administration (OSHA).

***Form #1***

**HAZARDOUS SUBSTANCE INVENTORY**

**Organization: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Manufacturer** | **Product Name** | **Quantity** | **SDS**  **Yes/No** | **Work Area** |
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**Completed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Form #2***

**LETTER TO REQUEST A COMPLETE LABEL**

**TO: Chemical Manufacturer, Vendor, or Distributor**

**FROM: (***Agency Name, Address***)**

**DATE:**

**RE: Chemical Labels**

**We are using (***number***) of your products and in evaluating the label(***s***) on (***this/these***) product(***s***), we determined that the label(***s***) (***is/are***) not appropriate for the following compliance reason(***s***):**

**Product Name Reason Label Is Not Appropriate**

**Please amend (***this/these***) label(***s***) and return (***a***) revised label(***s***). Your prompt attention is necessary for us to fully implement our Hazard Communication Program. Please respond to this request no later than (***date 14 days after the date of this letter***).**

**Thank you for your cooperation.**

**\*A calendar reminder file should be established to notify the responsible individual in 30 days that their request for a revised label has not been received and that a second notice is needed.**

***Form #3***

**CHECKLIST OF REQUIRED SDS INFORMATION**

**The Hazard Communication Standard 1910.1200 requires that 16 items of information be uniformly included in Safety Data Sheets provided to purchasers. If the preparer of the SDS has found no relevant information for a given item, the SDS must be marked to indicate that no applicable information was found. This checklist should be used to determine the completeness of the SDS. It does not assess the accuracy of the information.**

**Check Box If Item Is Complete**

**1. Identification (**Name, address, telephone number of the chemical manufacturer**)**

**2. Hazard(s) identification (**Signal word, hazard statements, symbols, etc.**)**

**3. Composition/information on ingredients (**Impurities, stabilizing additives, etc.**)**

**4. First-aid measures** (Description of necessary measures, routes of exposure, etc.)

**5. Firefighting measures (**Suitable, unsuitable extinguishing media, etc.)

**6. Accidental release measures** (Personal protective equipment, emergency procedures)

**7. Handling and storage (**Conditions for safe storage, any incompatibilities)

**8. Exposure control/personal protection (**OSHA permissible exposure limit PEL, etc.)

**9. Physical and chemical properties (**Appearance, odor, thresholds, pH, melting, etc.)

**10. Stability and reactivity (**Possibility of hazardous reactions, conditions to avoid etc.)

**11. Toxicological information (**Description of the various toxicological (health) effects)

**12. Ecological information (**Persistence, degradability)

**13. Disposal considerations (**Safe handling, methods of disposal)

**14. Transport information** (Proper shipping name, transport hazard class, packing group)

**15. Regulatory information** (Safety, health, environmental regulations for products)

|  |  |  |
| --- | --- | --- |
| **PRODUCT:** |  | **MANUFACTURER:** |
| **DATE OF SDS:** |  | **CHECKED BY:** |

**16. Other information** (The date of preparation of the SDS or the last change to it, etc.) ***Form #4***

**LETTER TO REQUEST SDS**

**TO: Chemical Manufacturer, Vendor, or Distributor**

**FROM: (***Agency Name, Address***)**

**DATE:**

**RE: Safety Data Sheets (SDS)**

**We are using (***number***) of your products and require (***a***) Safety Data Sheet(***s***) in order to complete our Hazard Communication Program.**

**Please send (***a***) Safety Data Sheet(***s***) on the following products:**

**Your prompt attention is necessary for us to fully implement our Hazard Communication Program. Please send the SDS(***s***) no later than (***date 15 days after the date of this letter***).**

**Thank you for your cooperation.**

**\* A calendar reminder file should be established to notify the responsible individual in 30 days that their request for an SDS has not been received and that a second notice is needed.**

***Form #5***

**LETTER TO REQUEST A COMPLETE SDS**

**TO: Chemical Manufacturer, Vendor, or Distributor**

**FROM: (***Agency Name, Address***)**

**DATE:**

**RE: Safety Data Sheets (SDS)**

**In reviewing the Safety Data Sheet(***s***) for your product(***s***), the following required information (according to the OSHA Hazard Communication Standard 1910.1200) was not included.**

**Product Name Reason SDS Is Not Complete**

**Please supply us with this information. Your prompt attention to this is necessary for us to fully implement our Hazard Communication Program. Please send this information by** (*date 15 days after the date of this letter*).

**Thank you for your cooperation.**

**\* A calendar reminder file should be established to notify the responsible individual in 30 days that their request for a revised SDS has not been received and that a second notice is needed.**

***Form #6***

**LETTER TO ACCOMPANY PURCHASE ORDERS**

|  |
| --- |
| ***This is a notice to chemical vendors concerning the need for SDS’s and container labeling. This letter should be attached to purchase orders for all chemicals or other hazardous substances.*** |

**TO: Chemical Manufacturer, Vendor, or Distributor**

**FROM: (***Agency Name, Address***)**

**DATE:**

**RE: Hazard Communication Responsibilities**

**Attached to this letter is a purchase order for the chemicals which we plan to utilize in our facility. Our receiving personnel have been instructed to accept only containers which have been properly labeled and identified. Improperly labeled containers will result in refusal of the shipment. We would appreciate your cooperation in this matter.**

**We expect to receive Safety Data Sheets (SDS) prior to receipt of our initial order and/or when an SDS has been revised. If your policy is different, or has changed since our last order, please notify us as soon as possible. To assist us, we would appreciate if you would record the responsible party information on the shipping papers.**

**If you have any questions, please do not hesitate to contact me. Thank you for your cooperation. I look forward to working with you in the future.**

**Yours truly,**

**(Name of Purchasing Director/Program Director)**

**NOTE: THIS LETTER SHOULD BE ATTACHED TO THE INITIAL AND/OR TO EACH PURCHASE ORDER FOR CHEMICALS OR HAZARDOUS SUBSTANCES**

***Form #7***

**REQUEST FOR CHEMICAL HAZARD INFORMATION**

**(Use a separate form for each chemical/material)**

**Name of Requester: Date:**

**Department:**

**Name of Chemical/Material:**

**Manufacturer:**

**Description:**

**(Please describe the material as completely as possible)**

|  |  |  |
| --- | --- | --- |
| **Date** |  | **Employee or Union Representative Signature** |

**Received copy of SDS: Yes No**

**Copy provided by: Date:**

***Form #8***

***EMPLOYEE'S NEW CHEMICAL/SUBSTANCE SIGNATURE FORM***

**Name of New Chemical/Substance:**

**Vendor's Name:**

**Location:**

**Date the Chemical Arrived:**

**Date of Posting (SDS) Form:**

**This chemical may have health effects not covered during your initial Hazard Communication Training Session. Each affected employee is asked to read the attached Safety Data Sheet (SDS) to understand the new health effects for the following chemical:**

**Upon reading the Safety Data Sheet (SDS), each employee must sign and date this form.**

**1. 6.**

**2. 7.**

**3. 8.**

**4. 9.**

**5. 10.**

***Form #9* EMPLOYEE HAZARD COMMUNICATION TRAINING RECORD**

**The following employee(s) have completed training in Hazard Communication. Each trained employee is now knowledgeable in all 11 different training topics covered in the Hazard Communication Written Training Program.**

**Policies and procedures related to the Hazard Communication Standard.**

**Location of the written Hazard Communication Program.**

**Physical and health hazards of hazardous substances in their work area.**

**How to prevent or reduce exposure to hazardous substances.**

**Personal protective equipment.**

**Methods/observation/techniques to determine the presence or release of hazardous chemicals.**

**How to read and interpret SDS.**

**Location of SDS.**

**Work practices that result in exposure.**

**Procedures to follow if exposure occurs.**

**Emergency response procedures for hazardous chemical spills.**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Employee's Name** | **Employee's Signature** | **Date of Training** | **Trainer** | **Trainer's Signature** |
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***Form #10***

**Non-Routine Hazardous Task**

**Training Documentation Form**

**The following employee(***s***) has/have been trained to perform work in what is considered a "non-routine hazardous task."**

|  |  |  |  |
| --- | --- | --- | --- |
| **Non-Routine Hazardous Task** | **Employee(***s***) Name** | **Date of Training** | **Trainer** |
|  |  |  |  |

***Form #11***

**DOCUMENTATION OF INFORMATION GIVEN**

**TO CONTRACTORS PERTAINING TO HAZARD COMMUNICATION**

**Facility: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| --- | --- | --- | --- |
| **Date** | **Contractor** | **Information Given** | **Contractors Signature** |
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***Form #12***

**LETTER TO CONTRACTORS**

**Subject: OSHA HAZARD COMMUNICATION STANDARD**

**To Whom it May Concern:**

**The Occupational Safety & Health Administration (OSHA) Hazard Communication Standard (29CFR 1910.1200) states that contractors/suppliers must be informed of the hazardous chemicals their employees may be exposed to while performing their work and any appropriate protective measures. In order to comply with this requirement,** (*Name of facility*) **has developed a list of all the hazardous chemicals known to be present in our facility. A Safety Data Sheet (SDS) is also on file for each of these chemicals and/or hazardous substances. This information is available to you and to your employees upon request.**

**In order to protect the safety and health of our own employees, contractors/suppliers must provide (upon request) an SDS on any hazardous chemical(***s***) or material(***s***) which they bring into this facility. Failure to provide this information in a timely manner will result in the removal of the contractor/supplier from the premises.**

**Each employer is also responsible for notifying any subcontractor they employ regarding the requirements of OSHA's Hazard Communication Standard and other provisions described in this letter.**

**If we can be of any further assistance, please feel free to contact me at (***phone number***).**

**Sincerely,**

***Form #13***

**HAZARD COMMUNICATION ANNUAL**

**PROGRAM SUMMARY**

**Training**

|  |  |  |
| --- | --- | --- |
|  | **Number of Training**  **Courses Presented:** | **Number of Employees Trained:** |
| **New-employee training:** |  |  |
| **Work-area-specific training:** |  |  |
| **New-substance training:** |  |  |
| **Other training:** |  |  |
| **Total courses/employees** |  |  |
|  |  |  |
| **Hazardous Substances** |  |  |
|  | **# of Different Hazardous Substances in Use:** | **# of SDS on File:** |
| **Previous Total:** |  |  |
| **New This Year:** |  |  |
| **Revised Total:** |  |  |

**The following activities have been completed:**

**Written plan is up to date.**

**Hazardous substance inventory has been updated.**

**All training is up to date.**

**All SDS are up to date.**

**All products are properly labeled.**

**All portable containers are properly labeled.**

**If any of the above activities are not complete, explain:**

**Completed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

***Form #14***

**EMPLOYEE HAZARD COMMUNICATION INTERVIEW**

**Date of Interview:**

**Interview conducted by:**

!Unexpected End of Formula

**Agency:**

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

**1. Do you feel that your organization's Hazard Communication Program is successful overall?**

**Yes \_\_\_\_ No \_\_\_\_ Why? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**2. What was the subject of the last training session you attended? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**3. Have you applied the information from that session? Yes \_\_\_\_ No \_\_\_\_\_\_ If yes, how? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**4. Have you had an occasion to refer to an SDS in the last month? Yes \_\_\_\_\_\_ No \_\_\_\_\_**

**Which one? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**a. Was the SDS easy to understand? Yes \_\_\_\_ No \_\_\_\_**

**b. Why did you refer to the SDS? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  
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**c. Did the SDS have the information you were looking for? Yes \_\_\_\_No \_\_\_**

**d. If no, what information was missing?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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**5. Have all of the containers in your work area been properly labeled and marked?**

**Yes \_\_\_\_ No \_\_\_\_**

**6. Over the last six months, has your work area been involved in any chemical spill or emergency? Yes \_\_\_\_ No \_\_\_\_ If yes, describe**

**7. Were you prepared? Yes \_\_\_\_ No \_\_\_\_ If not, why not?\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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***Form # 15***

**HAZARD COMMUNICATION CHECKLIST**

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| --- | --- | --- |
|  | Yes | No |
| Has a program for hazard communication training been established? |  |  |
| Has a program for hazard communication procedures been established and is the program reviewed on an annual basis? |  |  |
| Are chemical injuries tracked for program improvement? |  |  |
| Have chemical hazard control procedures developed for each job? |  |  |
| Has a chemical inventory of the facility been conducted? |  |  |
| Are the procedures reviewed on an annual basis? |  |  |
| Do the hazard communication procedures include the following:   * A statement of the intended use? * Steps for labeling of containers? * Steps for safe issuance, use, transfer and disposal of chemicals? |  |  |
|  |  |
|  |  |
|  |  |
| Are control procedures inspected at least annually? |  |  |
| Are periodic inspections conducted by a competent employee? |  |  |
| Is the inspection designed to correct deviations or inadequacies? |  |  |
| Is the inspection documented? |  |  |
| Have SDSs been produced in accordance with 29CFR 1910.1200? |  |  |
| Have employees been informed of:   * The requirements of 29 CFR 1910.1200? * Any operations in their work area where hazardous chemicals are present? * The location and availability of the written HAZCOM program? * The location and availability of the lists of hazardous chemicals? |  |  |
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|  |  |
|  |  |
| Does employee training include at least:   * Methods & means necessary to detect the presence or release of a chemical? * The physical and health hazards of the chemicals in the work area? * The steps employees can take to protect themselves from the chemicals? * The details of the written program? |  |  |
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|  |  |
| Have criteria for recurrent training been developed? |  |  |
| Is the training documented? |  |  |
| Is the training conducted by a competent person? |  |  |
| Is retraining required whenever there is a change in job assignments? |  |  |

**GHS PICTOGRAMS AND HAZARDS**

