

# 9.0 Respiratory Protection Program





## 9.0 Respiratory Protection Program



# RESPIRATORY PROTECTION PROGRAM

### INTRODUCTION

1. This program establishes the minimum requirements for the use of respiratory protective equipment, including respirator selection, instruction and training, use maintenance, and the physical requirements of the users.
2. When it is clearly impractical to remove respiratory hazards through engineering controls or where emergency protection against occasional or brief exposures is necessary, approved respiratory protective equipment will be issued and used in accordance with this program.
3. These requirements apply to all exposures in which employees are required or allowed to wear respiratory protective equipment.

### HAZARD IDENTIFICATION

1. Prior to the selection of respirators, the potential respiratory hazards will be identified. This identification should take place during the estimation phase of all work.
2. Respiratory hazards for the purpose of this program are classified as follows:
  - a. Oxygen deficiency
  - b. Gas and vapor contaminants
  - c. Particulate contaminants
  - d. Combinations of any of the hazards listed above

### RESPIRATOR SELECTION

1. Only respirators approved for use in a particular respiratory hazard by the Mine Safety and Health Administration (**MSHA**) or the National Institute for Occupational Safety and Health (**NIOSH**) will be used.
2. Selection of respirators requires consideration of the following factors:
  - a. The classification of the hazard
  - b. The extent and concentration of the hazard
  - c. The duration of potential exposure
  - d. The work requirements and conditions
  - e. The characteristics and limitations of available respirators
3. Employees potentially exposed to a respiratory hazard will be issued and required to use a respirator specifically selected to protect against the known hazards.
4. The classification and extent of the hazard should be verified by monitoring and evaluation of potential employee exposure.

### TRAINING

1. Prior to exposure to a known or suspected respiratory hazard that requires the use of respirators employees will be trained in the safe use of respirators. The minimum training includes the following information:
  - a. The reasons for the need of respiratory protection
  - b. The nature, extent and effects of the potential hazards to which employees may be exposed.
  - c. The procedure used in respirator selection
  - d. The capabilities and limitations of the respirators provided
  - e. The actual use of respirators, including fitting and testing procedures
  - f. The recognition and handling of emergency situations

- g. Special training as needed for special conditions

### **RESPIRATOR FIT TESTING**

1. A qualitative respirator fit test of every respirator user will be conducted at least annually to determine the ability of respirator users to obtain a satisfactory fit.
2. Qualitative respirator test will consist of exposing a respirator wearer to an irritant smoke, odorous vapor or other suitable test agent. An air purifying respirator must be equipped with a purifying element which effectively removes the test agent from the air. If the respirator wearer is unable to detect penetration of the test agent into the respirator, the wearer has achieved a satisfactory fit with the respirator being tested.
3. Records of respirator fit tests will be maintained for at least the duration of employment and will contain at least the following information:
  - a. The make and model of respirator used
  - b. The type of test agent used
  - c. The name of the person tested
  - d. The name of the person conducting the test
  - e. The date of the test
  - f. The results of the test.

### **RESPIRATOR USE**

1. Employees will not be required or allowed to wear a respirator unless it has been determined by a licensed physician that they are physically able to perform work while using the required respiratory protective equipment. This action shall occur prior to the fit test.
2. In work locations with atmospheres that pose an immediate hazard to an employee's life or health, at least one standby employee will be present. This standby employee will be stationed at a location unaffected by any likely incident and have the proper rescue equipment, including self-contained breathing apparatus.

### **RESPIRATOR MAINTENANCE**

1. All respirators will be inspected before and after each use. Respirators not routinely in use will be inspected at least monthly.
2. Respirators will be routinely collected, cleaned, and disinfected to insure that employees are properly protected.
3. Replacement of parts or other repairs will only be done by experienced persons within the recommendations of the manufacturer.

### **PROGRAM EVALUATION**

1. Supervisors will make frequent inspections to assure proper selection, use, and maintenance of respirators.
2. This program will constantly be reviewed to assure employee protection. Suggestions for improvement should be directed to the Safety Manager.

### **REFERENCE:**

AMERICAN NATIONAL STANDARD  
PRACTICES FOR RESPIRATORY  
PROTECTION Z88.2-1980.

OCCUPATIONAL SAFETY & HEALTH  
STANDARDS FOR THE CONSTRUCTION  
INDUSTRY 29 CFR PART 1926.134

# **10.0 Crane & Suspended Personnel Platform Procedure**







## **10.0 Crane & Suspended Personnel Platform Procedure**

# **CRANE & SUSPENDED PERSONNEL PROCEDURE**

### **INTRODUCTION**

1. The use of a crane or derrick to hoist employees on a personnel platform is prohibited except when the erection, use and dismantling of conventional means of reaching the work site, such as a personnel hoist, ladder, stairway, aerial lift, elevating work platform or scaffold, would be more hazardous, or is not possible because of structural design or work site conditions.
2. Any use of a crane hoisted personnel platform must be approved in writing on a case by case basis. The approval must be given by the Project Manager and Safety Manager after determining that other means of reaching the work location would be more hazardous or not possible because of structural design or work site conditions.
3. Approval will include execution of the KE&G permit for Use of a Crane Suspended Personnel Platform, which describes the work to be performed, reasons to justify use of the crane suspended platform, and verifies compliance with these procedures.

### **CRANE REQUIREMENTS**

1. A Pick Plan shall be prepared prior to lifting. The Plan shall specify the type and set up of lifting gear to be used. Responsibilities for rigging, dogging and spotting (1 designated signaler) shall be specified. The plan shall ensure the crane does not contact obstacles.
2. Tag lines shall be attached on all loads unless doing so creates a hazard.
3. Load lines will be capable of supporting at least 7 times the maximum intended load (10 times the load for rotation resistant wire rope).
4. The load line hoist drum will have a system or device on the power train other than the load hoist brake which provides power controlled load lowering. Free fall is prohibited.
5. The crane will be equipped with a positive acting anti-two-block device which deactivates the hoisting action before a two-block situation occurs.
6. A boom angle indicator will be readily visible to the operator at all times.
7. Cranes with telescoping booms will be equipped with a boom length indicator clearly visible to the operator at all times.
8. Load and boom hoist drum brakes, swing brakes and locking devices will be engaged when the occupied personnel platform is in a stationary working position.
9. Total weight of the loaded personnel platform related rigging will not exceed 50 percent of the rated capacity for the operating radius and configuration of the crane.
10. The crane will be located on firm, level ground, leveled within one percent of level grade, with outriggers fully deployed in accordance with manufacturer's specifications.
11. All other safety requirements for crane operations contained in the KE&G Safety Program, Equipment Owners/Operators manual, and the manufacturer's instructions will be complied with.

### **PERSONNEL PLATFORMS'**

1. The personnel platform and suspension system will be designed by a qualified engineer, competent in structural design.
2. The platform will be capable of supporting its own weight and at least five times the maximum intended load.

3. The platform will be equipped with standard guardrails (42 inches high), mid-rails, and toe boards (4 inches high), and will be enclosed at least from the toe board to mid-rail with either solid material or expanded metal having openings no greater than 1/2 inch.
4. A grab rail will be installed inside the entire perimeter of the platform.
5. Access gates, if installed, will not swing outward when hoisting and will be equipped with a restraining device to prevent accidental opening.
6. Headroom will be provided which allows personnel to stand upright on the platform and a canopy for overhead protection will be provided when personnel are exposed to falling objects.
7. The platform will be conspicuously posted with a plate or other permanent marking which shows the weight of the platform and its rated load capacity.
8. Personnel platforms will be used only for personnel, their tools, and the materials necessary to do their work, and will not be used to hoist only materials to tools.
9. Materials and tools for use during a personnel lift will be evenly distributed for balance and secured to prevent displacement.

### **RIGGING**

1. Wire rope, shackles, rings, master links and other rigging hardware will be capable of supporting at least five times the intended load transmitted to that component. If rotation resistant wire rope slings are used, they will be capable of supporting at least ten times the maximum intended load.
2. Each bridle leg of a wire rope bridle will be connected to a master link or shackle in such a manner that the load is evenly divided between the bridle legs.
3. The hook on the load block or other attachment assembly will be of a type that can be closed and locked, eliminating the throat opening. Alternatively, an alloy anchor type shackle with a bolt, nut, and retaining pin may be used.
4. All eyes in wire rope slings will be fabricated with thimbles.
5. Bridles and associated attachment rigging will be used only for the personnel platform and will not be used for any other purpose when not hoisting personnel.

### **TRIAL LIFT, INSPECTION AND PROOF TESTING**

1. At each jobsite prior to hoisting personnel, and after any repair or modification, the platform and rigging will be proof tested to 125 percent of the platform's rated capacity by holding it in a suspended position for five minutes with the test load evenly distributed on the platform. After proof testing the platform and rigging will be inspected for signs of any distortion, damage, or failure.
2. A trial lift with the unoccupied platform loaded at least to the anticipated lift weight, will be made from the position where workers will enter the platform to determine that all systems, controls, and safety devices are functioning properly, and that there are no obstructions or interference's, and that all configurations necessary to reach each work location will keep the lifts within the 50 percent of chart capacity limit.
3. The trial lift will be repeated prior to lifting personnel whenever the crane is set up at a different location.
4. After the trial lift and just prior to hoisting personnel, the platform will be lifted a few inches for inspection to be certain it is secure and properly balanced. The crane rigging and base support will also be inspected to determine whether the testing and trial lift have produced any adverse affect upon any component.

### **WORK PRACTICES**

1. Personnel occupying the platform will use a safety belt or harness with the lanyard attached to the lower load block or to a structural member within the platform.
2. Personnel will keep all parts of the body inside the platform during raising, lowering, and positioning, with the exception of the signal person if necessary for direct visual contact with the operator.
3. Tag lines will be used unless their use creates an unsafe condition.



## **10.0 Crane & Suspended Personnel Platform Procedure**

4. Personnel being hoisted will remain in continuous sight of and in direct communication with the crane operator or signal person.
5. The crane operator will remain at the controls at all times when the crane is running and the platform is occupied.
6. No lifts will be made with any other load line while personnel are suspended on a platform.
7. Hoisting personnel will be discontinued upon indication of any hazardous weather conditions, such as wind and/or lightening.
8. Traveling is not permitted while hoisting or suspending an occupied personnel platform.

### **PRE-LIFT MEETING**

1. Prior to the trial lift at each work location, a meeting will be held to review these procedures and safety instructions with all personnel involved in the operation. This meeting will include the supervisor, the crane operator, the signal person, the personnel to be hoisted, and any others necessary for the task.

### **PERMIT**

1. The KE&G permit to use a Crane Suspended Personnel Platform serves as both a checklist of OSHA requirements and a format for project management certification and approval for use of the crane suspended personnel platform.
2. The permit form is to be completed for every different task description, prior to hoisting personnel, and is to be kept at the jobsite for the duration of work, then preserved with other job records.
3. A copy of each permit must be submitted to the Safety Manager.

**PERMIT TO USE A CRANE SUSPENDED PERSONNEL PLATFORM**

Job No.: \_\_\_\_\_ Work Location: \_\_\_\_\_

Work Date: \_\_\_\_\_ Duration: \_\_\_\_\_

All of the conditions listed below must be satisfied prior to the use of any crane or derrick for hoisting personnel.

1. The highest level of jobsite management will determine and certify that conventional means of reaching the work site, such as personnel hoist, ladder, scaffold, aerial lift or elevating work platform would be more hazardous, or is not possible because of structural design or work site conditions.

2. Task description: \_\_\_\_\_

3. Justification for use: \_\_\_\_\_

4. Crane Description:

Equipment No.: \_\_\_\_\_ Make: \_\_\_\_\_

Model: \_\_\_\_\_ Date of inspection: \_\_\_\_\_

5. Maximum operational radius required: \_\_\_\_\_

6. Fifty percent of rated capacity for above radius: \_\_\_\_\_

7. Total weight of loaded platform (including rigging): \_\_\_\_\_

8. All crane safety devices and components functioning properly: **Indicate Date Checked**

Power controlled load lowering \_\_\_\_\_

Positive anti-two block device \_\_\_\_\_

Brakes and locking devices \_\_\_\_\_

Boom angle indicator \_\_\_\_\_

Telescoping boom length indicator \_\_\_\_\_

Out riggers fully deployed \_\_\_\_\_

9. Rigging inspected and meets all safety requirements: \_\_\_\_\_

10. Personnel platform inspected and meets all safety requirements: \_\_\_\_\_

11. Pre-lift meeting with following personnel completed: \_\_\_\_\_

Crane Operator: \_\_\_\_\_ Signal Person \_\_\_\_\_

Workers to be lifted: \_\_\_\_\_

Supervisor: \_\_\_\_\_

12. Proof test \_\_\_\_\_, Trial lift \_\_\_\_\_, and subsequent inspections completed: \_\_\_\_\_

13. Additional information: \_\_\_\_\_

14. Certification and approval by Chief Operating Officer:

I have determined that use of a crane suspended personnel platform is the safest method for performing the stated task or that other conventional methods are not possible because of design or work site conditions.

\_\_\_\_\_  
Print Name \_\_\_\_\_ Date \_\_\_\_\_

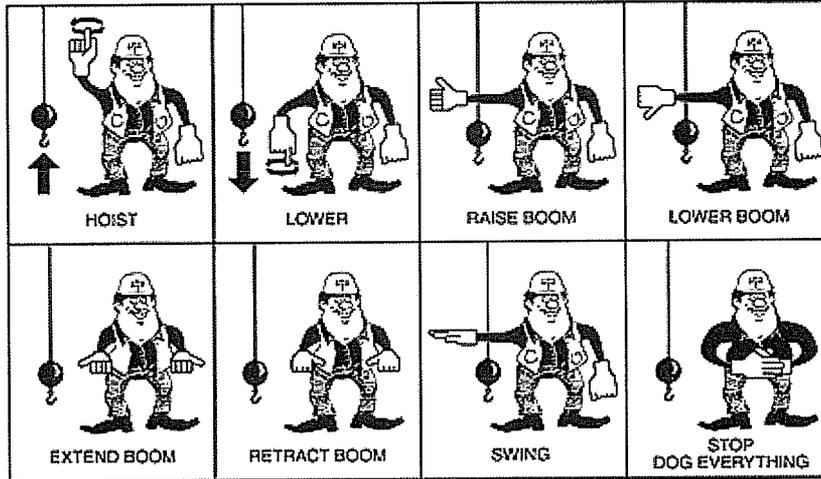
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Signature

**Distribution:** Original – Tucson, Copy - Jobsite Supervisor, Copy - Safety Manager

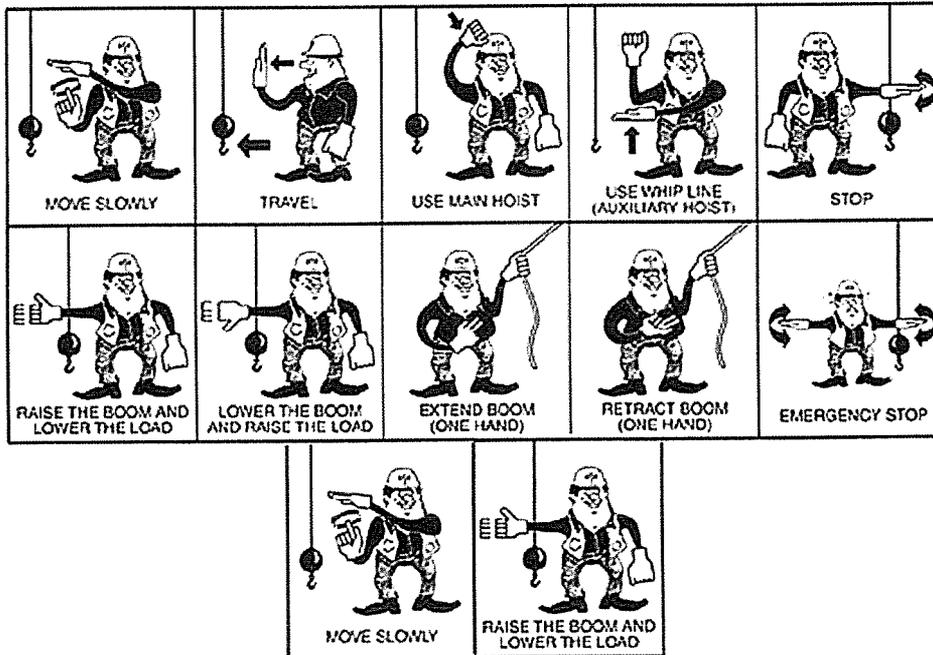
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## BASIC CRANE HAND SIGNALS



## ADVANCED CRANE HAND SIGNALS





# **11.0 Bloodborne Pathogens Program**





## 11.0 Bloodborne Pathogens Program



# BLOODBORNE PATHOGENS PROGRAM

### INTRODUCTION

This program provides an overview of OSHA's bloodborne pathogens standard and informs KE&G employees of the risk of occupational exposure to bloodborne pathogens and how to reduce these risks.

This program applies to all employees exposed to blood or other potentially infectious materials (OPIM). All KE&G employees requesting more information or training, may have access to a copy of the exposure control plan upon request. Blood means human blood, blood products or blood components. Other potentially infectious materials include the following: (1) human body fluids: semen, vaginal secretions, cerebrospinal fluid, synovial fluid, pleural fluid, pericardial fluid, peritoneal fluid, amniotic fluid, saliva, any body fluid visibly contaminated with blood, and all body fluids in situations where it is difficult or impossible to differentiate between body fluids, (i.e. sewage). (2) any unfixated tissue or organ (other than intact skin) from a human (living or dead); and (3) HIV-containing culture medium or other solutions as well as blood, organs, or other tissues from experimental animals infected with HIV or HBV.

This bloodborne pathogen program identifies how to determine who has occupational exposure and how to reduce workplace exposure to bloodborne pathogens.

### TRAINING

All KE&G employees who have the potential of occupational exposure to bloodborne pathogens will be given information and training provided at no cost to the employee. This training will be conducted prior to initial assignment, and once a year thereafter. Additional training will be provided when existing tasks are modified or new tasks that involve occupational exposure to bloodborne pathogens affect the employee's exposure. Training records shall maintained 3 years from the date of hire.

### PREVENTATIVE MEASURES

KE&G will make the hepatitis A and/or B vaccine and vaccination series available to all employees who have occupational exposure as well as provide a post-exposure evaluation and follow-up to all employees who experience an exposure incident. The vaccine and vaccinations, as well as all medical evaluations and follow-up will be made available at no cost to the employee, and performed by and under the supervision of a licensed physician.

Employees who decline the vaccination must sign a declination form. The employee may request and obtain the vaccination at a later date and at no cost, if he/she continues to be exposed.

### KE&G MANAGEMENT RESPONSIBILITIES:

- Administer all aspects of this program
- Attend annual bloodborne pathogen training classes.
- Participate with the company safety manager in an annual evaluation of this program.
- Coordinate through the safety manager appropriate training for employees that are covered by this program.
- Maintain copies of all required documentation except confidential medical records.

### SUPERINTENDENT & FOREMEN RESPONSIBILITIES:

- Implement of this program including enforcement of employee compliance.
- Attend annual bloodborne pathogen training class.
- Provide time for employees to obtain bloodborne pathogen training, vaccinations, testing, and medical follow-up.
- Understanding the procedures to follow in the event of an exposure incident.

## **EMPLOYEES RESPONSIBILITIES**

KE&G employees with exposure to bloodborne pathogens shall be responsible for following the policies and procedures outlined in this program. KE&G employees must notify their supervisor immediately.

## **IDENTIFICATION OF EMPLOYEES WITH EXPOSURE POTENTIAL**

The KE&G Safety Manager shall develop a list of employees covered by this program. The determination of exposure does not consider the use of personal protective equipment. Employees without reasonably anticipated exposure to blood, blood products or material contaminated with these products are not included in this program. However, employees not specifically covered by this program will be provided medical evaluation and follow-up in the event of an exposure incident. The following information shall be used for identifying those employees with exposure potential:

- All job classifications where employees have exposure to bloodborne pathogens.
- All job classifications where some employees have exposure to bloodborne pathogens (*i.e. not all employees in a single job classification may have exposure.*)
- Employees who may be involved in providing first aid treatment, but whom are not expected to provide such services.
- Employees with co-lateral duty to provide first aid and CPR in the event of an emergency (*e.g. members of field crews, employees with high exposure to the public, etc.*)

## **UNIVERSAL PRECAUTIONS**

The method of universal precautions and infection control requires the employee to assume that all human blood and specified human body fluids are infectious for HIV, HBV, and other bloodborne pathogens. Where differentiation of types of body fluids is difficult or impossible, **all body fluids are to be considered as potentially infectious.**

## **ENGINEERING CONTROLS**

Engineering controls and work practice controls will be the primary methods used to prevent occupational transmission of HIV and HBV. Personal protective equipment and clothing will also be required when occupational exposure to bloodborne pathogens remains even after utilizing engineering controls.

The engineering controls will be utilized to reduce employee exposure by either removing or isolating the hazard or isolating the worker from exposure.

Proper work practice controls alter the manner in which a task is performed. In work areas where a reasonable likelihood of occupational exposure exist, work practice controls include but are not limited to:

- NO Eating or drinking
- NO Smoking
- NO, applying cosmetics or lip balm
- NO, handling of contact lenses

All employees are required to wash their hands when gloves are removed as soon as possible after skin contact with blood or other potentially infectious materials occurs.

## **PERSONAL PROTECTIVE EQUIPMENT**

Personal Protective Equipment (PPE) is required if occupational exposure remains after instituting engineering and work practice controls, or if those controls are not feasible. PPE will be provided at no cost to the employee.

The use of personal protective equipment helps prevent occupational exposure to infectious materials. KE&G employees will be required to wear personal protective equipment when any possibility of exposure to bloodborne pathogens exists, including but not limited to:

- Gloves
- Aprons



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- Face shields
- Masks
- Eye Protection

Personal protective equipment is considered appropriate only if it does not permit blood or other potentially infectious materials to pass through or reach employee's work clothes, street clothes, undergarments, skin, eyes, mouth, or other mucous membranes under normal conditions of use and for the duration of time which the protective equipment will be used. Hypoallergenic gloves or other similar alternatives will be made available to employees who have an allergic sensitivity to gloves.

All KE&G employees will be required to observe the following precautions for safely handling and using personal protective equipment:

- Employees will remove protective equipment before leaving the work area and after a garment becomes contaminated.
- All employees will place used protective equipment in appropriately designated areas or containers when being stored, washed, decontaminated, or discarded.
- All employees must wear appropriate gloves when it can be reasonably anticipated that the employee may have contact with blood, other potentially infectious materials; and when handling or touching contaminated items or surfaces. Replace gloves if torn, punctured, contaminated, or their ability to function as a barrier is compromised.
- Never wash or decontaminate disposable gloves for reuse.
- Wear appropriate face and eye protection such as a mask with glasses with solid side shields or chin length face shield when splashes, sprays, spatters, or droplets of blood or other potentially infectious materials such as sewage pose a hazard to the eye, nose, or mouth.
- Wear appropriate protective body coverings such as gowns, aprons, caps, and boots when occupational exposure is anticipated. The type and characteristics will depend on the task and degree of exposure anticipated. If the employee is not certain which protective equipment is appropriate, consult the KE&G Safety Manager for further assistance.

### **HOUSEKEEPING**

KE&G shall ensure that the work site is maintained in a clean and sanitary condition. All equipment and environmental surfaces shall be cleaned and decontaminated after contact with blood or blood products.

- Contaminated work surfaces or areas and equipment shall be decontaminated with a 1:10 bleach/water mixtures or another appropriate sterilant.
- Always use mechanical means such as tongs, forceps, or a brush and a dust pan to pick up contaminated broken glassware, never pick up with hands even if gloves are worn.
- When discarding contaminated waste, place the waste in containers that are closable and appropriately label the container.
- Discard all regulated waste according to Federal, State, and local regulations.
- Hand washing facilities will be readily available at all work locations, antiseptic solutions will be readily available at all work sites.

### **LABELS & SIGNS**

Warning labels shall be affixed to containers of regulated waste, refrigerators and freezers, and any other containers used to store, ship, or transport blood or blood products.

- These labels shall be fluorescent orange or orange-red or predominantly so, with lettering or symbols in a contrasting color.

- Labels shall be affixed or attached to containers by string, wire, adhesive, or other method to prevent their loss or unintentional removal.
- Individual containers of blood, blood products or material contaminated with these products, that are placed in a labeled container during storage, transport, shipment, or disposal are exempt from the labeling requirement.
- Labels required for contaminated equipment shall be in accordance with this section and the label shall state which portions of the equipment remain contaminated.
- Signs shall be posted at the entrances to work areas where HIV and HBV material is located.

**What to do if an exposure incident occurs:**

- Document the routes of exposure and how exposure occurred. *(see Report of Significant Work Exposure to Bodily Fluid form on page 92)*
- Identify and document the source individual unless KE&G can establish that identification is feasible or prohibited by state or local law.
- Obtain consent and test source individual's blood as soon as possible to determine HIV and HBV infectivity and document the source's blood test results.
- Provide the exposed employee with the source individual's test results and information about applicable disclosure laws and regulations concerning the source identity and infectious status.
- After obtaining consent, collect exposed employee's blood as soon as feasible after the exposure incident and test blood for HIV and HBV serological status.
- If the employee does not give consent for HIV serological testing during the collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days.

**RECORD KEEPING**

KE&G shall be responsible for establishing and maintaining accurate medical and training records for all KE&G employees covered by this program. This record shall include:

- The name and social security number of each employee.
- A copy of the employee's hepatitis B vaccination status including the dates of all the hepatitis B vaccinations and any medical records relative to the employee's ability to receive vaccination.
- A copy of the employee's "Report of Significant Work Exposure to Body Fluids".
- A copy of all results of examinations, medical testing, and follow-up procedures.
- KE&G copy of the licensed physician's written opinion after an exposure incident.
- A copy of the annual hepatitis B titer test results.

**All medical records must be kept for at least the duration of employment plus 30 years. KE&G shall ensure that these records are maintained confidential. Medical records shall not be disclosed or reported without the employee's written consent.**

**All training records must be kept for at least a duration of no less than 3 years, from the date of hire.**

All medical records shall be made available for examination and copying by the subject employee, anyone having written consent of the subject employee, and to OSHA.

# 10.0 Crane & Suspended Personnel Platform Procedure



KE&G CONSTRUCTION, INC.

## HBV VACCINATION DECLINATION FORM

I understand that due to my occupational exposure to blood or other potentially infectious materials I may be at risk of acquiring hepatitis B virus (HBV) infection. I have been given the opportunity to be vaccinated with hepatitis B vaccine, at no charge to myself. However, I decline hepatitis B vaccination at this time. I understand that by declining this vaccine, I continue to be at risk of acquiring hepatitis B, a serious disease. If in the future I continue to have occupational exposure to blood or other potentially infectious materials and I want to be vaccinated with hepatitis B vaccine, I can receive the vaccination series at no charge to me.

Employee Name: \_\_\_\_\_

Site Location (Tucson/SV): \_\_\_\_\_

Employees Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_

Supervisor's Signature: \_\_\_\_\_



# **12.0 Assured Equipment Grounding Conductor Program**





## **12.0 Assured Equipment Grounding Conductor Program**



# **ASSURED EQUIPMENT GROUNDING CONDUCTOR PROGRAM**

It is the policy of KE&G Construction, Inc. to establish and implement an assured equipment grounding conductor program on construction sites covering all cord sets, receptacles which are not a part of the permanent wiring of the building or structure, and equipment connected by cord and plug which are available for use or used by employees. This policy shall apply to all construction sites not equipped with ground fault circuit interrupters in accordance with OSHA standard 29 CFR 1926.400 (h)

Supervisors are designated to implement the assured equipment grounding conductor program: 29 CFR 1926.32(f) defines competent person as one who is capable of identifying existing and predictable hazards in the surrounding area or working conditions which are unsanitary, hazardous or dangerous to employees, and who is authorized to take prompt corrective measures to eliminate them.

Supervisors will be responsible and accountable for the following:

Each cord set, attachment cap, plug and receptacle of cord set and any equipment connected by cord and plug, except cord sets and receptacles which are fixed and not exposed to damage, shall be visually inspected before each day's use for external defects, such as deformed or missing pins, or insulation damage, and for indication of possible internal damage. Equipment found damaged or defective may not be used until repaired, or tagged out of service.

Authorized and trained personnel who has been designated as the competent person, are responsible for tests on all cord sets, receptacles which are not a part of the permanent wiring of the building or structure, and cord and plug connected equipment repaired to be grounded. KE&G employee will be designated and responsible for the execution of the program. Tests shall be documented on the log for assured equipment grounding conductor program and shall be on the job site for inspection by OSHA officials and any affected employee. Equipment that does not meet prescribed test shall not be put into service. The following tests shall be performed:

- A. All equipment grounding conductors shall be tested for continuity and shall be electrically continuous.
- B. Each receptacle and attachment cap or plug shall be tested for correct attachment of the equipment grounding conductor. The equipment grounding shall be connected to its terminal.

In accordance with OSHA Construction Safety and health Standards 29 CFR 1926.21 Safety Training and Education, supervisors shall attend such training sessions as the company may deem necessary.

A copy of this policy shall be at the job site for inspection and copy by OSHA officials and any affected employee. Management retains the authority to designate that certain jobs comply with regulation 29 CFR 1926.404(b)(1)(ii) by use of ground fault circuit interrupters in lieu of the program established above. A copy of the completed forms will be kept on each applicable job site for inspection purposes.

## **WRITTEN DESCRIPTION ASSURED EQUIPMENT GROUNDING CONDUCTOR PROGRAM**

### I. Scope

This procedure describes the requirements to assure the installation and maintenance of equipment grounding conductors for temporary wiring on construction sites in accordance with paragraph (c) (30 of part 29 CFR 1910.309 of the Occupational Safety and Health Standard and paragraph (h) (3) of part 29 CFR 1926.400 of the Safety and Health regulations for construction.

### II. Policy

Ground fault circuit interrupters (GFCI's) are not required for 120 volt, single phase, 15- and 20- ampere receptacles outlets where all of the requirements of this procedure are implemented at the construction site. Employees shall not use any equipment which has not met the requirements of this procedure.

### III. Job site Information

- A. Name or description of construction site: \_\_\_\_\_
- B. Employer complying with this procedure is: \_\_\_\_\_
- C. Person designated to implement the procedure is: \_\_\_\_\_

### IV. Requirements

Equipment grounding conductors shall be installed and maintained in accordance with this procedure.

#### A. Installation - Equipment grounding conductors shall be installed as follows:

1. All 120 volt, single phase, 15- and 20- ampere receptacles shall be of the grounding type and their contacts shall be grounded by connection to the equipment grounding conductor of the circuit supply the receptacle in accordance with the applicable requirements of the National Electrical Code.
2. All 120 volt cord sets (extension cords) shall have an equipment grounding conductor which shall be connected to the grounding contacts of the connector(s) on each end of the cord.
3. The exposed concurrent-carrying metal parts of the 120 volt cord and plug-connected tools and equipment that are likely to become energized shall be grounded in accordance with the applicable requirements of the National Electrical Code.

#### B. Visual Inspection

Employees shall be instructed to visually inspect receptacle, flexible cord sets (extension cords), except those that are fixed and not exposed to damage, and equipment connected by cord and plug before each day's use for external defects such as deformed or missing pins or insulation damage and for indication of possible internal damage. Where there is evidence of damage, the damaged item shall be taken out of service and tagged until tested and any required repairs have been made.

#### C. All 120 volt, single phase, 15 and 20- ampere receptacles which are not a part of the permanent wiring of the building or structure, 1220 volt flexible cord sets, and 120 volt cord and plug connected equipment required to be grounded shall be tested as follows:

1. All equipment grounding conductors shall be tested for continuity and shall be electrically continuous.
2. Each receptacle and attachment cap or plug shall be tested for correct attachment of the equipment grounding conductor. The equipment grounding conductor shall be connected to its proper terminal.

#### D. Testing Schedule

All required tests shall be performed:

1. Before first use.
2. Before equipment is returned to service following any repairs.
3. Before equipment is used after any incident which can be reasonably suspected to have caused damage (for example, when a cord set is run over).
4. At intervals not to exceed 3 months.

## 12.0 Assured Equipment Grounding Conductor Program



### E. Test Records

Test verification shall be by means of numeric or color coded marking tape on the receptacle, cord set or equipment to identify that it has passed the test and to indicate the date (month or quarter) in accordance with section 5.0 Coding Scheme. Records will be maintained for 5 years and kept on file in shop records by the tester/inspector.

#### Color Scheme

Coding schemes for assured equipment grounding conductor test record.

<i>Month or Quarter</i>	<i>Quarterly Color Coding Scheme</i>	<i>Monthly Numeric Coding Scheme</i>
January	White	1
February		2
March		3
April	Green	4
May		5
June		6
July	Red	7
August		8
September		9
October	Orange	10
November		11
December		12
Repair or Incident	Brown	0

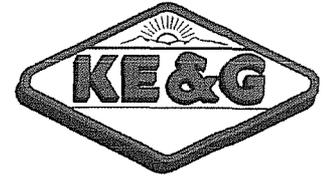


# **13.0 Arizona Blue Stake Procedures**





## 13.0 Arizona Blue Stake Procedures



# ARIZONA BLUE STAKE PROCEDURE

1. Project Engineers or KE&G Office Personnel to call in for Blue Staking at 1-800-782-5348 /or online at least 2 working days before crew will be excavating. Please have the information below ready:
  - a. Location of dig site (Street address, intersection or between intersections) be very specific with directions.
  - b. Type of work
  - c. Will explosives be used?
  - d. Permit number or N/A
  - e. Is access open?
  - f. Is address posted
  - g. Is site white lined?
  - h. Project Job number
  - i. Will overhead notification be necessary?
  - j. Is offset marking acceptable?
  - k. Will there be any directional boring during the excavation?
  - l. Company Name and phone # ( KE&G Construction, Inc. 520-748-0188)
  - m. Contact name and alternate contact name; use Tucson or Sierra Vista's Office Personnel.
  - n. What utilities need to be contacted to blue stake?
2. Notify KE&G Office with:
  - a. Job number
  - b. Blue Stake ticket number
  - c. Expiration date
3. KE&G Office will print ticket and renewals and distribute to:
  - a. Project Superintendent
  - b. Project Manager (SV Only)
  - c. Project Engineer (Tuc Only)
  - d. General Superintendent (Tuc Only)
  - e. Safety Manager (Tuc Only)
  - f. Job File
  - g. Blue Stake Book
4. KE&G Office Personnel will update Blue Stake book and keep track of:
  1. Utility notifications
  2. Expiration dates
  3. Renew any open projects
  4. Blue Stake log in "F" drive under Blue Stake



# 14.0 KE&G Forms





## 14.0 KE&G Forms



# KE&G FORMS

The following images or sample forms frequently used by KE&G Employees or the Safety Manager. These forms are available at the Tucson or Sierra Vista office locations.

# Hazard Communication Training Completion Form

Name: \_\_\_\_\_

Social Security No. \_\_\_\_\_

Job Title: \_\_\_\_\_

I acknowledge that I have received hazard communication program training which included a review of the following information:

- Review of the KE&G hazard communication program policy and procedure
- Review of the OSHA (29 CFR 1910.1200) hazard communication standard
- Review of hazardous chemical locations and operations where they are present
- Location and availability of the written hazard communication program and MSDS's
- Explanation of chemical labeling systems, MSDS's, and how to interpret hazard information from MSDS's
- Physical characteristics and health effects of hazardous substances in use
- Methods and observation techniques used to determine the presence of release of hazardous substances in work areas and exposure reduction/prevention techniques
- Symptoms of chemical exposure and emergency procedures in the event of exposure
- Employee right to receive information regarding hazardous substances that they may be exposed to and for their physician or collective bargaining agent to receive such information
- Employee right to protection against discharge or other discrimination due to the employee's exercise of hazard communication rights

Signature: \_\_\_\_\_

Date: \_\_\_\_\_



## Hot Work Permit

COMPANY:	FACILITY:
DATE:	TIME:
CUSTOMER:	PROJECT NO:
CUSTOMER ADDRESS:	
LOCATION:	
SPECIFIC LOCATION:	
HOT WORK DESCRIPTION:	
CHEMICALS PRESENT:	
CHEMICALS INTRODUCED:	
COMMENTS:	

### PERSONNEL/IGNITION SOURCES

HOT WORK SUPERVISOR:	SIGNATURE:
FIRE WATCH:	SIGNATURE:
WELDER:	SIGNATURE:

OXY/ACETYLENE TORCH CUTTING	GRINDING/ABRASIVE SAW
PROPANE TORCH CUTTING	DRILLING
ELECTRIC ARC WELDING	ELECTRIC TOOLS
HELIARC WELDING	SOLDERING

### HOT WORK CHECKLIST

	YES	NO	N/A
Flammable/Combustible materials removed from area			
Non-movable flammable/Combustible materials covered/secured			
Handling of Flammable/Combustible materials in area stopped			
Floor and wall openings covered/protected			
Flammable/Combustible vapor test performed (must be <10% LEL)			
Inert gas blanket required			
Means of access/egress identified/available			
Caution signs/Caution tape posted around work area			
Ignition sources isolated/Equipment locked/tagged out			
Fire extinguishers, fire hose, fire watch, hot work permit in use			
Mechanical ventilation in use			
Fire protection equipment available/inspected/operational			
Fire protection equipment used (Fire ext./Fire hose/Fire monitor/Fire Dept.			
Fire watch provided			
Fire watch to stand by in area for 10 minutes after completion of hot work			
PPE/Safety equipment approved/in use			
Contractors in area advised of operation/hazards			
Personnel trained in fire control/emergency procedures			
Safety meeting conducted			
Hot work permit posted at jobsite			

### APPROVAL

Above conditions satisfied. Hot work permit valid only for conditions existing at time of permit issuance. Permit expires on change in activity or conditions that affect safety.

HOT WORK SUPERVISOR NAME:

SIGNATURE:



# KE&G CONSTRUCTION, INC

## Employee Warning

### EMPLOYEE

Name		Last		First		M		Today's Date	
Position			Department			Supervisor on Duty			

### WARNING

Date of Occurance			Time of Occurance			Place of Occurance		
Nature of Violation	<input type="checkbox"/> Safety Violation	<input type="checkbox"/> Substandard Work	<input type="checkbox"/> Tardiness	<input type="checkbox"/> Attitude				
	<input type="checkbox"/> Conduct	<input type="checkbox"/> Carelessness	<input type="checkbox"/> Insubordination	<input type="checkbox"/> Other: _____				

### PREVIOUS WARNINGS

Has Employee been previously warned?		<input type="checkbox"/> Y	Date of 1 <sup>st</sup> Warning		Date of 2 <sup>nd</sup> Warning	
		<input type="checkbox"/> N				

### DESCRIPTION OF EVENT

Explain what Occurred

### EMPLOYEE COMMENTS

(optional)

Employee Initials \_\_\_\_\_

### ACTION TO BE TAKEN

Describe the objective to remedy this problem. What will the employee do to correct it?

Describe the follow-up which will occur to ensure correction

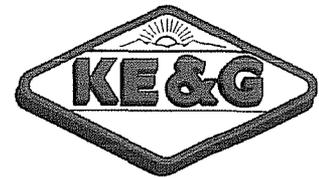
### ACKNOWLEDGEMENT

I have read and understand the nature of this warning.

Employee Signature	Date
Supervisor Signature	Date

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**14.0 KE&G Forms**



**DAILY TRENCH AND EXCAVATION LOG**

DATE: \_\_\_\_\_

COMPETENT PERSON: \_\_\_\_\_

SITE ADDRESS: \_\_\_\_\_

PROTECTIVE SYSTEM USED: TRENCH\_\_\_ SLOPING\_\_\_ SHORING\_\_\_  
OTHER\_\_\_\_\_

TRENCH/EXCAVATION PURPOSE: WATER\_\_\_ SEWER\_\_\_  
OTHER\_\_\_\_\_

VISUAL SOIL TEST MADE: YES\_\_\_ NO\_\_\_ SOIL TYPE\_\_\_\_\_

MANUAL TEST:\_\_\_\_\_ SOIL TYPE\_\_\_\_\_

WATER CONDITIONS: WET\_\_\_ DRY\_\_\_ SUBMERGED\_\_\_

**TRENCH/EXCAVATION MEASUREMENTS:**

TIME: _____	TIME: _____	TIME: _____
LENGTH _____	LENGTH _____	LENGTH _____
WIDTH _____	WIDTH _____	WIDTH _____
DEPTH _____	DEPTH _____	DEPTH _____

ACCESS RAMP/LADDER WITHIN 25FT OF ALL WORKERS: YES\_\_\_ NO\_\_\_

SPOIL PILE NO LESS THAN 2FT FROM EDGE? YES\_\_\_ NO\_\_\_

MATERIAL PROTECTED FROM FALLING INTO TRENCH? YES\_\_\_ NO\_\_\_

WORKERS WEARING HIGHLY VISIBLE VESTS? YES\_\_\_ NO\_\_\_

OTHER UTILITIES OR STRUCTURES PROTECTED? YES\_\_\_ NO\_\_\_

OTHER UTILITIES EXPOSED? YES\_\_\_ NO\_\_\_

WORKERS HAVE RECEIVED TRAINING IN EXCAVATIONS? YES\_\_\_ NO\_\_\_

OTHER INFORMATION OR COMMENTS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



### DAILY EQUIPMENT CHECK LIST REPAIR ORDER

EQUIPMENT NUMBER \_\_\_\_\_ DATE \_\_\_\_\_  
 OPERATOR \_\_\_\_\_ BEGINNING HOURS \_\_\_\_\_  
 LOCATION \_\_\_\_\_ ENDING HOURS \_\_\_\_\_  
 TOTAL HOURS \_\_\_\_\_

*(Please check the appropriate boxes below)*

NA	OK	REPAIRS NEEDED	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ENGINE OIL LEVEL
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HYDRAULIC OIL LEVEL
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ANTI FREEZE LEVEL
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FUEL LEVEL
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FLUID LEAKS OIL/HYD/AF
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TIRES - TREAD/AIR PRESSURE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BACK UP ALARM
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	G. E. T. EDGES/TEETH
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SERVICE BRAKES
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PARKING BRAKE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SEAT/SEAT BELT
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GLASS/MIRRORS
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BODY DAMAGE
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DRAIN AIR TANKS

REPAIRS NEEDED (EXPLAIN):

\_\_\_\_\_  
 \_\_\_\_\_

MECHANIC \_\_\_\_\_

DATE REPAIRS COMPLETED \_\_\_\_\_

THIS CHECK LIST IS TO BE COMPLETED BY THE ASSIGNED OPERATOR AT THE BEGINNING OF THE SHIFT



## Accident/Incident Report *(side A)*



### KE&G CONSTRUCTION, INC ACCIDENT/INCIDENT REPORT

<b>About the Incident</b>	Date of Occurrence	Time of Occurrence
Incident Location <small>Street City State Zip</small>		
Type of Occurrence	<input type="checkbox"/> PROPERTY DAMAGE <input type="checkbox"/> UTILITY <input type="checkbox"/> LIABILITY <input type="checkbox"/> INJURIES	<input type="checkbox"/> FIRST AID <input type="checkbox"/> NEAR MISS <input type="checkbox"/> OTHER: _____
Description of Incident		

<b>Persons Involved</b>	Contact information of those involved in the incident. Include details of any injuries. Attach Accident/Incident Supplement Form if necessary.	
Name of KE&G Employee <small>Last First MI</small>		
Address <small>Street City State Zip</small>		
Is employee injured? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, explain:	
Was employee hospitalized? <input type="checkbox"/> Y <input type="checkbox"/> N	Name of Doctor or Hospital	Lost Time Accident? <input type="checkbox"/> Y <input type="checkbox"/> N
Name of Involved <small>Last First MI</small>		
Address <small>Street City State Zip</small>		
Is person injured? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, explain:	
Was person hospitalized? <input type="checkbox"/> Y <input type="checkbox"/> N	Name of Doctor or Hospital	Lost Time Accident? <input type="checkbox"/> Y <input type="checkbox"/> N
Name of Involved <small>Last First MI</small>		
Address <small>Street City State Zip</small>		
Is person injured? <input type="checkbox"/> Y <input type="checkbox"/> N	If yes, explain:	
Was person hospitalized? <input type="checkbox"/> Y <input type="checkbox"/> N	Name of Doctor or Hospital	Lost Time Accident? <input type="checkbox"/> Y <input type="checkbox"/> N

<b>Witnesses</b>	Contact information of those who have witnessed the incident. Attach Accident/Incident Supplement Form if necessary.	
Witness's Name	Telephone	
Witness's Address <small>Street City State Zip</small>		
Witness's Name	Telephone	
Witness's Address <small>Street City State Zip</small>		

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# Accident/Incident Report *(side B)*

## Property Damage

List below the information of items and property involved in the incident. Attach Accident/Incident Supplement Form if necessary.

Owner's Name				
	<small>Last</small>		<small>First</small>	<small>IA</small>
Owner's Address				
	<small>Street</small>		<small>City</small>	<small>State</small>
Items Damaged				
<input type="checkbox"/> BLUESTAKE WAS BLUESTAKE CALLED IN? <b>Y</b> <b>N</b> DATE: _____ TIME: _____ BLUESTAKE #: _____ EXPIRATION: _____ WAS UTILITY NOTIFIED OF INCIDENT? <b>Y</b> <b>N</b> DATE: _____ TIME: _____				
<input type="checkbox"/> VEHICLE MAKE/MODEL: _____ YEAR: _____ LICENSE #: _____ ISSUING STATE: _____				
<input type="checkbox"/> EQUIPMENT MAKE/MODEL: _____ YEAR: _____ LICENSE #: _____ ISSUING STATE: _____				
<input type="checkbox"/> PROPERTY				
Describe Damage				
Owner's Name				
	<small>Last</small>		<small>First</small>	<small>IA</small>
Owner's Address				
	<small>Street</small>		<small>City</small>	<small>State</small>
Items Damaged				
<input type="checkbox"/> BLUESTAKE WAS BLUESTAKE CALLED IN? <b>Y</b> <b>N</b> DATE: _____ TIME: _____ BLUESTAKE #: _____ EXPIRATION: _____ WAS UTILITY NOTIFIED OF INCIDENT? <b>Y</b> <b>N</b> DATE: _____ TIME: _____				
<input type="checkbox"/> VEHICLE MAKE/MODEL: _____ YEAR: _____ LICENSE #: _____ ISSUING STATE: _____				
<input type="checkbox"/> EQUIPMENT MAKE/MODEL: _____ YEAR: _____ LICENSE #: _____ ISSUING STATE: _____				
<input type="checkbox"/> PROPERTY				
Describe Damage				

## Reported To

Name of Police/Sheriff	Date	Time
Was Safety Manager Notified? <input type="checkbox"/> Y <input type="checkbox"/> N Name	Date	Time

## Statement of Liability

To be filled out and signed by supervisor on duty. Attach Accident/Incident Supplement Form if necessary.

Name of Supervisor On Duty	
"In my opinion, KE&G Construction <input type="checkbox"/> does <input type="checkbox"/> does not bear liability for this accident/incident."	
Reason	
Name of Supervisor	Project Name
Where to Charge Loss	Cost
Supervisor's Signature	Date

Rev 07/05

## 14.0 KE&G Forms



A large, empty rectangular box with a thin black border, intended for the content of the 14.0 KE&G Forms section.

# Employer's Report of Industrial Injury

<b>EMPLOYER'S REPORT OF INDUSTRIAL INJURY</b>		<b>INDUSTRIAL COMMISSION OF ARIZONA P.O. BOX 19070 PHOENIX, ARIZONA 85005-9070</b>		<b>FOR CARRIER USE ONLY</b>	
<p><b>COMPLETE AND MAIL THIS REPORT WITHIN 10 DAYS FROM NOTICE OF ACCIDENT. FATALITIES MUST BE REPORTED WITHIN 24 HOURS.</b></p> <p>Employer must, on this form, notify his insurance carrier of every injury or disease suffered by an employee, fatal or otherwise, which is claimed to arise out of or in the course of employment. <b>ARIZONA REVISED STATUTES 23-908 &amp; 23-1061</b></p>				<p>Mail to: Cincinnati Insurance Co 7739 E Broadway #303 Tucson AZ 85710 KE&amp;G - Policy number WC 1922006 FAX TO : 877-242-3665 EMAIL TO : claimsmaindesk@cinfin.com</p>	
				<b>FOR OSHA PURPOSES ONLY</b>	
				OSHA Case # _____	
				RECORDABLE INJURY _____	
				NON-RECORDABLE INJURY _____	
<b>EMPLOYEE</b>		1 LAST NAME		3 BIRTH DATE	
4 HOME ADDRESS (NUMBER & STREET)		CITY STATE ZIP CODE		5 TELEPHONE	
6 SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		7 MARITAL STATUS <input checked="" type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED			
<b>EMPLOYER</b>		9 EMPLOYER'S NAME		10 RATE/TYPE OF BUSINESS (MANUFACTURING, ETC.)	
11 OFFICE ADDRESS (NUMBER & STREET)		CITY STATE ZIP CODE		12 TELEPHONE	
<b>ACCIDENT</b>		13 DATE OF INJURY OR ILLNESS		16 DATE EMPLOYER NOTIFIED OF INJURY	
14 TIME OF EVENT <input type="checkbox"/> AM <input type="checkbox"/> PM		15 TIME EMPLOYEE BEGAN WORK <input type="checkbox"/> AM <input type="checkbox"/> PM			
17 LAST DAY OF WORK AFTER INJURY		18 DATE OF RETURN TO WORK		19 EMPLOYEE'S OCCUPATION (JOB TITLE) WHEN INJURED	
20 CLASS CODE OF PAYROLL REPORT		21 EMPLOYEE'S ASSIGNED DEPARTMENT		22 DEPARTMENT NUMBER	
23 ADDRESS OR LOCATION OF ACCIDENT		CITY COUNTY STATE ZIP CODE		24 DID INJURY OCCUR ON EMPLOYER PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO	
25 WHAT WAS THE INJURY OR ILLNESS? Tell us the part of the body that was affected and how it was affected. Be more specific than "pain," or "sore." Examples: "strained back," "chemical burn hand," "carpal tunnel syndrome"		26 PART OF BODY INJURED		27 FATAL <input type="checkbox"/> YES <input type="checkbox"/> NO	
28 IF THE EMPLOYEE DIED, WHEN DID THE DEATH OCCUR? DATE OF DEATH		29 WAS EMPLOYEE TREATED IN AN EMERGENCY ROOM? <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME OF PHYSICIAN OR OTHER HEALTH CARE PROFESSIONAL ADDRESS (STREET, CITY, STATE & ZIP CODE)	
30 WAS EMPLOYEE HOSPITALIZED OVERNIGHT AS AN IN-PATIENT? <input type="checkbox"/> YES <input type="checkbox"/> NO		31 IF HOSPITALIZED, HOSPITAL NAME		ADDRESS (STREET, CITY, STATE & ZIP CODE)	
32 IF VALIDITY OF CLAIM IS DOUBTED, STATE REASON					
<b>CAUSE OF ACCIDENT</b>		33 WHAT HAPPENED? Tell us how the injury occurred. Examples: "When ladder slipped on wet floor, worker fell 20 feet," "Worker was sprayed with chlorine when gasket broke during replacement," "Worker developed soreness in wrist over time"			
34 WHAT OBJECT OR SUBSTANCE DIRECTLY HARMED THE EMPLOYEE? Examples: "concrete floor," "chisel," "drill arm saw." If this question does not apply to the incident, leave it blank.					
35 WHAT WAS EMPLOYEE DOING JUST BEFORE THE INCIDENT OCCURRED? Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. Examples: "climbing a ladder while carrying roofing materials," "spraying chlorine from hand sprayer," "dialy computer key-entry"					
36 IF ANOTHER PERSON NOT IN COMPANY EMPLOY CAUSED ACCIDENT, GIVE NAME AND ADDRESS					
<b>EMPLOYEE'S WAGE DATA</b>		37 HOURS PER DAY EMPLOYEE WORKED		38 WAS EMPLOYEE ON OVERTIME WHEN INJURED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
39 NUMBER OF DAYS PER WEEK USUALLY WORKED		EMPLOYEE COMPANY		40 WAS EMPLOYEE HIRED FOR PERMANENT EMPLOYMENT? <input type="checkbox"/> YES <input type="checkbox"/> NO	
41 IF WORK LOSS IS EXPECTED TO EXCEED SEVEN CALENDAR DAYS, COMPLETE ITEMS 40 THRU 47		42 DATE OF LAST HIRE		43 WAS WORKER PAID FOR DAY OF INJURY? <input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, \$	
44 GIVE EMPLOYEE'S WAGE STATUS AS APPLICABLE		45 12 EMPLOYEE FURNISHED		46 ACTUAL GROSS EARNINGS OF EMPLOYEE FOR THE 30 CALENDAR DAYS PRECEDING INJURY (EXAMPLE: IF INJURED APRIL 9, GIVE EARNINGS FROM MARCH 9 THRU APRIL 7)	
47 DOES EMPLOYEE CLAIM DEPENDENTS? <input type="checkbox"/> YES <input type="checkbox"/> NO		48 IF EMPLOYEE EARNS EXTRA PAY FOR OVERTIME, WHAT IS BASIS OF PAYMENT?		49 NUMBER OF HOURS OVERTIME CONSIDERED NORMAL PER WEEK	
50 GROSS WAGES OF EMPLOYEE DURING 12 MONTHS PRECEDING INJURY		51 IF EMPLOYEE WORKED LESS THAN 12 MONTHS, SHOW GROSS WAGES FROM DATE OF HIRE THROUGH DAY PRIOR TO INJURY			
52 DATE OF LAST WAGE INCREASE IF WITHIN 12 MONTHS PRIOR TO INJURY		53 WAGE BEFORE INCREASE		54 WAGE AFTER INCREASE	
55 GROSS EARNINGS FROM DATE OF INCREASE THRU DAY PRIOR TO INJURY					
<b>AUTHORIZED SIGNATURE</b>		DATE		TITLE	
40 AUTHORIZED SIGNATURE					
<p>NOTE TO EMPLOYER: 1 Mail one copy to the Industrial Commission within 10 days 2 Mail the copy to your insurance carrier within 10 days 3 Keep one copy, for not less than five (5) years, as your supplementary record of injuries required by the Federal Occupational Safety and Health Act of 1970</p> <p>* The mandatory requirement that the social security number be included in forms filed with the Claims Division or Special Fund Division of the Industrial Commission of Arizona is permitted by Section 7(a)(2)(B) of the Federal Privacy Act of 1974, because the Commission's forms, prescribed under the Commission's Rules in existence prior to January 1, 1975, required disclosure of the social security number. The number is used as a means of identifying all the various records in the Claims Division or Special Fund pertaining to an individual. The use of social security numbers is made necessary because of the large number of persons who have similar names and birth dates, and whose identities can only be distinguished by the social security number.</p> <p>Form ICA-04-0101 (Rev. 7/01) THIS FORM APPROVED BY THE INDUSTRIAL COMMISSION OF ARIZONA FOR CARRIER USE</p>					

# SAFETY TRAINING PROGRAM

EMPLOYEE			OSHA-10hr	KE&G Safety	HAZCOM	CRANE SAFETY	PPE	TRENCHING / SHORING	RIGGING / INSPECTORS	CONFINED SPACE ENTRY	FALL PROTECTION	LO / TO	ALCOHOLS / DRUGS	FIRE PROTECTON	FORLIFT SAFETY	BLUESTAKE
GUILLERMO	AGUIRRE	FIELD ENGINEER		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
CHRISTOPHER	ALBRIGHT	PRESIDENT		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
WAYNE	ANDERSON	VICE PRESIDENT		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
WALLACE	ANTONE	LABORER		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
JOHN	ARCHAMBAULT	SHOP MANAGER		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
JOSE	ARELLANO	CONCRETE FINISHER	Sep-13	Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
TROY	BALLARD	SUPERINTENDENT	Jan-13	Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
HUMBERTO	BENITEZ	METER INSTALLER		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
ROBBEE	BLYTHE	LABORER		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
FELIX	BRIGIDO	CONCRETE FINISHER		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
MARK	CAMPBELL	PROJECT MANAGER		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
GERONIMO	CAMPUZANO	CONCRETE FINISHER	Sep-13	Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
ANTONIO	CASILLAS	PIPELAYER	Feb-13	Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
ANDRES	CONTRERAS	PIPELAYER		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
FERNANDO	CONTRERAS	LABORER		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
FERNANDO	CONTRERAS	FOREMAN	Sep-13	Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
RICARDO	CONTRERAS JR	LABORER		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
MANUEL	CORONADO	CARPENTER	Jan-13	Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
AARON	DE LA O	PLUMBER	Sep-13	Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
RICHARD	DEES	OPERATOR		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
JOSHUA	DIAZ	PIPELAYER		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
MARIO	ESPINOZA	LABORER		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
DAVID	FARNSWORTH	PIPELAYER		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
MARK	FARUOLO	LABORER	Jan-13	Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
DANIEL	FLUNO	METER INSTALLER		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
ROBERT	FORBIS	SHOP FOREMAN		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
GILBERT	GAMEZ	METER INSTALLER		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
DANIEL	GODOY	METER INSTALLER		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
SCOTT	GOLDMAN	PROJECT ENGINEER		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
HEATH	GOODWIN	LABORER		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
JESSE	GRINSTEINER	FIELD ENGINEER		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
FRANCISCO	HERNANDEZ	CONCRETE FINISHER	Sep-13	Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
TRAVIS	HOERNER	FOREMAN		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
RICHARD	HUNZIKER	GENERAL SUPERINTENDENT		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
MARK	JAGODITSH	LABORER		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
BRIAN	JANSKI	PROJECT MANAGER		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
TIMOTHY	JONES	WELDER		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14

EMPLOYEE			OSHA-10hr	KE&G Safety	HAZCOM	CRANE SAFETY	PPE	TRENCHING / SHORING	RIGGING / INSPECTONS	CONFINED SPACE ENTRY	FALL PROTECTION	LO / TO	ALCOHOLS / DRUGS	FIRE PROTECTON	FORLIFT SAFETY	BLUESTAKE
DANNIE	JORDAN	FOREMAN		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
ANDREW	JOYAL	PIPELAYER		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
JAMES	KELLEY	PLUMBER	Sep-13	Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
JESUS	LAMADRID	CONCRETE FINISHER		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
MARCELINO	LARA	OPERATOR	Feb-13	Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
CARLOS	LOPEZ	CONCRETE FINISHER	Sep-13	Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
FRANCISCO	LOPEZ	LABORER		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
JOSE	MACIAS	FOREMAN	Feb-13	Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
GREY	MAJOR	FIELD ENGINEER		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
CLAUDE	MARIN	WELDER		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
LOUIS	MARIN	WELDER		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
CARLOS	MIRANDA	CDL DRIVER		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
GEORGE	MIRANDA	OPERATOR		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
ENRIQUE	MIRANDA JR	OPERATOR		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
FRANCISCO	MONTANO RICO	LABORER		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
JOHN	MONTGOMERY	LUBE SUPERVISOR		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
CHAD	MOUSSETTE	MECHANIC		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
JEFF	OLEJNIK	SUPERINTENDENT	Sep-13	Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
NICHOLAS	OLEJNIK	FOREMAN	Sep-13	Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
ALFONSO	PADILLA	FOREMAN	Sep-13	Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
CESAR	PEDREGO	CONCRETE FINISHER		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
DAVID	PEDREGO	CONCRETE FINISHER		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
ISMAEL	PEDREGO	CONCRETE FINISHER		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
ISMAEL	PEDREGO JR	CONCRETE FINISHER		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
ANGEL	PEREZ	CARPENTER		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
MICHAEL	PORTER	WAREHOUSE		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
ARNOLD	RAMON	METER INSTALLER		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
RUSSELL	RANGEL	METER INSTALLER		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
SAMUEL	RECINOS	LABORER		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
CHARLES	REESE	SUPERINTENDENT	Sep-13	Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
RAUL	RODRIGUEZ	OPERATOR		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
RENE	ROMO	CONCRETE FINISHER		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
ADAM	ROSALES	METER INSTALLER		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
CUAUHTEMOC	RUBIO	SHOP LABORER		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
FERNANDO	SALDIVAR	CARPENTER	Sep-13	Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
DAVID	SANDUSKY	MECHANIC		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
JESUS	SANTA MARIA	LABORER		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
RODERICO	SANTA MARIA	LABORER		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
FEDERICO	SANTAMARIA	FOREMAN	Sep-13	Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
JESUS	SANTAMARIA	PIPELAYER	Sep-13	Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
LUIS	SANTAMARIA	LABORER	Sep-13	Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14

EMPLOYEE			OSHA-10hr	KE&G Safety	HAZCOM	CRANE SAFETY	PPE	TRENCHING / SHORING	RIGGING / INSPECTORS	CONFINED SPACE ENTRY	FALL PROTECTION	LO / TO	ALCOHOLS / DRUGS	FIRE PROTECTION	FORLIFT SAFETY	BLUESTAKE
CODY	SAUER	FIELD ENGINEER		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
DAVID	SAUNDERS	CDL DRIVER		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
JACK	SCHAAF	METER INSTALLER	Sep-13	Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
ADAM	SEDGEMAN	PROJECT MANAGER		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
KYLE	SHEPHERD	FIELD ENGINEER		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
MARTIN	SOTO	OPERATOR		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
MARIO	STAVREFF	FOREMAN		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
MICHAEL	TAYLOR	PLUMBER	Sep-13	Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
GEORGE	TEICHMAN	METER INSTALLER	Sep-13	Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
ALVARO	TOVAR	CARPENTER	Sep-13	Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
FANE	TWITCHELL	METER INSTALLER	Sep-13	Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
JUAN	VALDEZ	LABORER		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
SAUL	VALENCIA	PIPELAYER		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
LAZARO	VALENZUELA	CONCRETE FINISHER	Sep-13	Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
MARIO	VERDUGO	CONCRETE FINISHER	Sep-13	Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
DANA	WHITTAKER	FOREMAN		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
RIDGE	WILSON	ASSISTANT PURCHASING AGENT		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
JAVIER	ZATARAIN	OPERATOR		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
NICHOLAS	ZEDAKER	PIPELAYER	Jan-13	Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14
ROBERT	ZEDAKER	GENERAL SUPERINTENDENT		Jan-15	Feb-15	Mar-15	Mar-15	Apr-15	May-15	Jun-15	Jul-15	Aug-14	Sep-14	Oct-15	Nov-14	Dec-14