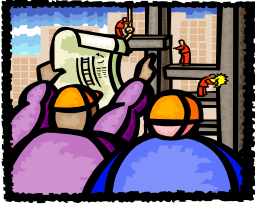


DOME CONSTRUCTION CORPORATION
INJURY AND ILLNESS PREVENTION PROGRAM
AND
PROCEDURES AND OPERATIONS
FOR FIELD ACTIVITIES PROGRAM



MARCH 2004



**IIPP
&
FIELD
PROCEDURES/
OPERATIONS
PROGRAM**

FOR



3/12/04

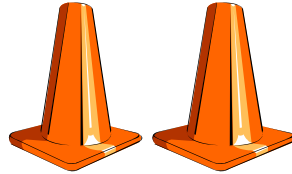
DOME CONSTRUCTION CORPORATION
INJURY AND ILLNESS PREVENTION PROGRAM



MARCH 2004

DOME CONSTRUCTION CORPORATION

INJURY AND ILLNESS PREVENTION PROGRAM



Due to our employees' concern and efforts, Dome Construction Corporation has one of the best safety records in the industry. We thank all our employees for those efforts!

Your help is needed to maintain and/or improve upon our excellent safety record. If you notice any unsafe conditions, please take all necessary precautions to avoid an accident and promptly report any hazards observed in the course of your work to your Supervisor.

Dome Construction's safety policy is to follow all Occupational Health and Safety Act safety orders and common sense safety practices.

Anyone refusing to comply with Dome Construction's safety policies and/or project safety requirements shall be subject to appropriate disciplinary action, including suspension and/or termination. Your continued cooperation and extra effort will help assure all of us a safer, happier life.



I have received and read the Dome Construction Injury and Illness Prevention Program. I understand the rules and information contained in it and agree to adhere to its provisions.

EMPLOYEES COPY:

MARCH 2004

ISSUED TO:

(PLEASE PRINT FULL NAME)

(PLEASE SIGN AND RETURN TO OFFICE)

(DATE)

PLEASE RETURN SIGNED COPY TO THE DIRECTOR OF HUMAN RESOURCES

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President's Message

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PRESIDENT'S MESSAGE

Dome Construction Corporation is concerned about the safety and well being of all its employees.

Accidents can be devastating to the individual, his/her family and to the operations of Dome Construction. We must strive to effectively control injuries and accidents in our work place.

Dome Construction Corporation considers accident prevention and safety to be equally as important as any phase of our operation and we make every reasonable effort to provide safe working conditions.

To achieve a goal of maintaining a safe and healthy working environment, Dome Construction Corporation has implemented a comprehensive ***Injury and Illness Prevention Program (I.I.P.P.)***.

Control of accidents is the result of management and employees working together for the common objective of ***safety*** on the job site. All employees, and subcontractors working for Dome Construction Corporation, are expected to follow safe work practices and to actively participate in the Program. To achieve this goal, Dome Construction Corporation has adopted this Injury and Illness Prevention Program. The implementation of this Program is everyone's responsibility as we work together to identify and eliminate conditions and practices that reduce the benefits of a safe and healthy work environment.

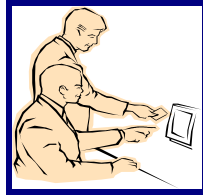
This I.I.P.P. and ***Safe Work Procedures and Operations for Field Activities (S.W.P.O.F.A.)*** are designed to prevent work place accidents, injuries and illnesses. Complete copies of the IIPP and SWPOFA are available in the Safety Officer's office and in the main office with the Department of Human Resources. They are available for your review. A copy of the IIPP only is given to every employee and an additional copy of the Safe Work Procedures and Operations for Field Activities Manual is provided to all Project Managers, Estimators and Superintendents / Foreman.

Richard S. Lerner

President, Chief Executive Officer



RESPONSIBILITY FOR IMPLEMENTING IIPP



Program Administrator

The Program Administrator is **Sergei P. Bogatsky**, Vice President - Director of Field Operations. As such, he has the authority and responsibility for the implementation of provisions of this Program on all of Dome Construction Corporation's projects and facilities. He can be reached at the following numbers:

- Office Headquarters: **415 ♦ 641-0800, X122**
- Mobile Phone: **415 ♦ 308-4352**
- E-mail: **sergei@domeconst.com**
- U.S. Mail: **2121 Oakdale Avenue, San Francisco, CA 94124**

Corporate Safety Officer

The Corporate Safety Officer is **Frank L. Zamora**. He reports directly to the Program Administrator and is responsible for the overall implementation and maintenance of Dome Construction Corporation's Injury and Illness Prevention Program. He can be reached at the following numbers:

- Office Headquarters: **415 ♦ 641-0800 X182**
- Pager: **415 ♦ 443-0226**
- Mobile Phone: **415 ♦ 385-896**
- E-mail: **frank@domeconst.com**
- U.S. Mail: **2121 Oakdale Avenue, San Francisco, CA 94124**

The duties of the Corporate Safety Officer include:

- Provide daily support and guidance for safety program administration to Project Managers and Superintendents at all Dome Construction Corporation's job sites and facilities.
- Develop resources and criteria for the enhancement of the Injury and Illness Prevention Program.
- Act as a liaison with government and industry safety professionals.
- Regularly provide reports of safety program effectiveness to corporate management of Dome Construction Corporation.
- Develop training protocols consistent with current industry and regulatory requirements.

- F. Regularly monitor project operations for safety program effectiveness and compliance.
- G. Act as a resource to project-level management regarding routine and non-routine safety issues.
- H. Monitor accident investigation process and make recommendation(s) for corrective action to project management and corporate management.
- I. Has the authority to take immediate corrective action up to and including the stoppage of any work activity in order to protect the health and safety of any Dome Construction Corporation employee or employee of any Dome Construction Corporation subcontractor.

Project Manager

The Project Manager is responsible for the successful completion of project activities. As such, the Project Manager is ultimately responsible for the effective implementation of the Injury and Illness Prevention Program at the project level. The Project Manager's safety responsibilities include:

- A. Hold subordinate supervisors responsible for their role in the implementation of the Injury and Illness Prevention Program.
- B. Require compliance with contract safety provisions by subcontractors.
- C. Participate in weekly project safety meetings (tail gate meetings).
- D. Review daily job site safety performance with subordinate supervisors.
- E. Review and initial weekly crew safety meeting minutes for quality and relevance.
- F. Review and initial weekly job site safety inspection reports.
- G. Regularly communicate with the Corporate Safety Officer regarding the effectiveness of the project safety program.
- H. Act as project liaison to project owner on matters of safety.
- I. Participate in periodic project safety training activities.
- J. Participate in the development of safety pre-planning and job specific safety plans.
- K. Participate in all accident investigations and review accident reports from subordinate supervisors for completeness and accuracy. Ensure timely submittal of accident investigation reports to the Corporate Safety Officer and Human Resource Director.
- L. Has authority to take immediate corrective action up to and including the stoppage of any work activity in order to protect the health and safety of any Dome Construction Corporation employee or employee of any Dome Construction Corporation subcontractor.

Superintendent / Foreman

The Superintendent / Foreman is responsible for the effective implementation of the Injury and Illness Prevention Program as it relates to daily work activities and safe performance of work by subordinate supervisors, employees and subcontractors. On matters of safety, the Superintendent / Foreman reports to the Project Manager. The Superintendent's / Foreman's safety responsibilities include:

- A. Participate in weekly project safety meetings with the Project Manager and pertinent subcontractor representatives as part of the weekly construction meeting.
- B. Review daily project safety performance with the Project Manager.
- C. Conduct a weekly tailgate safety meeting for Dome Construction Corporation employees and submit a written record of the meeting to the Project Manager for review.
- D. Conduct a daily project safety inspection as part of his routine supervision of the work and take prompt corrective action when unsafe acts or conditions are identified. Additionally, submit a written weekly job site safety meeting report and inspection report to the Project Manager and submit a copy to the Corporate Safety Officer.
- E. Participate and lend support to training of employees in safe work practices.
- F. Participate in the development of safety pre-planning and job specific safety plans.
- G. Report all injuries *immediately* to the Corporate Safety Officer, Human Resource Director and the Project Manager.
- H. Investigate and document all accidents and injuries and develop a corrective action plan to prevent similar accidents. Provide a complete written accident report to the Project Manager within 24-hours from when the accident occurred.
- I. Take immediate corrective action up to and including the stoppage of any work activity in order to protect the health and safety of any Dome Construction Corporation employee or employee of any Dome Construction Corporation subcontractor.
- J. Has the responsibility for maintaining the job site poster board with required and up-to-date postings.

Employees

All Dome Construction Corporation employees are responsible for the effective implementation of the Injury and Illness Prevention Program as it relates to their participation in daily work activities. Employee's safety responsibilities include:

- A. Comply with all provisions of the Dome Construction Corporation Injury and Illness Prevention Program and with other Company safety policies as well as other workplace safety and health laws, standards, orders, and regulations.

- B. Properly use Company issued personal protective equipment and protection devices.
- C. Not allowed to remove, displace, damage, destroy or tamper with any safety device, safety guard, notice, or warning.
- D. Immediately report hazardous conditions to supervisor.
- E. Immediately report any job-related illness or injury to supervisor.
- F. Encouraged to submit suggestions and/or recommendations to immediate supervisor or the Corporate Safety Officer to improve working conditions and safe work practices. A safety suggestion box is located at the main office and at all job site locations.
- G. To report unsafe conditions, use the ***Employee Report of Unsafe Conditions Form*** located in the Appendix.
- H. Complete an initial safety orientation and review the ***Safe Work Procedures and Operations For Field Activities Handbook***.
- I. All craft employees will adhere to Dome Construction Corporation's Substance Abuse Policy as directed. A copy of the Substance Abuse Program is provided in Dome Construction's ***Safe Work Procedures and Operations For Field Activities Handbook*** along with copies of the ***Carpenters 46 Northern California Counties Uniform Substance Abuse Policy*** and the ***CEA/Carpenters Uniform Substance Abuse Policy Summary of Key Provisions***. Signed receipts of acknowledgement are required upon review of these documents.

EMPLOYEE COMPLIANCE



Dome Construction Corporation ensures compliance with the Injury and Illness Prevention Program by administering the following disciplinary procedures:

- A. The first violation will result in a verbal warning.
- B. The second violation, within 90 days of the first verbal warning, will result in a written warning and mandatory retraining in the applicable area(s).
- C. The third violation, within 90 days of the first verbal warning, will result in termination of employment.

Management reserves the right to accelerate the terms of this disciplinary policy up to and including termination of the employee to reflect the severity of a given violation.

Employees will comply with the IIPP to make the work place safe for themselves and fellow employees.

Supervisory Compliance:

All supervisors will be required to correct unsafe conditions, establish and enforce safe work practices in the work place. Failure to do so will be treated as a violation of Dome Construction Corporation's safety policy and said supervisor will be subject to the disciplinary actions as outlined above. In addition, supervisors at the direction of the Program Administrator may be required to meet with the Program Administrator to review the supervisor's past performance as it relates to the enforcement of the Company's safety policy.

EMPLOYEE COMMUNICATIONS



Dome Construction Corporation has complied with the State of California's Occupational Safety and Health Association's (CAL/OSHA) Construction Safety Orders by establishing an Injury and Illness Prevention Program (IIPP).

A copy of the written ***Injury and Illness Prevention Program*** is distributed to every Dome Construction employee. Copies of the IIP Program are available at 2121 Oakdale Avenue, San Francisco from the Corporate Safety Officer or the Human Resource Director. The ***Safe Work Procedures and Operations for Field Activities Program*** is distributed to all Project Managers, Estimators, Superintendents / Foreman.

Employees have the right to be advised of occupational safety and health standards and to receive training on safe work conditions, practices and personal protective equipment.

Employees can provide information to Dome Construction on safety hazards, request information, or make safety suggestions without fear of reprisal or job discrimination.

Employees will comply with the following requirements to make the work place safe for themselves and fellow employees:

1. Know the Code of Safe Practices for the general work area and for your job.
2. Comply with working conditions, safe work practices, and personal protective equipment requirements for your job.
3. Report unsafe conditions and injuries/illnesses to your Supervisor.
4. Know where MSDS information is located.

Dome Construction Corporation will conduct inspections on a regular basis to identify unsafe conditions.

Supervisors will utilize the "***Safety Action Report***" form for summarizing unsafe conditions noted during an inspection.

Employees can use the form entitled "***Report of Unsafe Condition or Hazard***" to report unsafe conditions. These forms should be placed in the Corporate Safety Officer's or Program Administrator's mailbox and marked "Confidential."

Safety meetings should be documented on forms: "***Safety Meeting Report***" or "***Safety Meeting Form***". These forms should be filed with the individual job.

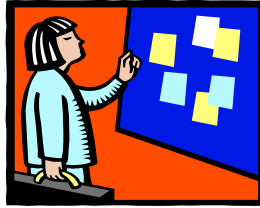
"***Safety Inspection Reports***" should be filed in the job file and transmitted to the Corporate Safety Officer.

All employees are advised that safe working conditions, safe work practices, and required personal protective equipment are mandatory and that **safe practices** will be enforced.

Outstanding safety records will be recognized and non-compliance of employee responsibilities may lead to reprimand or termination per California regulation and pertinent labor agreements.

Dome Construction Corporation will periodically use safety resources from our insurance carrier, our broker and from CAL-OSHA Consultation to further enhance our safety program.

SAFETY COMMUNICATIONS



Dome Construction Corporation will use the following methods and systems for communicating with employees in a form readily understandable on matters relating to Occupational Health and Safety. Dome Construction Corporation will also include provisions designed to encourage employees to inform the Company of hazards at the work site without fear of reprisal.

Postings:

As a means of general communication, Dome Construction Corporation will post at all job sites at a central location all necessary and required safety and health related documents as required by law. Periodically additional safety related bulletins may be posted on the poster board to communicate additional safety related information to employees.

Safety Memos:

Safety memos issued by Dome Construction's Safety Department will be distributed to job site supervisors and posted when necessary on the jobsite poster board. Supervisors will, in turn, review and address safety information with employees in a timely manner.

Tailgate Meetings:

At a minimum, job site superintendents / foremen will conduct crew tailgate safety meetings on a weekly basis. Additional tailgate safety meetings will be held if job site conditions warrant them. Superintendents / Foremen will also communicate where Hazard Communication Plans and MSDS information is located on the job site.

Monthly Operations Management Meetings:

Project Managers meet monthly to discuss operational issues at the Corporate Office. The Corporate Safety Officer makes a report at the meeting regarding safety issues of common concern to all projects. Project Managers return to their job sites and brief subordinate supervisors on operational and safety issues as they pertain to their respective projects. Relevant safety information is then conveyed to employees at the next tailgate safety meeting.

Quarterly Field Supervisors Meetings:

Field supervisors and upper management officials meet quarterly to discuss safety issues relevant to company operations.

Two-Way System of Communication:

Dome Construction Corporation encourages employees to inform the Company of any work place hazard(s) without fear of reprisal by:

- Verbally informing the supervisor
- Using the form entitle "Report of Unsafe Condition or Hazard"
- Contacting the Corporate Safety Officer by telephone at 415 ♦ 641-0800 X182
- Safety Suggestion Box (located at Company headquarters) or on-site personnel can place suggestions in a sealed envelope and give to Safety Officer
- Program review of Hazard Communication Program and Material Safety Data Sheets

SCHEDULED AND PERIODIC INSPECTIONS



Dome Construction Corporation identifies job site hazards by the following methods: Scheduled inspections, non-scheduled inspections and documented self-inspections.

Scheduled Inspections:

- a. Daily by employee
- b. Daily by supervisor
- c. Corporate Safety Officer (periodically or documented self-inspection)
- d. Weekly by field supervisor (documented self-inspection)
- e. Insurance Loss Control Representative (periodically)
- f. Project Owner Safety Representative (periodically)

Non-Scheduled Inspections:

- a. By Corporate Safety Officer
- b. Periodic upper management safety walks

Additional inspections will be required under the following circumstances:

- Whenever new substances, processes, procedures, or equipment are introduced to the work place that represent an occupational health hazard.
- As a routine part of every accident or near miss investigation.

ACCIDENT INVESTIGATIONS



The Field Supervisor will investigate all occupational injuries, illnesses or near misses and/or damage to equipment resulting from work performed by Dome Construction Corporation or its subcontractors.

In the event of serious accidents or injuries, the field supervisor will immediately contact the Corporate Safety Officer who will, in turn, inform the Corporate Safety Program Administrator. The Corporate Safety Officer will begin an immediate investigation and will keep the Corporate Safety Program Administrator informed.

All investigations will be conducted immediately or upon discovery and completed written reports must be made available to the Corporate Safety Officer and Human Resource Director within 24-hours.

All accident investigations will be documented utilizing the ***Supervisor's Report of Accident***.

While conducting the investigation, particular attention will be given to suggesting ways of abating re-occurrences of the event which contributed to the accident or near miss.

All investigation reports will be reviewed for possible corrective action by the Project Manager, Safety Officer and Program Administrator.

Accident prevention recommendations will be communicated to employees once identified by investigation report findings.

CORRECTING UNSAFE CONDITIONS AND WORK PRACTICES



Non-Serious Hazards:

The employee shall correct the deficiency and then notify his/her supervisor.

Serious Hazards:

The employee should immediately notify his/her supervisor. The supervisor shall immediately evaluate the hazard and take immediate corrective action so as to protect the employee.

Hazards Involving Imminent Danger:

Upon discovery of any work presenting an imminent hazard to any employee, the work shall be halted. The Supervisor shall cause the immediate removal of any employee in danger and shall not allow any resumption of work activities until the imminent hazard has been abated.

SAFETY TRAINING



Employees:

New and current employees shall be provided an initial safety orientation and a copy of the Dome Construction Corporation ***Injury and Illness Prevention Program***. The orientation will be conducted at the time of hire in order to familiarize all new employees with the provisions of this Injury and Illness Prevention Program and to re-emphasize existing safety rules and procedures.

All new/current employees will be instructed in general safe and healthy work practices and training will include job specific training and whenever a new substance, process, procedure or new equipment is introduced to the work place. Documentation is required for all training. See ***New Employee Orientation Training Verification Form*** in the Appendix.

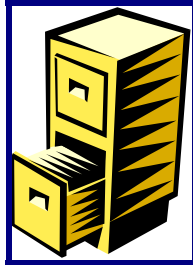
Supervisors:

Supervisors and Foremen are trained in hazard recognition and safe work practices in their area of responsibility on a continual basis. This includes quarterly field supervisory meetings, monthly department meetings, pre-project planning meetings, and periodic special training and refresher training as determined by the Corporate Safety Officer.

All Field Supervisors are trained to familiarize themselves with the safety and health hazards to which employees under their immediate direction and control may be exposed.

Records of all training sessions will be maintained by the Corporate Safety Officer. Documentation will indicate the type of training given, date, trainer's name, and the employee's signature.

RECORDKEEPING

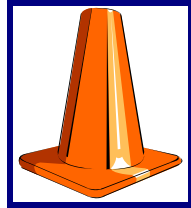


It is Company policy that certain records associated with safety on the job be kept up-to-date and retained for specified periods. The purpose of this recordkeeping requirement is to enable Dome Construction Corporation to learn from past experiences and make the necessary corrections for future operations. The following recordkeeping procedures shall be followed by Dome Construction to ensure compliance of essential requirements and records.

1. The OSHA 300-Log and Summary of Occupational Injuries and Illnesses shall be kept up-to-date. Entries shall be made within six (6) days of the injury and the Log shall be kept for a period of five (5) years. The actual Log must be posted Feb. 1 – April 30 on the bulletin board. All information will be updated and maintained by the Human Resource Director once information is provided.
2. The Employer's report of Occupational Injury or Illness shall be completed for all reported accidents. These records are kept for a period of five (5) years.
3. The records of Employee Exposure to Toxic Substances and Physical Agents along with Employee Medical Reports should be kept for an indefinite period.
4. Operational Permits and Equipment Certification shall be kept up-to-date.
5. Essential records, including the following, will also be kept for a period of at least three (3) years.
 - New Employee Safety Orientation and Training Records
 - Safety Meeting Reports
 - Safety Inspection Records
 - Accident / Incident Investigation Records
 - Essential Insurance Company Communications
 - Pertinent Copies of IIPP Forms

THE CORPORATE SAFETY OFFICER HAS BEEN CHARGED WITH THE RESPONSIBILITY FOR THE COMPILATION AND STORAGE OF ALL REQUIRED RECORDS.

CODE OF SAFE PRACTICES



COMPLACENCY IS THE PRIME CAUSE OF WORK PLACE ACCIDENTS. IMPROVE YOUR SAFETY AWARENESS. IGNORANCE OF COMPANY SAFETY RULES IS NO EXCUSE FOR THEIR VIOLATION.

CORPORATE OFFICE RULES:

1. Keep your work area clean and free of tripping hazards. Clean up spills and keep floor clear of loose cords, paper clips, waste paper, rubber bands, pencils, and other materials.
2. Keep desk and file drawers closed when not in use. Never open more than one drawer at a time to prevent file cabinet from tipping over.
3. Watch where you walk. Use aisles – Use handrails on stairways and avoid rushing around blind corners, past doorways or in the corridors.
4. When you have to climb, use a safe ladder or step stool. Never take chances by standing on a chair, desk, file, shelf, or other makeshift platform.
5. Make sure that all office equipment like typewriters, computer equipment, copy machines, and the like are set firmly on desks.
6. Make sure that all file cabinets are firmly anchored. If not, inform your Supervisor.
7. Employees should dispose of trash, waste, and cigarette stubs in the appropriate containers. The careless disposal of some waste materials can be dangerous.
8. Use the appropriate tools for the job such as approved paper cutters, staplers, Staple removers, hole punches, and the like.
9. Avoid the use of unnecessary electrical extension cords. All office employees are required to get permission for the use of privately owned electrical equipment in the office.
10. Use the approved technique when lifting: Bend knees, grasp the load firmly, lift using leg muscles, and keep back straight. GET HELP FOR HEAVY OR AWKWARD LOADS.
11. Review and follow manufacturer's safety data for electrical and computer equipment used in the work place including but not limited to:

- a. Personal Computer Stations and CRT Displays (VDT's)
- b. Paper Copiers
- c. Laser / Desk Jet Printers
- d. Telephone System
- e. Kitchen Microwaves
- f. Kitchen Garbage Disposals
- g. Kitchen Coffee Makers
- h. Kitchen Toasters
- i. Kitchen Refrigerators
- j. Kitchen Water Dispensers
- k. Camcorder
- l. Polaroid Cameras
- m. Digital Cameras
- n. VCR and Monitor
- o. Overhead Projector
- p. Cellular Telephones
- q. Pagers
- r. Security System
- s. Mail Opener
- t. Paper Cutter
- u. Postage Meter
- v. Typewriters
- w. Scanner
- x. Portable Heaters
- y. Calculators
- z. Computer Printers
- aa. Tape Recorders
- bb. Digitizers
- cc. Fans
- dd. Desk Lamps
- ee. FAX Machines
- ff. Plotters

12. Report all unsafe conditions to your Supervisor.

13. For VDT workstations, background and screen lighting shall be compatible and adjustable. Keyboard and chair position should be adjustable.

GENERAL RULES FOR FIELD STAFF PERSONNEL:

- All Employees shall follow these safe practices and report all unsafe conditions or practices to the proper supervisor.
- Work shall be well-planned and supervised to minimize injury.
- Supervisors shall insist on employees observing and obeying every rule, regulation and order to ensure proper conduct of the work and shall take such corrective action as is necessary.

- Inappropriate behavior or harassment of any kind is prohibited.
- Graffiti of any kind in work areas or restrooms (portables) is prohibited.
- Anyone known to be under the influence of alcohol or drugs shall not be allowed on the job and will be subject to the substance abuse policy.
- Horseplay or fighting on the job is prohibited.
- Smoking or use of tobacco products is prohibited in or around work areas.
- Employees shall not enter underground vaults, chambers, tanks, or other similar places until it has been determined that it is safe to so.
- Employees shall be alert to see that all guards and other protective devices are in proper places and adjusted, and shall report deficiencies promptly to their supervisor.
- All injuries, no matter how slight, must be reported to the supervisor. Report all unsafe practices or conditions to the supervisor immediately
- All flammable liquids must be stored in approved containers. Gasoline shall not be used for cleaning purposes.
- While climbing ladders, use both hands when going up or down and maintain three points of contact when working from a ladder. Materials and tools should be lowered or raised by a rope or other mechanical means.
- When lifting, be sure of good footing, bend knees and keep back straight. Obtain a secure handgrip and lift upward by straightening the legs without arching the back.
- Materials shall be stacked neatly and piled so as to prevent toppling, sliding and/or rolling.
- Any damage to scaffolds, false work, or other supporting structures must be repaired or promptly reported to the supervisor.
- Never use compressed air or other gases for blowing off or cleaning clothing or body.
- Warning signs and tags are for the protection of you and your fellow workers. Heed them.
- Safety guards or protective devices shall not be altered in any manner.
- Never remove barrier tape or warning signs unless you have been instructed to do so.
- When chipping, drilling, cutting, or grinding materials that generate flying debris or dust safety goggles that create a physical seal around the eyes shall be worn.
- Always wear high visibility clothing when working around mobile equipment, and make your presence known to the operator.

- Use of radios and/or personal listening devices will not be allowed.
- Protect floor openings by providing suitable barricades or covers.
- All company employees are charged with aiding in the protection of the public including, as your job description dictates, installation and maintenance of signs, signals, lights, fences, guard rails, ramps, temporary sidewalks, barricades, and overhead protection, etc. as may be necessary.

Confined Spaces:

- No employee is allowed to enter any confined space or area that has the potential for a hazardous atmosphere without proper authorization and training.
- All confined space locations will be identified and clearly marked as such.
- All confined space activities will be conducted under the direction of a competent supervisor. Adhere to the provisions of the Dome Construction Corporation Confined Space Policy (see ***Safe Work Procedures and Operations For Field Activities***).

Cranes:

- Do not walk under suspended loads.
- Keep clear of crane radius path.
- Adhere to all warning signs and barricades.
- Only authorized employees are allowed near crane operations.
- Hard hats, safety glasses and safety vests shall be worn.

Cutting and Welding:

- All hot work activities shall adhere to the provisions of Dome Construction Corporation's Hot Work Policy (see ***Safe Practice Procedures and Operations For Field Activities Manual***).
- Only qualified welders are authorized to do any welding, heating or cutting.
- Hot work permits shall be required on all hot work activities.
- Inspect work areas for fire hazards and proper ventilation before welding or cutting.
- No burning, welding, or other source of ignition shall be applied to any enclosed tank, vessel or piping, even if there are openings, until it has first been determined that no possibility of explosion exists and authority for the work is obtained from the supervisor.
- Avoid welding or cutting sparks and hot slag. Be alert to hot surfaces and avoid touching metal surfaces until they have cooled.

- When welding or cutting, a fire extinguisher must be readily available.
- Proper eye protection will be used for the type of work being performed. When using a cutting torch, cutting goggles that provide a physical seal around the eyes must be used. Refer to the MSDS for protection level ratings.
- Welding hoods must accommodate hard hats and must be worn during welding operations when jobsite conditions require them.
- Welders must wear other personal protective equipment suitable for cutting and welding operations such as leather gloves, long sleeve shirt, long pants, leather work boots, and other fire resistant clothing, as needed. Hearing protection must be worn when job conditions require.
- Compressed gas cylinders must be secured in the upright position.
- Valve protection caps must be installed when cylinders are not in use or are being moved or stored. Transport gas cylinders only in an upright position and only when properly secured.
- Do not hoist cylinders by the valve protection cap.
- Keep oil and grease away from gauges and regulators at all times.
- Close cylinder valves when work is finished, when cylinders are empty, or when transporting at any time.
- Oxygen and acetylene cylinders must be kept separate by a minimum of 20-feet or 1-hour fire rated wall when stored.
- All oxygen and acetylene regulators will be equipped with flash back arresters.

Emergency Response:

- All emergency telephone numbers shall be clearly identified and posted.
- Exit signs will be identified and clearly marked.
- First aid kits shall be clearly marked for location and first aid supplies regularly stocked.
- CPR/ First Aid trained personnel shall be identified and readily available

Elevating Work Platform / Scissor Lift:

- Only trained employees shall use elevating platform.
- Platforms must have guardrails in place.

- Operations and instruction manuals shall be available where platform is in use.
- Climbing on the mid rail or top rail to access additional height is prohibited.
- Safety gate or chain must be secure at all times during operation

Electrical:

- 15- and 20-ampere receptacle outlets on single-phase, 120-volt circuits for construction sites that are not a part of the permanent wiring of the building or structure, shall be protected by ground-fault circuit interrupters.
- All electric power tools shall be double insulated and/or grounded.
- GFI adapters shall be used when accessing power from an existing source not part of temporary power (protected by GFI).
- Defective power cords or GFI equipment shall be red tagged and removed from service.
- Do not lift or lower power tools by their cords.
- Power cords shall be protected from being crushed (vehicle damage) and any other damaging exposure.
- Power tools equipped with safety guards shall be inspected at all times for proper operation, prior to use.

Fall Protection:

- Standard guardrails and toe boards around wall and floor openings exceeding 6 feet in height shall be put in-place immediately at all times to abate fall exposures and protect employees working or passing below.
- Employees must not work over 6 ft above the next walking or working surface without being protected by adequate fall protection, or personal fall arrest systems.
- All floor openings and wall openings shall be adequately secured and clearly marked "DANGER FLOOR / WALL OPENING, DO NOT REMOVE".
- Employees shall not remove or alter guardrails or floor openings at any time without supervisory direction.
- Personal fall arrest systems shall be company issued.

- All personal fall arrest systems shall meet CAL/OSHA required standards. Employees must be trained in fall arrest systems prior to use (see Fall Protection in ***Safe Practice Procedures and Operations For Field Activities Manual***).

Fire Prevention:

- Fire prevention equipment shall be maintained in good working order (i.e. extinguishers).
- Fire extinguishers will be recharged regularly and noted on inspection tag.
- “No smoking” procedures will be followed at all times.
- All fire prevention equipment must be conspicuously located and readily available at all times.
- Discharged extinguishers or damaged equipment shall be immediately removed and replaced by the immediate supervisor.
- Fire blankets shall be used during hot work, as required.

Forklifts:

- Only trained and qualified employees will be allowed to operate a forklift.
- A copy of forklift safety operation rules shall be posted.
- Stunt driving and horse play are prohibited.
- Employees shall not be allowed to stand, pass, or work under elevated loads or forks.
- Employees shall not ride on the forks of lift trucks.
- Forklift shall be properly inspected for fuel leaks and safety by operator prior to use.
- Operator shall not exceed authorized safe operating speed.

Hand Tools and Equipment:

- Always use the proper tool and equipment for assigned work.
- Do not use broken, defective, burned or mushroomed tools. Report defective tools to your supervisor and turn in for replacement.
- Do not leave tools on scaffolds, ladders or any overhead working surfaces.

- Wooden tool handles must be sound, smooth, in good condition, and securely fastened to the tool.
- Do not lift or lower power tools by their cords.
- Power cords shall be protected from being crushed (vehicle damage) and any other damaging exposure.
- Sharp-edged or pointed tools should never be carried in employee's pockets.
- Power tools equipped with safety guards shall be inspected at all times for proper operation, prior to use.
- No employee will operate electric, gas, or hand powered tools or equipment unless authorized.
- No employee shall remove or modify safety guard apparatus on any tool or piece of equipment.

Air Tools:

- Pneumatic tools shall be properly clipped or wired to prevent accidental disconnection.
- All hose connections will be properly secured with safety clips.
- All hoses exceeding ½ inch inside diameter will require safety devices at the source of supply to reduce pressure in case of hose failure.
- Air hoses shall not be disconnected at compressors until the hose line has been bled.

Powder-Actuated Tools

- Only trained employees who have a current card of certification in their possession will be allowed to operate powder-actuated tools.
- Warning signs will be posted within areas of operation of any powder-actuated tool.
- All powder-actuated tools will be tested daily before use and all defects discovered before or during use will be corrected, "tagged" as malfunctioning, or taken out of service.
- Proper personal protective devices shall be worn (e.g., safety glasses, ear protection, head and hand protection) at all times when operating powder-actuated tools.

Lasers:

- Only trained employees will be allowed to operate lasers.
- Employees will wear proper eye protection where there is a potential exposure to laser light. Follow manufacturer's instructions.

- Laser warning placard must be posted where laser is in use.
- Laser beams are never to be directed at a human being.
- Laser equipment must be labeled to indicate the maximum output.

Housekeeping:

- Keep all aisles, passageways, stairs, platforms, and ladders clear of all obstructions, materials and debris.
- Remove or bend all protruding nails presenting a snag or puncture hazard.
- Keep all work sites clean and orderly.
- Place all oily rags, paint and other containers that have contained flammable or combustible liquids in approved containers.
- Clean up all oil spills immediately.
- Clean and dispose of all broken glass in approved containers
- Power cords shall be kept orderly at all times.
- Debris shall be disposed of in approved containers on a regular basis as needed.
- Trash containers shall be located throughout the jobsite.
- Pipe cut offs, metal shavings, suspended ceiling wire, sheet rock and all other material generated debris shall be kept clear from walkways and exits at all times.

Ladders:

- Ladders must be in good condition and must be industrial grade.
- Do not tie or fasten ladders together to provide longer sections unless they are specifically designed for such use.
- All stepladders must be equipped with a metal spreader or locking device.
- Do not paint wooden ladders, except stencil for identification.
- Maintain ladders free from oil, grease, and other slipping hazards.
- Ladders must extend at least 3 feet above the upper landing surface and be secured.

- Never stand on the top step of a stepladder.
- Do not use ladders on slippery surfaces.
- Do not move, shift, or extend ladder while occupied.
- Ladders must be inspected by competent person on a periodic basis and after any occurrence that could affect their performance
- Ladders with structural defects must be tagged with “do not use” or similar language and removed from service.

Material Handling:

- Adequate hand protection shall be worn when handling materials with sharp or jagged edges.
- When lifting materials, use your legs and bend your knees not your back. Keep load in front of you close to your body (get help).
- Authorized mechanical or motorized lifting equipment shall be used when applicable (Forklift).
- All materials shall be stacked in neat piles and secured from sliding or tipping.
- All materials shall be kept away walkways, doors, stairs and emergency exits at all times.

Machinery:

- Only authorized persons shall operate machinery or equipment.
- Loose or frayed clothing, long hair, finger ring, etc. shall not be worn around moving machinery or other areas where they may become entangled.
- Machinery shall not be serviced, repaired or adjusted while in operation, nor shall oiling of moving parts be attempted, except on equipment that is designed or fitted with safe guards to protect the person performing the work.
- Where appropriate, lock out tag out procedures shall be used.
- Approved fall protection shall be used when working above 6-feet or when other fall protection controls are unavailable and where a potential fall exposure exists.

Personal Protective Equipment and Clothing:

All persons working at or visiting the job site must wear:

- An approved (ANSI) hard hat and safety glasses.
- Reflective Safety Vest when required or posted.
- Approved safety glasses or goggles when exposed to flying objects or chemical hazards.
- Approved hand protection when handling materials, equipment or engaged in activities where a danger of a hand injury exists.
- Approved ear protection when exposed to areas with high noise levels exceeding 85dBA.
- Approved respiratory equipment, when required.
- Approved fall protection when working above 6-feet or when other fall protection controls are unavailable.
- All personal protective equipment shall be kept in good working order.
- All personal protection equipment shall be company issued.

Platforms and Scaffolding:

Platforms:

- Platforms must be planked solid and cover the entire space between scaffold uprights.
- Guard railings must be installed on open sides and ends of platforms that are 6 ft. or higher.
- Toe boards are required on all railed sides of platform where employees work or pass below.
- Slippery platform conditions are prohibited.

Scaffolds:

- Rolling scaffolds that do not have proper handrails or are not fully planked are prohibited.
- Rolling scaffolds shall only be used on level surfaces.

- Scaffold planking shall overlap a minimum of 12 inches and extend over end supports between 6 and 12 inches and cleated or otherwise secured.
- Scaffolds will be capable of supporting 4 times the maximum intended load and will be erected on sound, rigid footing capable of carrying the maximum intended load without settling or displacement.
- Scaffolding and accessories with defective parts shall be replaced immediately.
- A competent person shall inspect the scaffold and keep a written record of maintenance as required by law.
- Platforms will be tightly planked with full width of scaffold, except for necessary entrance opening. Platforms will be secured in place.
- All employees shall be trained on safe work practices prior to work activities on scaffolding (see Scaffolding in ***Safe Practice Procedures and Operations For Field Activities Manual***).

Trench/Excavation:

- No employee shall enter a trench/excavation without proper authorization and training.
- Trench/Excavations shall be clearly marked and adequately fenced or barricaded.
- All Trench/Excavation activities shall be conducted under the supervision of a competent supervisor and adhere to the Dome Construction Corporation Trench/Excavation policy (see ***Safe Practice Procedures and Operations For Field Activities Manual***).
- Identify underground installation (e, g., sewer, utility, fuel) locations prior to opening an excavation. Contact local and/or state agencies as required and utility companies or owners to advise on proposed work and ask for locations of utility underground installations prior to opening an excavation.
- Testing must be conducted in excavations where oxygen deficient atmospheres exist or could reasonably be expected to exist before employees are permitted to enter excavations greater than 4 feet in depth.
- Employees are not to access any trench, regardless of its depth without the proper permission of a supervisor.
- Where employees may be required to enter excavations, excavated material must be stored at least 2 feet from edge of excavation.
- Walls and faces of trenches 5-feet or more in depth, and all excavations in which employees are exposed to danger from moving ground or cave in, must be protected by shoring or sloping.

- Excavations 20 feet deep or deeper must have shoring or sloping designed by a professional engineer.
- All excavations or trenches that are 4 feet or more in depth must have a stairway, ladder, ramp or other means of access and egress within 25 feet of lateral travel
- No employees are permitted underneath loads handled by lifting or digging equipment.
- A competent person will conduct inspections of excavations prior to start of work as necessary and after every rainstorm or other hazard increasing occurrence.

SUBCONTRACTOR SAFETY COMPLIANCE



Subcontractors will comply with all OSHA, Dome Construction Corporation, Owner, and all other stipulated safety requirements.

Please see the following information in the ***Safe Work Procedures and Operations For Field Activities Manual***:

- MSDS Compliance
- Report of Injuries / Near Misses
- Site Specific Safety Programs
- Any Other Programs, As Required

WORKERS' COMPENSATION BENEFITS



If you are injured or become ill because of your job, you may be entitled to Workers' Compensation benefits. Dome Construction Corporation has provided a form that explains the benefits offered. A pamphlet is also included that describes the procedures to use when applying for benefits. These documents have been provided in English and in Spanish.

In order to receive compensation, you must complete the ***“Employee”*** section and give the form to the Human Resource Director. Keep the copy marked ***“Employee’s Temporary Receipt”*** until you receive the dated copy from Dome Construction. Please read the instructions on the attached ***“Employee’s Claim For Workers’ Compensation Benefits”***.

HOW TO FILE A CLAIM FORM

A claim form is how you report a work injury or illness to your employer.

Enclosed is the Employee's Claim for Workers' Compensation Benefits. Please read the instructions on the top of the form.

Complete **only** the "Employee" section. Be sure to SIGN and DATE the claim form. It is important that you keep a copy of the claim form for your records.

Return the claim form to your employer. You may hand-deliver or mail it to your employer. If you choose to mail the claim form, we recommend you use certified mail—return receipt requested.

Your employer should then complete the "Employer" section and forward the completed claim form to his workers' compensation insurance company. Your employer should give you a copy of the completed claim form. You should request a copy from your employer in the event you do not receive one.

Keep a copy for your records.

Generally the insurance company has fourteen (14) days to mail you a status letter about your claim. If you don't receive this letter, you should call the insurance company.

If you need help, you may call an Information & Assistance Office. The local I & A phone numbers are listed on the back of this guide.

The information contained in this guide is general in nature and is not intended as a substitute for legal advice. Changes in the law or the specific facts of your case may result in legal interpretations which are different than presented here.

WORKERS' COMPENSATION APPEALS BOARD

DISTRICT OFFICES

ANAHEIM, 92801-1162

1661 N. Raymond Ave., Suite 202
Information & Assistance Unit

(714) 738-4038

SACRAMENTO, 95825-2403

2424 Arden Way, Suite 230
Information & Assistance Unit

(916) 263-2741

BAKERSFIELD, 93301-1929

1800 30th Street, Suite 100
Information & Assistance Unit

(661) 395-2514

SALINAS, 93906-2016

1880 North Main Street, Suites 100 & 200
Information & Assistance Unit

(831) 443-3058

EUREKA, 95501-0481

100 "H" Street, Suite 202
Information & Assistance Unit

(707) 441-5723

SAN BERNARDINO, 92401-1411

464 West Fourth Street, Suite 239
Information & Assistance Unit

(909) 383-4522

FRESNO, 93721-2280

2550 Mariposa Street, Suite 4078
Information & Assistance Unit

(559) 445-5355

SAN DIEGO, 92108

7575 Metropolitan Road, Suite 202
Information & Assistance Unit

(619) 767-2170

GOLETA, 93117-3018

6755 Hollister Avenue
Information & Assistance Unit

(805) 968-4158

SAN FRANCISCO, (DISTRICT OFFICE), 94102-7002

455 Golden Gate Avenue, 2nd Floor
Information & Assistance Unit

(415) 703-5020

GROVER BEACH, 93433-2261

1562 Grand Avenue
Information & Assistance Unit

(805) 481-3380

SAN JOSE, 95113-1482

100 Paseo de San Antonio, Suite 241
Information & Assistance Unit

(408) 277-1292

LONG BEACH, 90802-4339

300 Oceangate Street, Suite 200
Information & Assistance Unit

(562)-590-5240

SANTA ANA, 92701-4070

28 Civic Center Plaza, Suite 451
Information & Assistance Unit

(714) 558-4597

LOS ANGELES, 90013-1105

320 West 4th Street, 9th Floor
Information & Assistance Unit

(213) 576-7389

SANTA MONICA, 90405-5219

2701 Ocean Park Blvd., Suite 220
Information & Assistance Unit

(310) 452-1188

OAKLAND, 94612-1402

1515 Clay Street, 6th Floor
Information & Assistance Unit

(510) 622-2861

SANTA ROSA, 95404-4760

50 "D" Street, Suite 420
Information & Assistance Unit

(707) 576-2452

OXNARD, 93030

2220 East Gonzales Road, Suite 100
Information & Assistance Unit

(805) 485-3528

STOCKTON, 95202-2393

31 East Channel Street, Suite 344
Information & Assistance Unit

(209) 948-7980

POMONA, 91766-1601

435 West Mission Blvd., Suite 300
Information & Assistance Unit

(909) 623-8568

VAN NUYS, 91401-3373

6150 Van Nuys Blvd., Suite 105
Information & Assistance Unit

(818) 901-5374

REDDING, 96001-2796

2115 Civic Center Drive, Suite 15
Information & Assistance Unit

(530) 225-2047

WALNUT CREEK, 94598-2422

175 Lennon Lane, Suite 200
Information & Assistance Unit

(925) 977-8343

RIVERSIDE, 92501-3337

3737 Main Street, Suite 300
Information & Assistance Unit

(909) 782-4347



EMPLOYEE'S CLAIM FOR WORKERS' COMPENSATION BENEFITS

If you are injured or become ill because of your job, you may be entitled to workers' compensation benefits.

Complete the "Employee" section and give the form to your employer. Keep the copy marked "Employee's Temporary Receipt" until you receive the dated copy from your employer. You may call the Division of Workers' Compensation at 1-800-736-7401 if you need help in filling out this form or in obtaining your benefits. An explanation of workers' compensation benefits is included on the back of this form.

You should also have received a pamphlet from your employer describing workers' compensation benefits and the procedures to obtain them.

Any person who makes or causes to be made any knowingly false or fraudulent material statement or material representation for the purpose of obtaining or denying workers' compensation benefits or payments is guilty of a felony.

PETICION DEL EMPLEADO PARA BENEFICIOS DE COMPENSACIÓN DEL TRABAJADOR

Si Ud. se ha lesionado o se ha enfermado a causa de su trabajo, Ud. tiene derecho a recibir beneficios de compensación al trabajador.

Complete la sección "Empleado" y entregue la forma a su empleador. Quédese con la copia designada "Recibo Temporal del Empleado" hasta que Ud. reciba la copia fechada de su empleador. Si Ud. necesita ayuda para completar esta forma o para obtener sus beneficios, Ud. puede hablar con la Division de Compensación al Trabajador llamando al 1-800-736-7401. En la parte de atrás de esta forma se encuentra una explicación de los beneficios de compensación al trabajador.

Ud. también debería haber recibido de su empleador un folleto describiendo los beneficios de compensación al trabajador lesionado y los procedimientos para obtenerlos.

Toda aquella persona que a propósito haga o cause que se produzca cualquier declaración o representación material falsa o fraudulenta con el fin de obtener o negar beneficios o pagos de compensación a trabajadores lesionados es culpable de un crimen mayor "felonia".

Employee: *Empleado:*

1. Name. *Nombre.* _____ Today's Date. *Fecha de Hoy.* _____
2. Home Address. *Dirección Residencial.* _____
3. City. *Ciudad.* _____ State. *Estado.* _____ Zip. *Código Postal.* _____
4. Date of Injury. *Fecha de la lesión(accidente).* _____ Time of Injury. *Hora en que ocurrió.* _____ a.m. _____ p.m.
5. Address and description of where injury happened. *Dirección/lugar dónde ocurrió el accidente.* _____
6. Describe injury and part of body affected. *Describe la lesión y parte del cuerpo afectada.* _____
7. Social Security Number. *Número de Seguro Social del Empleado.* _____
8. Signature of employee. *Firma del empleado.* _____

Employer—complete this section and give the employee a copy immediately as a receipt.
Empleador—complete esta sección y déle inmediatamente una copia al empleado como recibo.

9. Name of employer. *Nombre del empleador.* _____
10. Address. *Dirección.* _____
11. Date employer first knew of injury. *Fecha en que el empleador supo por primera vez de la lesión o accidente.* _____
12. Date claim form was provided to employee. *Fecha en que se le entregó al empleado la petición.* _____
13. Date employer received claim form. *Fecha en que el empleado devolvió la petición al empleador.* _____
14. Name and address of insurance carrier or adjusting agency. *Nombre y dirección de la compañía de seguros o agencia administradora de seguros.* _____
15. Insurance Policy Number. *El número de la póliza del Seguro.* _____
16. Signature of employer representative. *Firma del representante del empleador.* _____
17. Title. *Título.* _____ 18. Telephone. *Teléfono.* _____

Employer: You are required to date this form and provide copies to your insurer or claims administrator and to the employee, dependent or representative who filed the claim within one working day of receipt of the form from the employee.

SIGNING THIS FORM IS NOT AN ADMISSION OF LIABILITY

Empleador: Se requiere que Ud. feche esta forma y que provéa copias a su compañía de seguros, administrador de reclamos, o dependiente/representante de reclamos y al empleado que hayan presentado esta petición dentro del plazo de un día hábil desde el momento de haber sido recibida la forma del empleado.

EL FIRMAR ESTA FORMA NO SIGNIFICA ADMISION DE RESPONSABILIDAD

WORKERS' COMPENSATION BENEFITS

Medical Care. All medical care for your work injury or illness will be paid for by your employer or employer's insurance company. Medical benefits may include treatment by a doctor, hospital services, physical therapy, lab tests, x-rays, and medicines. Your employer or employer's insurance company will pay the cost directly so you should never see a bill.

Payment for Lost Wages. If you can't work because of a job injury or illness, you will receive "temporary disability" benefit payments. The payments will stop when your doctor says you are able to return to work. These benefits are tax-free. Temporary disability payments are two-thirds of your average weekly pay, up to a maximum set by state law. Payments are not made for the first three days you are off the job unless you are hospitalized or cannot work for more than 14 days.

Payment for Permanent Disability. If the injury or illness results in a permanent handicap, permanent disability benefit payments will be paid after recovery. The amount of benefits will depend on the type of injury, and your age and occupation.

Rehabilitation. If the injury or illness prevents you from returning to the same type of job, you may qualify for "vocational rehabilitation benefits". These benefits include services to help you get back to work. If you qualify for vocational rehabilitation, the costs will be paid by your employer or employer's insurance company, up to a maximum set by state law.

Death Benefits. If the injury or illness causes death, payments may be made to relatives or household members who were financially dependent on the worker.

Disclosure of Medical Records. After you make a claim for workers' compensation benefits, your medical records will not have the same privacy that people usually expect for medical records. Records of all medical treatment you have received, even for injuries or illnesses that are not caused by your work, may be read by a variety of people. If you do not agree to voluntarily release medical records, they can be "subpoenaed" and ordered to be released. A workers' compensation judge may "seal" (keep private) certain medical records if the worker requests privacy.

For More Information. If you need help filling out this form, or if you have questions about workers' compensation benefits, please call an Information and Assistance Officer in the local office of the Division of Workers' Compensation. You may hear recorded information and a list of local offices by calling this toll free number: 1-800-736-7401. This is a free service of the State of California. You may also consult an attorney.

BENEFICIOS DE COMPENSACIÓN AL TRABAJADOR

Cuidado Médico. Todo el cuidado médico por su lesión o enfermedad causada en el trabajo será pagado por su empleador/patrón o su compañía de seguros. Los beneficios médicos pueden incluir tratamiento por un doctor, servicios de hospital, fisioterapia, análisis de laboratorio, rayos-x, y medicamentos. Su empleador o la compañía de seguros de su empleador pagará directamente el costo, así Ud. nunca tendrá que ver una cuenta.

Pago por Pérdida de Sueldos. Si Ud. no puede trabajar debido a una enfermedad o lesión causada en el trabajo, Ud. recibirá pagos de beneficio de "incapacidad temporal". Los pagos se detendrán cuando su médico indique que Ud. puede volver a su trabajo. Estos beneficios son libres de impuestos. Los pagos por incapacidad temporal son dos-tercios del promedio de su pago semanal, hasta un máximo asignado por la ley del estado. No se efectúa pago por los tres primeros días que Ud. esta incapacitado a menos que Ud. este hospitalizado o no pueda trabajar por mas de 14 días.

Pagos por Incapacidad Permanente. Si los resultados de la lesión o enfermedad producen un impedimento o incapacidad permanente, se efectuarán pagos de incapacidad permanente después de la recuperación.

Rehabilitación. Si la lesión o enfermedad le impide a Ud. volver al mismo trabajo, puede ser que Ud. califique para los "beneficios de rehabilitación vocacional". Estos beneficios incluyen servicios para ayudarlo a que Ud. vuelva a trabajar. Si Ud califica para rehabilitación vocacional, los costos serán pagados por su empleador o su compañía de seguros, hasta un máximo asignado por la ley del estado.

Beneficios de Muerte. Si la lesión o enfermedad resulta en muerte, los pagos pueden ser efectuados a parientes o a miembros de la familia quienes dependen financieramente del trabajador.

Revelación de Expedientes Médicos. Después de que Ud. efectúa un reclamo para beneficios de compensación del trabajador sus expedientes médicos no tendrán la misma privacidad que la gente por lo general espera de los expedientes médicos. Un expediente de todos los tratamientos médicos que Ud. haya recibido, inclusive de lesiones o enfermedades que no hayan sido causadas por su trabajo, pueden ser leídos por distintas personas. Si Ud. no esta de acuerdo a entregar voluntariamente los archivos médicos, pueden ser ordenados en un "comparendo" (orden judicial) y que ordenan su entrega. Un juez de compensaciones al trabajador, puede "cerrar" (mantenidos en privado) ciertos expedientes médicos si el trabajador solicita privacidad.

Información y Asistencia. Si Ud. necesita ayuda para completar esta forma, o si Ud. tiene preguntas relacionadas con sus beneficios, por favor póngase en contacto con un Oficial de Información y Asistencia en la oficina local de la División de Compensación al Trabajador. Ud. puede escuchar información grabada y una lista de las oficinas locales llamando gratis al número: 1-800-736-7401. Este es un servicio gratis del Estado de California. Ud. también puede consultar a un abogado.

APPENDIX



- Supervisors Report of Accident / Incident Form
- Safety Meeting Report Form
- Report of Unsafe Condition or Hazard
- Safety Inspection Report
- Action Report Form (Safety Violation)
- Personal Protection Equipment / Verification Form
- Training / Verification Form
- Supplemental Training / Verification Form

SUPERVISOR'S REPORT OF ACCIDENT / INCIDENT FORM

Report Prepared By: _____ Phone Number: _____

Date of Report: _____ Contacted Safety Officer **Frank Zamora, 415 ♦ 641-0800, Ext. 182**

#1 Project Information:

Jobsite Name: _____ Job No.: _____

Address: _____

Project Manager: _____

Superintendent: _____ Foreman: _____

Safety Coordinator: _____

#2 Employee/Incident Information:

Employee Name: _____ SS#: _____ DOB: _____

Address: _____ Home Phone Number: _____

Date of Hire: _____ Job Title _____ Wage \$ _____ / Hour

Years in Occupation: _____ Shift Start Time _____ End Time: _____

Exact location of incident (Bldg/Level/Area): _____

General task at time of incident (i.e. Moving Strut): _____

Specific activity at time of incident (i.e. Bending over to P/U Strut): _____

#3 Injury/Illness Information:

Date of Incident: _____ Day of Week: _____ Time of Incident: _____

Date reported to Dome: _____ Reported to whom at Dome? _____

Type of Injury: _____ Part of body injured: _____

Was first aid given onsite? Yes No If yes, by whom: _____

Was employee taken to a medical facility offsite? Yes No Date: _____

Treating Facility & Phone Number: _____

Transported by: Ambulance Company Vehicle Private Vehicle – Name of driver: _____

Employee returned to: Regular Work Modified Work If not, estimated return date: _____

Employee's Supervisor: _____ Working on a Crew? Yes No If yes, Crew size: _____

Was a Pre-task Plan made for the work being performed at the time of the incident? Yes No If yes, attach.

#4 Incident Designation (checked by safety professional only): Name: _____

First Aid Incident Recordable Incident Lost Time Incident Incident Only Not Determined At This Time

#6 Additional Information:

Name of witnesses and others working with injured worker (attach witness statements): _____

Object, substance, equip. involved in incident (desc/model/serial #):

List PPE worn at time of incident: _____

Safety equipment & training required for job: _____

Does employee normally operate this equipment? Yes No

Was employee instructed in the safe use of this equipment? Yes No When/How?:

Describe in detail & attach copies of equipment certifications? _____

Was any defect with the equipment noted or reported prior to accident/incident? Yes No

Was any recent maintenance/service performed on this equipment Yes No If yes, when/what?

Describe in detail and attach copies of invoices/work orders.

Were standard work procedures followed? Yes No If no, why not – Describe in detail, attach additional sheets if necessary and attach a copy of the standard site procedures?

Was a safety rule or specific instruction violated? Yes No If yes, what – Describe in detail, attach additional sheets if necessary and attach a copy of the rule/regulation?

When/How was this rule, regulation or specific instruction communicated to the injured worker(s)?

#7 Corrective Action Plan:

Corrective action(s) and completion date(s): _____

Date of next scheduled toolbox safety meeting: _____	
Name of leader: _____	
Has the meeting leader been provided with this information for discussion?	<input type="checkbox"/> Yes <input type="checkbox"/> No

#8 Reviewed and Acknowledged:			
Safety Coordinator:	_____	_____	_____
	<i>Print Name</i>	<i>Signature</i>	<i>Date</i>
Foreman:	_____	_____	_____
	<i>Print Name</i>	<i>Signature</i>	<i>Date</i>
Superintendent:	_____	_____	_____
	<i>Print Name</i>	<i>Signature</i>	<i>Date</i>
Project Manager:	_____	_____	_____
	<i>Print Name</i>	<i>Signature</i>	<i>Date</i>

#9 Routing:		
Please FAX to:	Safety Officer:	<u>Frank Zamora, Fax: 415 ♦ 642-2812</u>
	Human Resource Director:	<u>Virginia Preciado, Fax: 415 ♦ 642-2812</u>
	Safety Administrator:	<u>Sergei Bogatsky, Fax: 415 ♦ 642-2812</u>

REPORT OF UNSAFE CONDITION OR HAZARD

Optional: Employees may submit this form anonymously.

Employees' Name: _____

Job Title: _____

Location of Condition Believed to Be Unsafe or Hazardous: _____

Date and Time Condition or Hazard Observed: _____

Description of Unsafe Condition or Hazard:

What Changes Would You Recommend to Correct the Condition or Hazard?

Optional:

Signature of Employee: _____

Date: _____

Company Response:

Name of Person Investigating Report: _____

Results of Investigation (what was found? Was condition unsafe or a hazard?) (Attach additional sheets if necessary): _____

Action Taken to Correct Hazard or Unsafe Condition, if Appropriate (or, alternatively, Information provided to Employees as to Why Condition Was Not Unsafe or Hazardous) (Attach additional sheets, if necessary): _____

Signature of Person Investigating Report: _____

Place in Suggestion Box or place in a sealed envelope and give to Corporate Safety Officer.

SAFETY INSPECTION REPORT

Date: _____ Name of Inspector: _____ Signature of Inspector: _____ Area Inspected: _____	Evaluations: S = Satisfactory U = Unsatisfactory NA = Not Applicable to the Area Inspected If an unsatisfactory rating is provided for a particular item, the Company's Safety Action Report must be completed for the item in question.	
	RATING	ADDITIONAL COMMENTS
1. <u>General Work Environment</u>		
1.1 Adequate and proper storage space for tools and materials.		
1.2 All flammable liquids stored in approved containers.		
1.3 All waste materials deposited in metal containers.		
1.4 Waste material containers emptied on a regular basis.		
1.5 Vacuum cleaners, floor polishers and other equipment in good working condition.		
1.6 Broken glass properly handled and disposed of.		
1.7 Electric tools properly grounded.		
1.8 Ladders and stools equipped with safety treads.		
1.9 All spillage immediately wiped up.		
1.10 Employees regularly warned of hazards.		
1.11 Proper tools used on each job.		
1.12 All worksites clean and orderly.		
1.13 Storage and equipment rooms neat and orderly.		
1.14 All flammable wastes disposed of promptly.		
1.15 Lighting and ventilation adequate.		
1.16 All work areas adequately illuminated.		
1.17 Floor openings covered or otherwise guarded.		
1.18 Noise levels in all facilities are kept within acceptable levels.		

Date: _____		Evaluations: S = Satisfactory U = Unsatisfactory NA = Not Applicable to the Area Inspected If an unsatisfactory rating is provided for a particular item, the Company's Safety Action Report must be completed for the item in question.
Name of Inspector: _____		
Signature of Inspector: _____		
Area Inspected: _____		
	RATING	ADDITIONAL COMMENTS
2. <u>Fire Prevention</u>		
2.1 Fire prevention equipment in working order (i.e., extinguishers, automatic sprinklers).		
2.2 Fire extinguishers, sprinklers, fire exits, etc. unblocked.		
2.3 Fire extinguishers recharged regularly and noted on inspection tag.		
2.4 "No Smoking" procedures followed.		
2.5 Smoking prohibited near flammable materials.		
3. <u>Emergency Response</u>		
3.1 Emergency telephone numbers posted.		
3.2 Exit signs posted.		
3.3 First Aid supplies stocked.		
4. <u>Protective Equipment and Clothing</u>		
4.1 Safety clothing and equipment provided.		
4.2 Safety clothing worn when required.		
4.2.a safety glasses or goggles		
4.2.b safety shoes.		
4.2.c hard hats.		
4.3 Safety equipment maintained in a sanitary condition.		
5. <u>Machine Operators</u>		
5.1 Machines used only by authorized, trained employees.		
5.2 Machinery turned off when not in use.		

Date: _____	Evaluations: S = Satisfactory U = Unsatisfactory NA = Not Applicable to the Area Inspected If an unsatisfactory rating is provided for a particular item, the Company's Safety Action Report must be completed for the item in question.	
Name of Inspector: _____		
Signature of Inspector: _____		
Area Inspected: _____		
	RATING	ADDITIONAL COMMENTS
5.3 Correct speed and feed used when operating equipment.		
5.4 Safety guards in place on all equipment.		
5.5 Machinery and equipment clean and properly maintained.		
5.6 Lockout procedures in place <u>and</u> followed.		
6. <u>Hand Tools and Equipment</u>		
6.1 Tools and equipment in good working condition.		
6.2 Tool cutting edges are kept sharp.		
6.3 Hand protection utilized when using cutting tools.		
6.4 Tools stored in a dry, secure location.		
6.5 Eye and face protection used when driving hardened or tempered nails.		
6.6 Hand trucks maintained in safe operating condition.		
7.0 <u>Ladders, Platforms, Scaffolding</u>		
7.1 Are scaffolds and ladders properly erected?		
7.2 Adequate boards with cleats and wired down?		
7.3 Do scaffolds have toe boards?		
7.4 Do scaffolds have guardrails?		
7.5 Do scaffolds have intermediate rails?		

Date: _____		Evaluations: S = Satisfactory U = Unsatisfactory NA = Not Applicable to the Area Inspected If an unsatisfactory rating is provided for a particular item, the Company's Safety Action Report must be completed for the item in question.
Name of Inspector: _____		
Signature of Inspector: _____		
Area Inspected: _____		
	RATING	ADDITIONAL COMMENTS
7.6	All rungs/side rails on ladders in good condition?	
7.7	Do ladders extend 36" above the floor?.	
7.8	Do platforms have guardrails, intermediate rails and toe boards?	
7.9	Handrails and intermediate rails on stairways?	
7.10	Are stairways free of tripping hazards?	
7.11	Openings covered?	
8.	<u>Welding and Cutting</u>	
8.1	Are "Hot Work permits required/implemented?	
8.2	Where welding is taking place, have fire hazards been removed?	
8.3	Are compressed gas cylinders secured in upright positions?.	
8.4	Caps on unused cylinders?	
8.5	Are empties removed and not left lying around?	
8.6	Are fire extinguishers immediately available?	
8.7	Screens and shields provided where needed?	
8.8	Is there adequate ventilation?	
9.0	<u>Excavation and Shoring</u>	
9.1	If shoring or trenching were required, would it pass inspection?	
9.2	Is spoil back from trench or excavation?	
9.3	Ladders available?	
9.4	Adequate barricades around excavation?	
Other Comments:		
Inspected by: _____		Date: _____

ACTION REPORT FORM (SAFETY VIOLATION)

Safety Deficiency Notification Number: _____
Project Name: _____ Project Number: _____
Contractor Name: _____
Location of Violation: _____

Description of Violation:	CAL/OSHA REF #

This Report does not include every loss potential, but relates only to the hazards examined and described in the Report. It does not include every violation of Federal, State or Local Statute, Ordinance or Regulation since we have made no judgment whether or not such violation exists.

Signed: _____ Date: _____
Date Contractor Response To Correction Required: _____

Date Action Completed: _____

Action Taken:

Contractor Representative Signature: _____
Date: _____

***Note:** Hazards which pose a risk of serious or substantial injury to employees must be corrected immediately. Other hazards should be corrected as soon as reasonably possible but in no case later than 15 days from the date of discovery by management. Any deviation from these time requirements must be reported to Dome Construction's Safety Officer immediately.

Send one copy to Dome Construction's Safety Officer; one copy to Dome Construction's Jobsite Office; and one copy to Dome Construction's Site Safety File.

PERSONAL PROTECTION EQUIPMENT / VERIFICATION FORM

Date:

On the date listed above, I _____ have received the following items
(please check items received): (Please print name in space above)

- Safety Glasses / OSHA approved
- Hard Hat / OSHA approved
- Work Gloves / Leather or other
- Reflective Safety Vest

By signing below, I acknowledge that I have received the above listed Personal Protection Equipment (PPE) items and instruction in using them. I understand that I am responsible to wear the hard hat, safety glasses, safety vest, and work gloves issued to me at all required times.

I also understand that if I am not wearing the PPE items issued that, with appropriate warning, my employment can be terminated (appropriate warning is two notices – one verbal and one written) in addition at the termination of my employment.

I am responsible to return all PPE items to my employer.

Acknowledgement:

(Signature of Employee)

(Printed Name of Employee)

Training Verification

Name of Employee: _____

Date of Employment: _____

Name of Training Supervisor: _____

I, _____, have been trained and instructed in the following
And agree to follow all Company safety and health rules, policies and procedures and
have received the following written material:

	<u>Employee's Initials</u>	<u>Training Supervisor's Initials</u>
<u>General Safety and Health Issues</u>		
1. The Company's Injury & Illness Program	_____	_____
2. The Company's Safety Rules	_____	_____
3. Emergency Procedures	_____	_____
4. Housekeeping	_____	_____
5. Personal Protective Equipment	_____	_____
7. Working Around Equipment	_____	_____
8. Reporting Unsafe Conditions	_____	_____
9. Code of Safe Practices	_____	_____

Employee's Signature

Date

I, _____, have trained or instructed _____ in all of the above
noted categories. I also observed the employee performing his/her job tasks on _____
and observed him/her performing in a safe and healthful manner in accordance with this training
and instruction.

Signature of Training Supervisor

Date

SUPPLEMENTAL TRAINING VERIFICATION FORM

I, _____, provided training in the following subject(s) and distributed to all employees in attendance the following written material:

Signature of Training Supervisor

Date

I attended the training session and received the written materials described above.

	<u>Employee Name</u>	<u>Employee Signature</u>	<u>Date</u>
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____

TRAINING SESSION (Circle the Applicable Session):

- Forklift
- Confined Spaces
- Scaffolding
- Fall Protection
- Hazard Communications
- Excavation / Trenching
- Respirators