THE FOUNDATION OF A SAFE WORKPLACE
About this guide

The foundation of a safe workplace is an Oregon OSHA Standards and Technical Resources publication.

Layout, design, and editing:

Layout and design: Patricia Young

Editing and proofing: Mark Peterson

Questions or comments? We’d like to hear from you.

Contact: Stephanie Ficek, Oregon OSHA, 503-947-7389, stephanie.j.ficek@oregon.gov

Privacy notice: Reprinting, excerpting, or plagiarizing this publication is fine with us! Please inform Oregon OSHA of your intention as a courtesy.
Laying the foundation for a safe workplace

Workplace safety doesn’t have to be complicated. It doesn’t have to be expensive. And it doesn’t have to be government mandated. We have never met a small business owner who is “against” workplace safety or one who says “I don’t care about my employees.” That is not how businesses succeed.

This guide is about what it takes to make a workplace safe. It describes the fundamentals of a sound safety and health program, which are based on seven key management activities:

1. Management leadership
2. Hazard anticipation and detection
3. Hazard prevention and control
4. Planning and evaluation
5. Administration and supervision
6. Safety and health training
7. Employee participation

Just as you lay the foundation for a building by placing the forms, setting the rebar, and pouring the footings, you lay the foundation for a safe workplace with these seven activities. But they will not happen unless you make them happen. You can manage workplace safety just as you manage any other part of your business with commitment, perseverance, and the support of your most valuable asset: your employees.

Tools for maintaining the foundation

At the back of this guide, you will find the following tear-out materials, which will help you prepare a written safety policy, investigate accidents, and report workplace hazards:

✓ Sample safety and health policy statement
✓ How to conduct an accident investigation
✓ Form for reporting a hazard or other safety concern
✓ Form for describing an accident or incident
✓ Form for investigating an accident
✓ Form for investigating an accident (or incident)
✓ Form for reporting an overexertion injury
Management leadership

Workplace safety is a right and responsibility. Your employees have a right to a safe workplace and must be involved in keeping it that way. The most important thing you can do for your safety program is to believe that safe production is the only way to do business.

Show your commitment by:

• Writing a company safety policy that emphasizes what safety means to your business and states your expectations for all employees. Include your program’s safety and health goals and reinforce your belief that workplace safety is a responsibility that all your employees share.

• Making sure your employees follow safe work practices — and you follow them, too.

• Giving your employees the authority they need to carry out their safety responsibilities.

• Budgeting the time and resources to achieve your workplace safety goals.

• Acting on the recommendations from your safety committee or safety meeting group.

• Making sure your employees have the safety and health training they need to do their jobs.

Hazard anticipation and detection

How do you anticipate hazards? You consider the possible injuries and illnesses that employees could sustain when performing their work, and then eliminate or control the hazardous condition or behavior before it causes harm. Here are seven things you can do to anticipate and identify hazards:

• Conduct a baseline hazard survey. A baseline survey is a thorough evaluation of your entire workplace — including work processes, equipment, and facilities — that identifies safety or health hazards. A complete survey will tell you what the hazards are, where they are, and how severe they could be. Have an experienced safety professional survey your workplace with you.

• Perform regular workplace inspections. Regular workplace inspections help you determine whether or not you have eliminated or controlled existing hazards and can identify new hazards. Quarterly inspections by employees trained in hazard recognition are a good way to get the job done.

• Do a job-hazard analysis. A job-hazard analysis (JHA) is a method of identifying, assessing, and controlling hazards associated with specific jobs. A JHA breaks down a job into tasks. You evaluate each task to identify any hazards, and then determine how each hazard will be controlled. JHAs work well for jobs with hazards that are difficult to eliminate, and are especially useful for jobs with a history of accidents or near misses. JHAs for complex jobs can take a considerable amount of time and expertise to develop. Involving the employees performing the jobs throughout the JHA process can provide you a better understanding of the different ways each task is accomplished and can help implement any need for change. You may also want to have a safety professional help you.

• Use safety data sheets to identify chemical hazards. Your employees must be able to understand and use safety data sheets (SDSs). An SDS has detailed information about a hazardous chemical’s health effects, its physical and chemical characteristics, and safe practices for handling. You must prepare an inventory list of your hazardous chemicals and have a current SDS for each hazardous chemical used at your workplace. If your employees handle hazardous chemicals or chemical products, you will also need to develop a written hazard-communication plan that identifies the chemicals and describes how your employees are informed about chemical hazards.
• **Look for new hazards whenever you change equipment, materials, or work processes.** Determine what hazards could result from the changes and how to eliminate or control them. If your business works at multiple sites — construction contracting, for example — you may need to do a hazard assessment at each site.

• **Investigate accidents to determine root causes.** Most accidents are preventable. Each one has root causes — poor supervision, inadequate training, and lax safety policies are some examples. When you eliminate or control the root causes, you can prevent the accident from reoccurring. Develop a procedure that determines who will do the investigation and ensures the investigation will be thorough and accurate.

• **Investigate incidents to determine root causes.** An incident is a miss or a “close call.” One way to investigate near misses is to have a “no-fault” incident reporting system: Employees just fill out a simple incident-report form that describes the incident and how it happened. Investigate the incident as if it were an accident and tell your employees what you will do to prevent it from happening again.

**Hazard prevention and control**

The best way to prevent an accident is to eliminate the hazard. If you cannot eliminate the hazard or substitute something or some way nonhazardous in its place, control it so that it will not do any harm. The best controls also protect employees by minimizing the risk of human error, such as interlocks on guards and other “fail-safe” mechanisms.

When controlling hazards, use a hierarchy of controls that uses a most effective to least effective approach to protect employees:

• **Engineering controls.** If a hazard cannot be eliminated or a safer substitute cannot be found, the next best method is to use engineering controls to keep the hazard from reaching the worker. Engineering controls require a physical change to the workplace. This could include methods such as using noise dampening technology to reduce noise levels, enclosing a chemical process in Plexiglas, using mechanical lifting devices, or using local exhaust ventilation that captures and carries away the contaminants before they can get in the breathing zone of employees.

• **Administrative controls.** If engineering controls cannot be implemented, or cannot be implemented right away, administrative controls should be considered. Administrative controls require employees or the employer to do something through workplace policies and procedures. This could include rotating employees to minimize musculoskeletal injuries related to repetitive motion tasks.

• **Personal Protective Equipment.** The least effective control method for protecting workers from a hazard is the use of personal protective equipment (PPE). PPE can minimize exposure to a hazard, but it is only a barrier between the hazard and the user. If PPE fails, your employee risks exposure. Before you purchase PPE, know the specific hazards it protects against and be sure that it fits the user. When you are unsure, ask someone who is familiar with the type of equipment you need — especially when you are selecting chemical-protective clothing or respirators. Always train employees how to wear, use, and maintain their equipment before they use it for the first time.

**Other ways to prevent and control hazards:**

• **Maintain equipment on schedule.** Preventive maintenance keeps equipment running properly, reduces downtime, and prevents accidents. Maintenance logs that show when the work was done, what was done, and the next scheduled maintenance date are a good idea. Always follow the equipment manufacturer’s maintenance requirements.
• **Practice good housekeeping.** Keep passageways, storerooms, and work areas clean and sanitary. Keep electrical cords away from areas where people could trip over them. Keep floors clean and dry. Use drains, false floors, platforms, or mats in wet areas. Keep floors and passageways free from protruding nails, electrical cords, splinters, holes, or loose boards.

• **Enforce workplace safety rules.** These include any Oregon OSHA rules that apply to your workplace as well as your own rules. Document them, ensure that employees understand them, and enforce them.

• **Plan for emergencies.** A well-rehearsed emergency plan can protect people, equipment, and property. You should have well-stocked first-aid kits and a procedure for summoning ambulance or paramedic services.

• **Document how you control hazards.** Keep records that show what you have done to eliminate or control hazards. Identify the hazard, describe what you did to correct it, and record the date it was corrected.

**Planning and evaluation**
Planning and evaluation give your safety program a long-term focus. Are you achieving your goals? If not, what are the reasons? Were your accident investigations effective? Did the reports identify causes and recommend how to control or eliminate them? At least once each year, evaluate your safety effort.

Use the results of your evaluation to set new goals. Describe what needs to be done to accomplish each goal, determine who is responsible for accomplishing it, and set a date for achieving it.

**Other important planning activities include:**

- A workplace injury-and-illness analysis
- A comprehensive review of your written safety procedures for equipment
- A comprehensive review of your required programs (such as lockout/tagout and hazard communication)

**Administration and supervision**
Administration and supervision are other terms for accountability. An effective safety program holds all employees accountable for doing their jobs safely. Ways to strengthen accountability:

- Write a disciplinary policy that expresses clear safety expectations for all employees.
- Make supervisors accountable for enforcing workplace safety rules and safe practices among those they supervise.
- Include your employees’ workplace safety responsibilities in their job descriptions and performance evaluations.
- Acknowledge your employees’ contributions to the safety effort.
**Safety and health training**

Your employees need to know their safety responsibilities, what hazards they could be exposed to, and how to eliminate or control their exposures. New-employee orientations, emergency drills, classroom sessions, and hands-on practice are good ways they can learn. And don’t forget managers and supervisors.

- All employees must follow the Oregon OSHA requirements that apply to their jobs. They must be trained to safely do their jobs before they begin, retrained whenever there are changes that create new workplace hazards, and trained as required and necessary to maintain their skills.

- New employees should have orientation training that covers your safety rules and policy, hazards, and procedures for responding to emergencies.

- Supervisors must know the hazards, hazard-control methods, applicable Oregon OSHA rules, and emergency procedures associated with their jobs.

- Managers must understand the importance of leadership in maintaining a safe workplace, the applicable Oregon OSHA rules, and how to comply with them.

**Employee participation**

You will not have a strong safety program without employee participation. Your employees operate the equipment, use the tools, and do the tasks that could expose them to hazards, so they need to be involved in the effort to keep your workplace safe.

Make sure your employees have a way to report hazards and respond promptly to their concerns. They can also participate by:

- Suggesting safety policies, safety-training topics, and ways to allocate safety resources
- Suggesting ways to prevent and control hazards
- Showing co-workers how to work safely
- Helping to evaluate your safety and health program
Tools for maintaining the foundation

Use the following materials to help you – or inspire you – to prepare a written safety policy, investigate accidents, and report workplace hazards. They are just examples, intended for use within your company, and not to be used for reporting to Oregon OSHA.

- Sample safety and health policy statement
- How to conduct an accident investigation
- Form for reporting a hazard or other safety concern
- Form for describing an accident or incident
- Form for investigating an accident
- Form for investigating an accident (or incident)
- Form for reporting an overexertion injury
Sample company safety and health policy statement

The safety and health of our employees is this company’s most important business consideration. Employees will not be required to do a job that is considered unsafe. The company will comply with all applicable Oregon OSHA workplace safety and health requirements and maintain occupational safety and health standards that equal or exceed the best practices in the industry.

The company will establish a safety committee, consisting of management and labor representatives, whose responsibility will be identifying hazards and unsafe work practices, removing obstacles to accident prevention, and helping evaluate the company’s effort to achieve an accident-and-injury-free workplace.

The company pledges to do the following:

- Strive to achieve the goal of zero accidents and injuries.
- Provide mechanical and physical safeguards wherever they are necessary.
- Conduct routine safety and health inspections to find and eliminate unsafe working conditions, control health hazards, and comply with all applicable Oregon OSHA safety and health requirements.
- Train all employees in safe work practices and procedures.
- Provide employees with necessary personal protective equipment and train them to use and care for it properly.
- Enforce company safety and health rules and require employees to follow the rules as a condition of employment.
- Investigate accidents to determine the cause and prevent similar accidents.

Managers, supervisors, and all other employees share responsibility for a safe and healthful workplace.

- Management is accountable for preventing workplace injuries and illnesses. Management will consider all employee suggestions for achieving a safer, healthier workplace. Management also will keep informed about workplace hazards and regularly review the company’s overall safety and health program.
- Supervisors are responsible for supervising and training workers in safe work practices.
- Supervisors must enforce company rules and ensure that employees follow safe practices during their work.
- Employees are expected to participate in safety-program activities, including reporting hazards, unsafe work practices, and accidents to supervisors or a safety committee representative; wearing required personal protective equipment; and supporting the safety committee.

Business owner’s signature: _____________________________________________ Date: ______________
How to conduct an accident investigation

1. **Establish an investigation team:** Include employees who have been trained to conduct an effective investigation. A typical team might include:
   - An employee from the work area where the accident occurred
   - A supervisor from a work area not involved in the accident
   - A maintenance supervisor or an employee who understands equipment or processes associated with the accident
   - The safety supervisor
   - A safety committee representative

2. **Gather information:** Record the facts about the accident. Interview witnesses and others involved.

3. **Analyze the facts:** Identify the accident’s causes and contributing factors. Determine how the accident could have been prevented.

4. **Record the findings:** Prepare a written report that describes who was involved, where the accident occurred, when it happened, and what caused it. Recommend, specifically, how to prevent the accident from happening again.

5. **Act on the recommendations:** Have management review the report and determine what will be done to prevent similar accidents from occurring in the future.

6. **Follow up:** Ensure that appropriate corrective action was taken to prevent the accident.

There are some accidents that you have to report to Oregon OSHA. You can find helpful publications and rules that explain the requirements under “Recordkeeping/Reporting” on the A to Z topic page of Oregon OSHA’s website at [www.orosha.org](http://www.orosha.org).
Form for reporting a hazard or other safety concern

To the employee: Complete the section below and return to a safety committee representative.

Employee name (optional): ____________________________________________ Date: ______________

Work unit: ______________________________________ Work section: _______________________

Describe the hazard or your concern (Be specific): ____________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Safety committee follow-up

Action taken: ________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Follow-up action: ________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

________________________________________________________________________________________

Completion date: ______________
Form for describing an accident or incident

Use this form to describe an accident or incident then fill out an investigation report as soon as possible.

Note: This form is for use within your company. It is not intended to replace DCBS Form 801: Worker’s and Employer’s Report of Occupational Injury or Disease.

Employee(s) name(s): __________________________________________________________ 

Time and date of accident/incident: ______________________________________________ 

Job title(s) and department(s): ________________________________________________ 

Supervisor or lead person: ______________________________________________________ 

Witnesses: __________________________________________________________________ 

Brief description of the accident or incident: _______________________________________
_____________________________________________________________________________ 
_____________________________________________________________________________ 

Body part affected: _____________________________________________________________ 

Did the injured employee(s) see a doctor? ☐ Yes ☐ No 

If yes, did you file an employer’s portion of a worker’s compensation form? ☐ Yes ☐ No 

Did the injured employee(s) go home during their work shift? ☐ Yes ☐ No 

If yes, list the date and time injured employee(s) left job(s): ________________________
_____________________________________________________________________________ 

Supervisor’s comments: ________________________________________________________ 
_____________________________________________________________________________ 
_____________________________________________________________________________ 

What could have been done to prevent this accident/incident? 

Have the unsafe conditions been corrected? ☐ Yes ☐ No 

If yes, what has been done? ____________________________________________________ 

If no, what needs to be done? ___________________________________________________ 

Employer or supervisor’s signature: ____________________________ Date: _____________ 

Additional comments/notes: ____________________________________________________ 
_____________________________________________________________________________ 
_____________________________________________________________________________ 
_____________________________________________________________________________
Form for investigating an accident

Use this form to investigate workplace accidents. Note: This form is not intended to replace DCBS Form 801: Worker’s and Employer’s Report of Occupational Injury or Disease.

Company: ________________________________ Report no.: ________________________________

Operation: ________________________________ Investigator: ________________________________

Name of accident victim: ________________________________ Victim’s job title: ________________________________

How long has victim been with this company? __________ How long on this job? ________________

(Attach this information for each additional person injured.)

Witnesses:

Name: ________________________________ Name: ________________________________

Name: ________________________________ Name: ________________________________

Name: ________________________________ Name: ________________________________

When did the accident occur? Date: __________ Time: __________ Shift: __________

Where did the accident occur? Department: __________ Location: ________________________________

What happened? (Describe sequence of events and extent of injury. Attach separate page if necessary.)

Has a similar accident ever occurred? ☐ Yes ☐ No If yes, when?

____________________________________________________________________________________________

____________________________________________________________________________________________

What caused the accident?

List all causes and contributing factors.

• __________________________________________________________________________________________

• __________________________________________________________________________________________

• __________________________________________________________________________________________

• __________________________________________________________________________________________

• __________________________________________________________________________________________

• __________________________________________________________________________________________

• __________________________________________________________________________________________

• __________________________________________________________________________________________

• __________________________________________________________________________________________
List each corrective action to be taken. Who will do it and when will it be done?

1. ______________________________________________________________________________________________

2. ______________________________________________________________________________________________

3. ______________________________________________________________________________________________

4. ______________________________________________________________________________________________

5. ______________________________________________________________________________________________

6. ______________________________________________________________________________________________

7. ______________________________________________________________________________________________

Attach photographs, sketches of the scene, or other relevant information.

Prepared by: ____________________________ Title: ________________ Date: ________________
Form for investigating an accident (or incident)

Use this form to investigate workplace accidents and incidents. Note: this form is not intended to replace DCBS Form 801: Worker’s and Employer’s Report of Occupational Injury or Disease.

Employee portion

Employee name: ___________________________________ Employee work phone: __________________

Work unit: ______________________________________ Work section: ____________________________

Supervisor name: __________________________________ Supervisor work phone: __________________

Length of service in present position:

☐ Less than 6 months ☐ 6 months-1 year ☐ 1-2 years ☐ 2-3 years ☐ 3-5 years ☐ More than 5 years

Exact location of accident/incident:

Accident/incident date: ______________________________ Time: __________________ a.m. ☐ p.m.

Witnesses

Name: ___________________________________ Phone: __________

☐ (check if no witness) Name: ___________________________________ Phone: __________

Body part affected: (check all that apply)

☐ Neck ☐ Shoulder(s) ☐ Elbow(s) ☐ Wrist(s)/hand(s) ☐ Thigh(s) ☐ Lower leg(s)

☐ Ankle(s)/foot( feet) ☐ Knee ☐ Hip ☐ Upper back ☐ Lower back ☐ Chest/abdomen

☐ Other: ______________________________________________________________________

Task that led to the incident:

☐ Driving ☐ Lifting ☐ Carrying ☐ Pushing/pulling ☐ Keyboarding

☐ Climbing ☐ Reaching ☐ Handling ☐ Bending ☐ Twisting

☐ Other: _____________________________________________________________________

Describe accident/incident in detail (use additional sheets, if necessary):

____________________________________________________________________________________________

Employee signature: ______________________________ Date: __________________

Supervisor portion

Reported to: ___________________________________ Time: __________________ a.m. ☐ p.m.

Supervisor’s description of incident (what happened and why):

____________________________________________________________________________________________

Corrective action: _______________________________________________________________________

____________________________________________________________________________________________

Employee signature: ______________________________ Date: __________________
Form for reporting an overexertion injury

Use this form to record and track symptoms of overexertion injuries.

Employee name: ___________________________________ Date: ___________________________________

Employee job title: ____________________________ Supervisor: ____________________________

Division: _____________________________________ Section: _________ Unit: _____________

Length of service in present position:

☐ Less than 6 months ☐ 6 months-1 year ☐ 1-2 years ☐ 2-3 years ☐ 3-5 years ☐ More than 5 years

Location of task:

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Check activities that led to symptom:

☐ Driving ☐ Keyboarding ☐ Lifting ☐ Carrying ☐ Pushing/pulling
☐ Climbing ☐ Reaching ☐ Handling ☐ Bending ☐ Twisting
☐ Other: __________________________________________________________

Task(s) causing symptom:

______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________
______________________________________________________________________________________________

Total time spent at task in one work day:

☐ Less than 2 hours ☐ 2-4 hours ☐ 4-6 hours ☐ 6-8 hours ☐ 8-10 hours

Continuous time spent at task without rest:

☐ Less than 1 hour ☐ 1-2 hours ☐ 2-3 hours ☐ More than 3 hours
Oregon OSHA Services

Oregon OSHA offers a wide variety of safety and health services to employers and employees:

Appeals
503-947-7426; 800-922-2689; admin.web@oregon.gov
- Provides the opportunity for employers to hold informal meetings with Oregon OSHA on concerns about workplace safety and health.
- Discusses Oregon OSHA’s requirements and clarifies workplace safety or health violations.
- Discusses abatement dates and negotiates settlement agreements to resolve disputed citations.

Conferences
503-378-3272; 888-292-5247, Option 1; oregon.conferences@oregon.gov
- Co-hosts conferences throughout Oregon that enable employees and employers to learn and share ideas with local and nationally recognized safety and health professionals.

Consultative Services
503-378-3272; 800-922-2689; consult.web@oregon.gov
- Offers no-cost, on-site safety and health assistance to help Oregon employers recognize and correct workplace safety and health problems.
- Provides consultations in the areas of safety, industrial hygiene, ergonomics, occupational safety and health programs, assistance to new businesses, the Safety and Health Achievement Recognition Program (SHARP), and the Voluntary Protection Program (VPP).

Enforcement
503-378-3272; 800-922-2689; enforce.web@oregon.gov
- Offers pre-job conferences for mobile employers in industries such as logging and construction.
- Inspects places of employment for occupational safety and health hazards and investigates workplace complaints and accidents.
- Provides abatement assistance to employers who have received citations and provides compliance and technical assistance by phone.

Public Education
503-947-7443; 888-292-5247, Option 2; ed.web@oregon.gov
- Provides workshops and materials covering management of basic safety and health programs, safety committees, accident investigation, technical topics, and job safety analysis.

Standards and Technical Resources
503-378-3272; 800-922-2689; tech.web@oregon.gov
- Develops, interprets, and gives technical advice on Oregon OSHA’s safety and health rules.
- Publishes safe-practices guides, pamphlets, and other materials for employers and employees.
- Manages the Oregon OSHA Resource Center, which offers safety videos, books, periodicals, and research assistance for employers and employees.

Need more information? Call your nearest Oregon OSHA office.