TRUE BREW BARISTA
SAFETY PROGRAM

Section One

Introduction

The purpose of this program is to ensure that all employees work in a safe and clean environment and that all are in compliance with the safety measures. It is only through the commitment on the part of both management and employees can workplace accidents and injuries be reduced or eliminated.

Employees are encouraged to not only work safely, and report unsafe conditions, but to also take an active role in safety and health by participating on the Joint Loss Management Committee (JLMC). This Safety Program will inform everyone of what is expected of them as employees, supervisors, and managers of True Brew Barista.

Section Two

Management Commitment

The management of this organization is committed to providing employees with a safe and healthful workplace. It is the policy of this organization that employees report unsafe conditions and do not perform work tasks if the work is considered unsafe. Employees must report all accidents, injuries and unsafe conditions to their supervisors. Such reports will not result in retaliation, penalty or other disincentive.

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

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

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

Section Three

Responsibilities

Management

- Insure that each level of supervision and all employees are made aware of the elements of the safety program, and that those elements are implemented.
- If personal protective equipment is required, assess the hazards, select the proper equipment, and insure that employees are trained in its proper use.
- Correct any unsafe conditions brought to their attention by employees or supervisors.
- Support supervisors' decisions that safety comes first.
- Assure that proper training is being provided, and that employees are working in a safe and healthy manner.

Supervisors

- Take immediate action to correct any unsafe condition or action.
- Provide personal protective equipment, along with training for its use, and make certain it is worn when necessary.
- Assure that all machine guarding is in place and functioning properly.
- Promptly investigate and report all accidents and incidents.
- For violations of company safety and health procedures, issue warnings, per disciplinary procedures.

Employees

- Report all accidents and incidents to the supervisor.
- Report any unsafe conditions immediately.
- Obey all safety and health regulations as stated in the company safety program.
- Attend all safety training that may be required.

Section Four

Safety and Health Committees

Joint Loss Management Committee

The purpose of this committee has been established to recommend improvements to our workplace safety program and to identify corrective measures needed to eliminate or control recognized safety and health hazards.

The safety committee consists of an “equal” representation of supervisory and nonsupervisory members of our organization, made up of two (2) managers and two (2) employees, with each person assuming the role of chairperson once a quarter in a rotating manner.

Safety committee meetings are held quarterly, or more often if needed. The safety program chairperson will post the minutes of each meeting within one week after each meeting.

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

In the event of medical emergencies, employees on the **First Aid Team** will be expected to administer basic first aid to those in need until First Responders arrive.

The First Aid Team will consist of Max Dowling and any other employees with certified First Aid training.

In the event of Natural and Manmade Disasters and other such Emergencies, employees will call the **Emergency Contingency Team**. The Emergency Contingency Team will be responsible for organizing any evacuations, shelter in places, or make real time decisions for actions to take in event of emergency.

The Emergency Contingency Team will consist of

Caity Bean	(603) 496-2203
Max Dowling	(603) 568-1754
Jackie Smith	(603) 312-8840

Section Five

Safety Statutes, Rules and Regulation

Employees, supervisors, and managers should all avail themselves of the OSHA *Stay Safe in the Restaurant* handbook that is located on the shelving unit located by the bar register.

TITLE XXIII LABOR
CHAPTER 281-A
WORKERS' COMPENSATION
Section 281-A:64

281-A:64 Safety Provisions; Administrative Penalty. –

I. Every employer shall provide employees with safe employment. Safe employment includes but is not limited to furnishing personal protective equipment, safety appliances and safeguards; ensuring that such equipment, appliances, and safeguards are used regularly; and adopting work methods and procedures which will protect the life, health, and safety of the employees. For the purposes of this section, "employer" shall include railroads, even if the employees of such railroads receive compensation for work injuries under federal law rather than RSA 281-A.

II. All employers with 15 or more employees shall prepare, with the assistance of the commissioner, a current written safety program and file this program with the commissioner. After a written safety program has been filed, the program shall be reviewed and updated by the employer at least every 2 years. Employer programs shall, in addition to the specific rules and regulations regarding worker safety, include the process of warnings, job suspension, and job termination for violations of the safety rules and regulations set forth in the program.

III. Every employer of 15 or more employees shall establish and administer a joint loss management committee composed of equal numbers of employer and employee representatives. Employee representatives shall be selected by the employees. If workers are represented by a union, the union shall select the employee representatives. The joint loss management committee shall meet regularly to develop and carry out workplace safety programs, alternative work programs that allow and encourage injured employees to return to work, and programs for continuing education of employers and employees on the subject of workplace safety. The committee shall perform all duties required in rules adopted pursuant to this section.

IV. Employers subject to the requirements of paragraph III, other than employers participating in the safety incentive program under RSA 281-A:64-a, shall be placed on a list for early and periodic workplace inspections by the department's safety inspectors in accordance with rules adopted by the commissioner. Such employers shall comply with the directives of the department resulting from such inspections.

V. Notwithstanding paragraphs III and IV, an employer of 15 or more employees may satisfy the requirements of those paragraphs if such employer implements an equivalent loss management and safety program approved by the commissioner.

VI. The commissioner, in conjunction with the National Council of Compensation Insurance (NCCI), shall develop a list of the best and worst performers based on the experience modification factors promulgated by NCCI. The list shall include the top 10 lowest experience modification employers. The commissioner shall publicly recognize these low experience modification employers by presenting them with an award at the department's annual workers' compensation conference. The list of the top 10 highest and lowest experience modification employers shall be provided to the advisory council. The department shall review any specific claim against any employer listed in the top 10 highest experience modification list in conjunction with the safety program on file with the commissioner.

VII. In order to assist self-insurers in developing experience modification factors, self-insurers may submit the appropriate statistical information to the National Council of Compensation Insurance for calculating experience modifications.

VIII. The commissioner may assess an administrative penalty of up to $250 a day on any employer not in compliance with the written safety program required under paragraph II of this section, the joint loss management committee required under paragraph III of this section, or the directives of the department under paragraph IV of this section. Each violation shall be subject to a separate administrative penalty. All penalties collected under this paragraph shall be deposited in the general fund.

IX. [Repealed.]
Source. 1990, 254:36. 1994, 3:19. 1997, 343:9, 10, eff. Jan. 1, 1998. 2010, 134:1, eff. July 14, 2010. 2012, 144:1, 2, 4, I, eff. Jan. 1, 2013.

CHAPTER Lab 600 SAFETY PROGRAMS AND JOINT LOSS MANAGEMENT COMMITTEES

REVISION NOTE:

Document #5909, effective 10-13-94, made extensive changes to the wording, format, structure, and numbering of rules in Chapter Lab 600. Document #5909 supersedes all prior filings for the

sections in this chapter. The prior filings for former Chapter Lab 600 include the following documents:

#5372, eff 4-14-92

PART Lab 601 **DEFINITIONS**

Lab 601.01 "Employer representative" as used in RSA 281-A: 64, III means any individual who serves as the management member of the joint loss management committee and who has the authority delegated by the employer to use his/her judgment in the interest of the employer to take the following actions:

(a) Hire;
(b) Transfer;
(c) Suspend;
(d) Lay off;
(e) Recall;
(f) Promote;
(g) Discharge;
(h) Assign;
(i) Reward;
(j) Discipline;
(k) Direct them; or
(l) Adjust grievances or effectively to recommend such actions.

Source. (See Revision Note at chapter heading for Lab 600) #5909, eff 10-13-94, EXPIRED: 10-13-00

New. #8592, eff 3-24-06; ss by #10379, eff 7-18-13

PART Lab 602 **SAFETY PROGRAMS**

Lab 602.01 Program Requirements. As set forth in RSA 281-A: 64, II, the written safety program shall include the following:

(a) The components required by Lab 603.03(g);
(b) The process of warnings, job suspension, and job termination for violations of the safety rules and regulations set forth in the program;
(c) Provision(s) for the commitment of adequate resources solely for safety;
(d) Provision(s) for medical services, emergency response, first aid, and accident reporting and investigation;
(e) Provision(s) for review of the current written safety program by all employees;

(f) Provision(s) for review and update of the written safety program by an employer representative at least every 2 years; and
(g) Provision(s) for a signature of the above employer representative which shall include the date the program was reviewed and updated.

Source. (See Revision Note at chapter heading for Lab 600) #5909, eff 10-13-94, EXPIRED: 10-13-00

New. #8592, eff 3-24-06; ss by #10379, eff 7-18-13

Lab 602.02 Filing Procedures. Under the authority of RSA 281-A: 64, II, an employer with 15 or more employees shall file a single submission of the summary of the above written safety program with the commissioner of labor by completing and submitting a Safety Summary Form WCSSF 10/07/15. See Appendix II.

Source. (See Revision Note at chapter heading for Lab 600) #5909, eff 10-13-94; ss by # #6735, eff 4-23-98; ss by #8592, eff 3-24-06; ss by #10379, eff 7-18-13; ss by #11051, eff 3-10-16

PART Lab 603 **JOINT LOSS MANAGEMENT COMMITTEES**

Lab 603.01 Purpose. To carry out the purpose of RSA 281-A: 64, a joint loss management committee is to bring workers and management together in a non-adversarial, cooperative effort to promote safety and health in each workplace. A joint loss management committee assists the employer and makes recommendations for change.

Source. (See Revision Note at chapter heading for Lab 600) #5909, eff 10-13-94, EXPIRED: 10-13-00

New. #8592, eff 3-24-06; ss by #10379, eff 7-18-13

Lab 603.02 Establishment of Joint Loss Management Committee.

(a) Pursuant to RSA281-A: 64, III, all employers of 15 or more employees shall establish a working joint loss management committee composed of equal numbers of employer and employee representatives or more employee representatives as follows:

(1) The size of the joint loss management committee shall be determined as follows:

a. Employers with 15 to 20 employees shall have a minimum of 2 members; and

b. Employers with more than 20 employees shall have a minimum of 4 members;

(2) Employee representatives shall be selected by the employees;

(3) Where the employees are represented by a single, exclusive bargaining representative, the bargaining representative shall designate the members;

(4) Where the employees are represented by more than one labor organization or where some but not all of the employees are represented by a labor organization, each bargaining unit of represented employees and any residual group of employees not represented shall have a proportionate number of committee members based on the number of employees in each bargaining unit or group; and

(5) Committee members shall be representative of the major work activities of the employer.

(b) An employer's auxiliary, mobile or satellite location, may be combined into a single, centralized joint loss management committee when an employer owned/leased facility is physically and/or geographically separated from the employer's primary facility such as would be found in construction operations, trucking, branch or field offices, sales operations or highly mobile activities, which shall represent the safety and health concerns of all locations.

(c) A joint loss management committee shall be located at each of the employer's primary places of employment at a major economic unit at a single geographic location comprised of a building or group of buildings and all surrounding facilities. The location shall have both employer and employee representatives present, control of a portion of a budget, and the ability to take action on the majority of the recommendations made by the joint loss management committee.

(d) Committee members shall be trained in workplace hazard identification and accident/incident investigation adequate to carry out the committee's responsibilities.

Source. (See Revision Note at chapter heading for Lab 600) #5909, eff 10-13-94, EXPIRED: 10-13-00

New. #8592, eff 3-24-06; ss by #10379, eff 7-18-13

Lab 603.03 Duties and Responsibilities of Joint Loss Management Committee. To carry out the intent of RSA 281-A: 64, the joint loss management committee shall:

(a) Meet at least quarterly to carry out their duties and responsibilities.

(b) Keep minutes of meetings which shall be made available for review of all employees;

(c) Elect a chairperson, alternating between employee and employer representatives;

(d) Develop and disseminate to all employees a committee policy statement;

(e) Maintain current and disseminate to all employees the clearly established goals and objectives of the committee;

(f) Review workplace accident and injury data to help establish the committee's goals and objectives;

(g) Establish specific safety programs which include, but are not be limited to, the following:

(1) Designation, by name and title, of a person who shall be knowledgeable of site specific safety requirements and be accountable for their implementation and adherence;

(2) Provisions for health and safety inspections at least annually for hazard identification purposes;

(3) Performance of audits at least annually regarding the inspection findings; and

(4) Communication of identified hazards, with recommended control measures, to the person(s) most able to implement controls;

(h) Assist with the identification of necessary safety and health training for employees; and

(i) Assist with the identification and definition of temporary, alternate tasks.

Source. (See Revision Note at chapter heading for Lab 600) #5909, eff 10-13-94, EXPIRED: 10-13-00

New. #8592, eff 3-24-06; ss by #10379, eff 7-18-13

Lab 603.04 Duties and Responsibilities of the Employer. To carry out the intent of RSA 281-A: 64, the employer shall:

(a) Respond in writing to recommendations made by the committee, or make a verbal response that is recorded in the committee's official minutes;

(b) Pay any employee who participates in committee activities in his/her role as a committee member, including, but not limited to, attending meetings, training activities, and inspections, at his/her regular rate of pay for all time spent on such activities; and

(c) Provide for the required and necessary safety and health training for employees, at no cost and without any loss of pay so they can perform their work in a safe and healthy manner and environment.

Source. (See Revision Note at chapter heading for Lab 600) #5909, eff 10-13-94, EXPIRED: 10-13-00

New. #8592, eff 3-24-06; ss by #10379, eff 7-18-13

APPENDIX

RULE	STATUTE
Lab 601	**RSA 281-A: 64**
Lab 602	**RSA 281-A: 64**
Lab 602.02	**RSA 281-A: 64, II**
Lab 603	**RSA 281-A: 64**

Section Six

Disciplinary Policy

Employee discipline is one element of an effective safety program. This policy is intended to provide rules and guidelines for administering disciplinary action to employees who violate safety rules and procedures or who, by their record or actions, indicate a disregard for safety.

If an employee is reported to be disregarding safety rules they will submit to the following disciplinary actions:

1. They will receive a verbal warning from the manager.
2. They will receive a written warning that will go into their employee file if they are reported to still be disregarding safety rules and undergo retraining of safety rules and regulations.
3. If there is a third incident they will be suspended or possibly terminated.

If none of the above measures achieve satisfactory corrective results, and no other acceptable solution can be found, the company will have no choice but to TERMINATE employment for those who continue to jeopardize their own safety and the safety of others.

Section Seven

Accident and Incident Reporting and Investigation

Accident Investigation Procedures

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

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

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

OSHA requires employers to report any/all of the following within 8 hours of the incident:

- Fatalities
- A single incident which requires hospitalization of 3 or more employees

OSHA CONCORD: 603-225-1629
OSHA REGION 1 OFFICE - BOSTON: 617-565-9860
OSHA CENTRAL TELEPHONE NUMBER: 1-800-321-6742

Employee's Report of Injury Form

Instructions: Employees shall use this form to report all work related injuries, illnesses, or "near miss" events (which could have caused an injury or illness) – no matter how minor. This helps us to identify and correct hazards before they cause serious injuries. This form shall be completed by employees as soon as possible and given to a supervisor for further action.

I am reporting a work related: __ Injury __ Illness __ Near miss

Your Name: _____ Job title: _____ Supervisor: _____

Have you told your supervisor about this injury/near miss? __ Yes __ No

Date of injury/near miss: _____ Time of injury/near miss: _____

Names of witnesses (if any): _____
Where, exactly, did it happen? _____
What were you doing at the time? _____

Describe step by step what led up to the injury/near miss. (continue on the back if necessary):

What could have been done to prevent this injury/near miss?

What parts of your body were injured?

If a near miss, how could you have been hurt?

Did you see a doctor about this injury/illness? __ Yes __ No
If yes, whom did you see? _____
Doctor's phone number: _____
Date: _____ Time: _____

Has this part of your body been injured before? __ Yes __ No
If yes, when? _____

Supervisor on duty: _____
Your signature: _____ Date: _____

Supervisor's Accident Investigation Form

Name of Injured Person _____ Date of Birth _____
Telephone Number _____ Address_____
City _____ State_____ Zip _____

(Circle one) Male Female Other

What part of the body was injured? Describe in detail.

What was the nature of the injury? Describe in detail.

Describe fully how the accident happened? What was employee doing prior to the event? What equipment, tools being using? (Continue on the back if needed)

Names of all witnesses: _____
Date of Event _____ Time of Event_____
Exact location of event: _____
What caused the event?

Were safety regulations in place and used? If not, what was wrong?

Employee went to doctor/hospital? __ Yes __ No
Doctor's Name: _____
Hospital Name: _____

Recommended preventive action to take in the future to prevent reoccurrence:

Supervisor Signature _____ Date _____

Incident Investigation Report

Instructions: Complete this form as soon as possible after an incident that results in serious injury or illness. (Optional: Use to investigate a minor injury or near miss that could have resulted in a serious injury or illness.)

This is a report of a: __Death __Lost Time __Dr. Visit Only __First Aid Only __Near Miss

Date of incident:

This report is made by: __ Employee __ Supervisor __ Team __ Other_____

Step 1: Injured Employee (complete this part for each injured employee)

Name:
Sex: __ Male __ Female __ Other Age: ___ Job title at time of incident: _____

This employee works: __ Regular full time __ Regular part time __ Seasonal __
Months with this employer: _____ Months doing this job: ____

Part of body affected: (list all that apply)

Nature of injury: (most serious one)

__ Abrasion, scrapes
__ Amputation
__ Broken bone
__ Bruise
__ Cut, laceration, puncture
__ Hernia
__ Damage to a body system:
__ Burn (heat)
__ Burn (chemical)
__ Concussion (to the head)
__ Crushing Injury
__ Illness
__ Sprain, strain
__ Other _____

Step 2: Describe the incident

Exact location of the incident: _____ Exact time: _____

What part of employee's workday?

__ Entering or leaving work __ Doing normal work activities __ During meal period
__ During break __ Working overtime __ Other_____

Names of witnesses (if any):

Are there any:
Written witness statements: __ Yes __ No
If yes, how many?
Photographs: __ Yes __ No
If yes, how many?
Maps / drawings: __ Yes __ No
If yes, how many?

What personal protective equipment was being used (if any)?

Describe, step-by-step the events that led up to the injury. Include names of any machines, parts, objects, tools, materials and other important details. (Continue description on attached page if necessary)

Step 3: Why did the incident happen?

Unsafe workplace conditions: (Check all that apply)

__ Inadequate guard
__ Safety device is defective
__ Workstation layout is hazardous
__ Unsafe ventilation
__ No training or insufficient training
__ Unguarded hazard
__ Tool or equipment defective
__ Unsafe lighting
__ Unsafe clothing
__ Lack of appropriate equipment/tools
__ Lack of needed personal protective equipment
__ Other: _____

Unsafe acts by people: (Check all that apply)

__ Operating without permission
__ Operating at unsafe speed
__ Servicing equipment that has power to it
__ Making a safety device inoperative
__ Using defective equipment
__ Using equipment in an unapproved way
__ Unsafe lifting
__ Taking an unsafe position or posture
__ Distraction, teasing, horseplay
__ Failure to wear personal protective equipment
__ Failure to use the available equipment / tools
__ Other: _____

Why did the unsafe conditions exist?

Why did the unsafe acts occur?

Is there a reward (such as “the job can be done more quickly”, or “the product is less likely to be damaged”) that may have encouraged the unsafe conditions or acts? __ Yes __ No

If yes, describe:

Were the unsafe acts or conditions reported prior to the incident? __ Yes __ No

Have there been similar incidents or near misses prior to this one? __Yes __ No

Step 4: How can future incidents be prevented?

What changes do you suggest to prevent this incident/near miss from happening again?

__ Stop this activity
__ Train the employee(s)
__ Guard the hazard
__ Train the supervisor(s)

__ Redesign task steps
__ Write a new policy/rule
__ Routinely inspect for the hazard
__ Other: _____

__ Redesign work station
__ Enforce existing policy
__ Personal Protective Equipment

What should be (or has been) done to carry out the suggestion(s) checked above?

Step 5: Who completed and reviewed this form? (Please Print)

Written by: _____ Title:_____ Date: _____

Names of investigation team members:

Reviewed by: _____ Title: _____ Date: _____

Section Eight

Training Requirements for Safety and Health

Training and education cannot be over emphasized as a means of learning a healthful and safe approach to employee work effort. Knowledge of the safety rules and how and when to function under the rules, supplemented by compliance, is essential to safety.

As such, new employees will be provided orientation training and will be furnished information and literature covering the company health and safety policies, rules, and procedures. Individual job/task training will be provided to all employees. Included in this training are the applicable regulations/standards for their job; the recognition, avoidance, and prevention of unsafe conditions; areas and activities that require personal protective equipment; and how to use protective equipment if applicable.

Periodic Retraining of Employees

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

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

Section Nine

Emergency Evacuation And Response Plans

True Brew is committed to the safety and well-being of its staff and guests. Upholding this commitment requires planning and practice. This plan exists to satisfy those needs and to outline the steps to be taken to prepare for and respond to an emergency affecting the business.

EVACUATION ROUTES:

There are three (3) exits in True Brew.

1) The front door: The door used regularly by customers and employees alike.
2) The bar door: The door on the bar side of the building, that is parallel to the front door.
3) The back door: A grey door at the back of the bar, next to the ice machine. This door leads to a short hallway with a door leading to the back of the building on the left.

In the event of an emergency that requires evacuation all three of these exits are suitable as evacuation routes.

A good rule of thumb, if unsure whether to evacuate or shelter-in-place: sheltering-in-place is appropriate when conditions require that you seek immediate protection in your home, place of employment, school or other location when disaster strikes.

Emergencies that would require evacuation:

-Fire
-Bomb threat
-Flood
-Hazardous material spill
-Gas leak
-When authorities tell you to evacuate

Emergencies that would require to 'Shelter in Place':

-Active shooter out of building/Violent Criminal Action
-Tornado/Severe Weather
-Airborne Chemical Hazard
-Fire blocking exits

Please call 911 first, before informing the owners, managers, or Emergency Contingency Team.

EMERGENCY NUMBERS:

Emergency Response	911
Concord Police Dept (non emergency)	(603) 225-8600
Concord Fire Dept	(603) 225-8650
Merrimack County Sheriff's Dept.	(603) 796-6600
State Police (local)	(603) 271-1162
Concord Hospital	(603) 225-2711
Center of Disease Control (local)	(603) 635-8100
NH Dept. of Environmental Services	(603) 271-3899 Mon-Friday
(in case of hazardous spills)	(603) 223-4381 Weekends/Evenings

TRUE BREW NUMBERS:

Stephanie Zinser (Owner)	(603) 491-2778
Robert Zinser (Owner)	(603) 491-2872
Caity Bean (General Manager)	(603) 496-2203
Max Dowling (Kitchen Manager)	(603) 568-1754
Jackie Smith (Bar Manager)	(603) 312-8840

SHELTERING-IN-PLACE PROCEDURE

- Close the business.
- If there are customers, clients, or visitors in the building, provide for their safety by asking them to stay - not leave. When authorities provide directions to shelter-in-place, they want everyone to take those steps immediately. Do not drive or walk outdoors.
- Unless there is an imminent threat, ask employees, customers, clients, and visitors to call their emergency contact to let them know where they are and that they are safe.
- Quickly lock exterior doors and close windows, air vents, and fireplace dampers. Have employees familiar with your building's mechanical systems turn off all fans, heating and air conditioning systems. Some systems automatically provide for exchange of inside air with outside air. These systems, in particular, need to be turned off, sealed, or disabled.
- If you are told there is danger of explosion, close the window shades, blinds, or curtains.
- When applicable, gather essential disaster supplies, such as nonperishable food, bottled water, battery-powered radios, first-aid supplies, flashlights, batteries, duct tape, plastic sheeting, and plastic garbage bags.
- Select interior room(s) with the fewest windows or vents (the basement of True Brew would work best, probably). The room(s) should have adequate space for everyone to be able to sit. Avoid overcrowding by selecting several rooms if necessary. Large storage closets, utility rooms, pantries without exterior windows will work well. Avoid selecting a room with mechanical equipment like ventilation blowers or pipes, because this equipment may not be able to be sealed from the outdoors. Have someone travel down into the basement, cross to the back stairwell, and open the door at the top of the stairs, this leads to the back hallway and also to the rest of the building if moving to higher ground is needed.
- Take your emergency supplies and go into the room you have designated. Seal all windows, doors, and vents with plastic sheeting and duct tape or anything else you have on hand.
- Write down the names of everyone in the room, and call the owners of True Brew to report who is in the room with you, and their affiliation with your business (employee, visitor, client, customer).
- Listen to the radio, watch television, or use the Internet for further instructions until you are told all is safe or to evacuate. Local officials may call for evacuation in specific areas at greatest risk in your community.

Section Ten

Safety and Health Communication

We recognize that open, two-way communication between management and employee on health and safety issues is essential to an injury-free, productive workplace. The following system of communication is designed to facilitate a continuous flow of safety' and health information between management and employee in a form that is readily understandable and consists of the following items:

- We will conduct new worker orientation including a discussion of safety and health policies and procedures.
- An authorized instructor will conduct workplace safety and health training.
- We will have safety information posted and available for employees to look over.

It is this company's policy to maintain open communication between management and staff on matters pertaining to safety. All input regarding safety is considered important, and employees are encouraged to actively participate in the company safety program. Employees should feel free to express any safety concerns during safety meetings, individually to supervisors or in writing. All safety suggestions will be given serious consideration and each will receive a response.

In turn, the company will provide current safety news and activities, safety reading materials, signs, posters and minutes of JLMC meetings for easy access to information. Also, regular safety meetings will be held so that all employees have an opportunity to receive safety training and voice personal opinions regarding safety and health matters.

Where to find:

Safety and Health Signs:

Signs are posted up front, next to the chalkboard in clear view.

Minutes of the JLMC's quarterly meetings:

The minutes will be posted in the communal kitchen space, clearly labeled.

True Brew's Safety Program and OSHA's *Stay Safe in the Restaurant*:

The binders holding both programs are on the shelving unit in the bar, that holds the bar register. They are both clearly labeled.

Section Eleven

Workplace Violence

Workplace violence is violence or the threat of violence against workers. It may range from threats and verbal abuse to physical assaults and even homicides. Workplace violence includes:

- Threatening behaviour
- Verbal or written threats
- Harassment
- Verbal abuse
- Physical assault

It is every employees' responsibility to assist in establishing and maintaining a violence-free work environment. Therefore, each employee is expected and encouraged to report any incident which may be threatening to you and your co-workers or any ever which you reasonably believe is threatening or violent. You may report an incident to any supervisor or manager.

Zero Tolerance Policy

True Brew has a zero tolerance policy and will not tolerate violence, threats, harassment, intimidation, and other disruptive behavior, either physical or verbal, that occurs in the workplace or other areas. This applies to members of management, co-workers, employees, and non-employees such as contractors, customers, tenants, and visitors.

Workplace aggression or violence can include oral or written statements, gestures, or expressions that communicate a direct or indirect threat of physical harm, damage to property or any intentional behavior that may cause a person to feel threatened. Your cooperation is needed to implement this policy effectively and to maintain a safe working environment. Do not ignore violent, threatening, harassing, intimidating, or other disruptive behavior. If you observe or experience such behavior, report it immediately to your Manager.

NOTE: REPORT ALL THREATS OR ASSAULTS THAT REQUIRE IMMEDIATE ATTENTION TO POLICE

Prohibited Conduct

Prohibited conduct includes, but is not limited to:

- Injuring another person physically
- Creating a reasonable fear of injury to another person
- Possessing, brandishing, or using an explosive, munitions, or any other similar device while on True Brew premises or engaged in True Brew business
- Intentionally damaging property
- Threatening to injure an individual or damage property; by any means, including verbal, written, direct, indirect or electronic means

- Committing injurious acts motivated by, or related to, domestic violence or sexual harassment
- Using abusive or vulgar language towards another person (True Brew staff or customer) as an insult or in anger
- Violating a restraining order, order of protection, injunction against harassment or other court order
- Possessing, brandishing, or using a firearm in a company vehicle or in a personal vehicle while on company business

Expected Employee Conduct

All employees are required to display common courtesy and engage in safe and appropriate behavior on the job at all times. All employees are expected to comply with this policy. Any involvement in incidents of physical violence or strenuous horseplay is considered dangerous and unacceptable behavior.

General Safety Practices

Never hesitate to call the police (911) if you have safety concerns or are confronted with a potentially violent situation. It is better to have called unnecessarily than not to have appropriate personnel available when there is a threatening situation.

Never attempt to physically restrain or physically remove a threatening or violent individual by yourself. Always report violent, threatening, or harassing behavior to your Manager.

Alert your Manager to the presence of strangers in your work area or the presence of any suspicious package.

Reporting Procedures and Investigation

Prompt and accurate reporting of all workplace violence incidents, whether a physical injury occurred or not, is required. True Brew has a Violence Incident report form designed to obtain information about the threat. The form is located within this Safety Program.

The employee against whom the violence, threat of violence or other conduct that threatened the health and safety of the employee or other employees is required to complete the Violence Incident Form. Witnesses to the incidents shall also complete the form or otherwise notify the Manager. The form shall be forwarded to Management.

Restraining Orders/Order of Protection/Injunction

Occasionally an employee will seek an order of protection for restraining a person from committing an act, including domestic violence. When an employee has sought an order of protection, or injunction against harassment, the employee must provide the following to Management:

- A copy of the order of protection, injunction against harassment, and documents indicating service of process, and
- A recent photo of the person

Threatening Phone Call or Written or Electronic Message

If you receive an obscene or threatening telephone call, or written or electronic message, save the message if possible, immediately notify Management, and complete a Violence Incident Report.

Indicators of Potentially Violent Behavior

If you observe any of the indicators of potentially violent behaviors, it is your responsibility to notify Management so that the situation can be addressed, and does not escalate. Indicators can include:

- Direct or indirect – veiled - threats of harm;
- Intimidating, belligerent, harassing, bullying, or other inappropriate and aggressive behavior;
- Numerous conflicts with supervisors and other employees;
- Bringing a weapon to the workplace, brandishing a weapon in the workplace, making inappropriate references to guns, or a fascination with weapons;
- Statements showing fascination with incidents of workplace violence, statements indicating approval of the use of violence to resolve a problem, or statements indicating identification with perpetrators of workplace violence;
- Statements indicating desperation (over family, financial, and other personal problems), to the point of contemplating suicide;
- Drug/alcohol abuse; and
- Extreme changes in behavior.

Confidentiality

True Brew will make every effort to keep the reports confidential. The information will be kept as confidential as possible, except where there is a need to know in order to reach a solution to the problem.

Discipline

Individuals who commit acts of violence or threats will be subject to removal from the premises and will be subject to disciplinary action, up to and including termination, and possible criminal penalties. True Brew will promptly investigate any:

- Physical or verbal altercation,
- Threats of violence, and
- Other conduct by employees that threatens the health or safety of other employees or the public or otherwise involves a breach of or departure from company policy.

All incidents of physical altercations will be treated as gross misconduct and will result in disciplinary action, up to and including termination of employment. Pending the investigation, the company can immediately suspend employees for any alleged violation of the company policy. At the conclusion of the investigation, appropriate action will be taken, up to and including termination of employment.

The company may seek the prosecution of all those who engage in violence on its premises or against its employees while they are engaged in company business.

Retaliation Prohibited

Victims of workplace aggression and witnesses will not be retaliated against in any manner. No employee will be subject to discipline for reporting a threat, or for cooperating in an investigation.

Employee cooperation is required.

An employee who initiates, participates, or is involved in retaliation or obstructs an investigation into a threat, is subject to discipline, up to and including termination.

Employees who believe they have been retaliated against must immediately report the matter to Management.

Ways to minimize chances of workplace violence:

- Keep the cash register closed when not in use.
- Keep cash register in line of sight of other employees.
- Do not count cash in front of customers.
- Help establish and follow lock-up procedures such as all employees should leave the workplace at the same time.
- Know how to report and log incidents of threats or violence.
- Use the safety plan when dealing with unsatisfied customers, robbery, or theft.
- Keep the back doors locked unless you are receiving a delivery.

Violence Incident Report Form

A reportable violent incident should be defined as any threatening remark or overt act of physical violence against a person(s) or property whether reported or observed.

Please put additional comments on reverse side of form.

Victim's Name _____ Job Title _____
Victim's Address _____
Home Phone Number _____ Work Phone Number _____
Employer's Name and Address _____
Department/Section_____
Victim's Social Security Number _____
Incident Date _____ Incident Time _____Incident Location _____
Work Location *(if different)* _____

Type of Incident: *(check one)*
❏ Assault
❏ Robbery
❏ Harassment
❏ Disorderly Conduct
❏ Sex Offense
❏ Other *(Please Specify)* _____

(See Definition of Incidents Worksheet)

Were You Injured? ❏ Yes ❏ No
If yes, please specify your injuries and the location of any treatment
_____
_____
_____

Did Police Respond to Incident ❏ Yes ❏ No
What Police Department _____

Police Report Filed ❏ Yes ❏ No
Report Number _____

Was Your Supervisor Notified ❏ Yes ❏ No
Supervisor's Name _____

Was the Local Union/Employee Representative Notified ❏ Yes ❏ No
Who should be notified _____

Was Any Action Taken By Employer (specify)

_____

_____

Assailant/Perpetrator *(check one)*

❏ Intruder
❏ Customer
❏ Co-Worker
❏ Former Worker
❏ Supervisor
❏ Family/Friend
❏ Other *(specify)*

_____

Assailant/Perpetrator—Name/Address/Age (if known): _____

_____

_____

Please Briefly Describe the Incident

_____

_____

_____

_____

Incident Disposition

❏ No action taken
❏ Arrest
❏ Warning
❏ Suspension
❏ Reprimand
❏ Other *(Please Specify)* _____

Did The Incident Involve A Weapon: ❏ Yes ❏ No

Specify _____

Did You Lose Any Workdays: ❏ Yes ❏ No

Specify _____

Were You Singled Out Or Was The Violence Directed At More Than One Individual

_____

_____

Were You Alone When The Incident Occurred

_____

_____

Did You Have Any Reason To Believe Than An Incident Might Occur ❑ Yes ❑ No

Why _____

Has This Type Or Similar Incident(s) Happened To You Or Your Co-workers: ❑ Yes ❑ No

Specify _____

Have You Had Any Counseling Or Support Since The Incident: ❑ Yes ❑ No

Specify _____

What Do You Feel Can Be Done In The Future To Avoid Such An Incident

_____

_____

Was This Assailant Involved In Previous Incidents

_____

_____

Are There Any Measures In Place To Prevent Similar Incidents: ❑ Yes ❑ No

Specify _____

Has Corrective Action Been Taken: ❑ Yes ❑ No

Specify _____

Comments:

_____

_____

_____

*This form was taken from: *Guidelines for Preventing Workplace Violence for Health Care and Social Service Workers*. OSHA Publication 3148, (1996).

Definition of Incidents

Assault: The intentional use of physical injury, (impairment of physical condition or substantial pain) to another person, with or without a weapon or dangerous instrumen

Criminal Mischief: Intentional or reckless damaging of the property of another person without permission.

Disorderly Conduct: Intentionally causing public inconvenience, annoyance or alarm or recklessly creating a risk thereof by fighting (without injury) or violent, numinous (mysterious) or threatening behavior or making unreasonable noise, shouting abuse, misbehaving, disturbing an assembly or meeting or persons or creating hazardous conditions by an act which serves no legitimate purpose.

Harassment: Intentionally striking, shoving or kicking another or subjecting another person to physical contact, or threatening to do the same (without physical injury). ALSO, using abusive or obscene language or following a person in/about a public place, or engaging in a course of conduct which alarms or seriously annoys another person.

Larceny: Wrongful taking, depriving or withholding property from another (no force involved). Victim may or may not be present.

Menacing: Intentionally places or attempts to place another person in fear of imminent serious physical injury.

Reckless Endangerment: Subjecting individuals to danger by recklessly engaging in conduct which creates substantial risk of serious physical injury.

Robbery: Forcible stealing of another's property by use of threat or immediate physical force. Victim is present and aware of theft.

Sex Offense

Public Lewdness:	Exposure of sexual organs to others.
Sexual Abuse:	Subjecting another to sexual contact without consent.
Sodomy:	A deviant sexual act committed as in rape.
Rape:	Sexual intercourse without consent.