

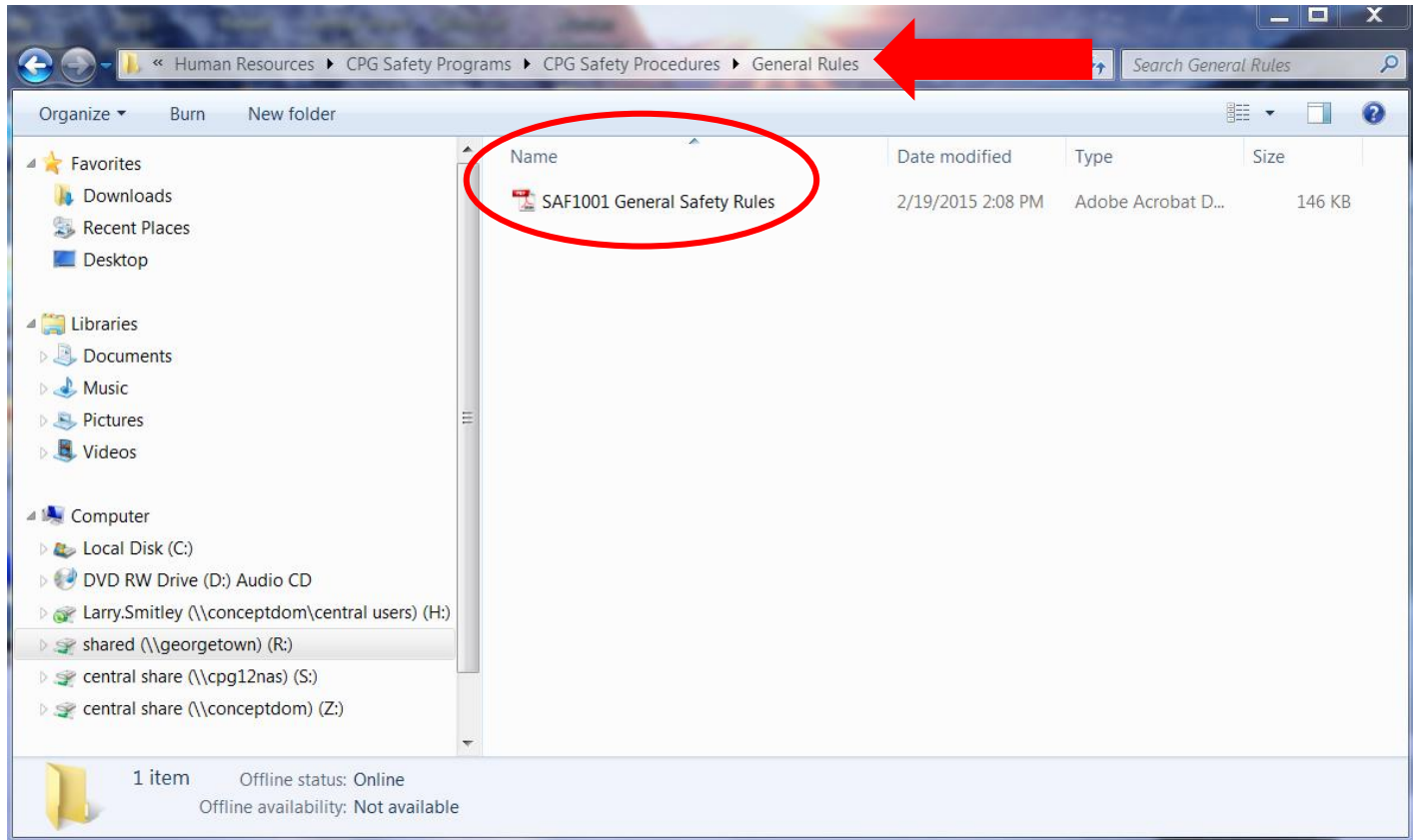
CPG General Safety Rules

SAF-1001




CONCEPT
PACKAGING
GROUP

Document Location



<R:\Human Resources\CPG Safety Programs\CPG Safety Procedures\General Rules\SAF1001 General Safety Rules.pdf>

Reference Document ID: SAF1001

	Document # SAF-1001	Revision: F	Effective Date: 4/23/14
	Title: General Safety Rules		Page 1 of 4

1.0 Purpose

1.1 The purpose of this procedure is to establish comprehensive guidelines to promote safe work habits, reduce and / or eliminate work related injuries and near misses.

2.0 Scope

2.1 These General Safety Rules applies to ALL employees of Concept Packaging Group. Specific procedures / policies that will include specific details on topics that include, but are not limited to the following: Emergencies, Lockout/Tagout, Hazardous Communications, Forklift, etc.

2.2 Additional safety rules may apply at individual locations based upon the specific requirements related to the processes in place. These rules are documented in a separate document that is used in conjunction with this procedure.

2.3 Some of the rules listed in this procedure may not be applicable to all locations based on facility processes. Employees will be made aware of any differences / exceptions during training sessions.

2.4 Adherence to these rules is a condition of employment, failure to comply with these rules can result in disciplinary action up to and including discharge.

2.5 Persons, who are in designated walk areas, are not subject to the rules listed in 6.2.1, 6.2.2, 6.2.5 or 6.7.3.

3.0 Acronym and Definitions

3.1 None Required

4.0 General Information / References

4.1 None Required

5.0 Responsibility

5.1 It is each person's responsibility to read ALL safety rules, policies, procedures, and safety notices for current safety rule changes and additions. All policies, procedures and safety rules will be enforced.

6.0 Procedure

6.1 Accidents / Accident Reporting / Unsafe Conditions

6.1.1 ALL accidents, no matter how minor, must be reported to your supervisor immediately. At the absolute latest, they must be reported by the start of the next shift after the incident occurred. Failure to follow this rule may jeopardize any claim for compensation. ALL first aid treatment must be documented.

6.1.2 Employees are required to obtain permission before going to a doctor in connection with a work-related injury.

6.1.3 Supervisors are responsible with working with Human Resources to ensure injured workers are sent to the correct treatment facility along with the correct paperwork. Supervisors and/or Human Resources are responsible for notifying temporary agencies that one of their employees have been injured.

6.1.4 Report any unsafe condition to your supervisor immediately, i.e., frayed electrical wires, etc. Employees must report accidents immediately or at the absolute latest prior to the start of their next shift. If employees do not report accidents within this time frame, it will result in disciplinary action, up to and including termination. It will result in a written counseling for the 1st offense.

Header Information

- **Document ID #:** SAF-1001
- **Title:** General Safety Rules
- **Revision Level:** F
- **Effective Date:** 4/23/14
- **Number of Pages:** 1 of 4
- **Yellow Highlighting:** changes from the last version

Purposeful

- To promote safe work habits...
- Reduce and eliminate work related injuries...
- Reduce and eliminate near misses.

Concept Packaging Group 2015 Goals & Objectives

Safety

- DART (Cases involving days away from work, restricted or job transfer) **1.25**
- TRCR (Total recordable case rate) **2.0**

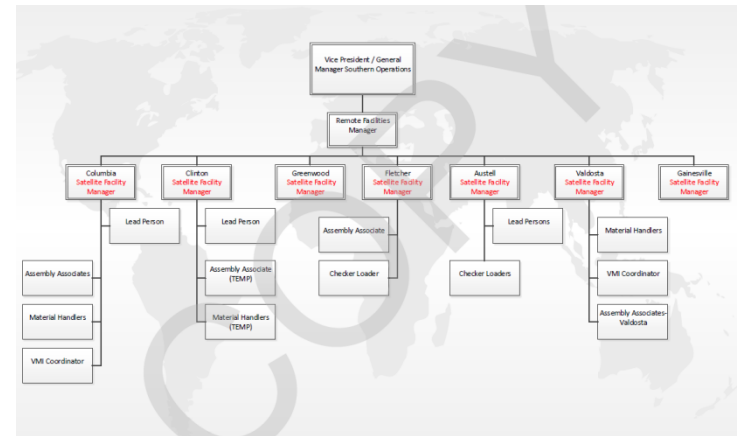
Quality

- On Time Delivery **96.5%**
- Customer Complaints **25 / Month**
- Cost of Quality **0.25% of Net Sales**

Southern Region Goals & Objectives

Application

- Applies to ALL **CPG Employees**
 - *Managers*
 - *Supervisors*
 - *Office Workers*
 - *Plant Workers*
- Applies to ALL **TEMPS**
- Applies to ALL **Visitors**
- Applies to ALL **Contractors**
- Exceptions
 - *Persons in Designated Walk Areas*
 - *Some of the rules may not be applicable to all locations*
 - *Additional rules may apply at certain locations*



Accident Reporting

- ALL accidents, no matter how minor, must be reported to your supervisor immediately or by the start of the next shift.

CONCEPT PACKAGING GROUP
Supervisor and Employee Accident Report

Name of Injured Person: _____ Birth Date: _____ Gender: _____ Social Security #: _____ Age: _____
Address: _____ City: _____ State: _____ Zip Code: _____
Date of Accident: _____ Time of Accident Reported: _____
Date of Hire: _____ Current Title: _____

Nature of Injury

<input type="checkbox"/> Abrasion	<input type="checkbox"/> Contusion	<input type="checkbox"/> Puncture	<input type="checkbox"/> Laceration	<input type="checkbox"/> Fracture	<input type="checkbox"/> Amputation	<input type="checkbox"/> Cut	<input type="checkbox"/> Shock	<input type="checkbox"/> Burns	<input type="checkbox"/> Poisoning
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Other or Illness (Specify): _____

Part of Body Injured

<input type="checkbox"/> Abdomen	<input type="checkbox"/> Feet	<input type="checkbox"/> Leg
<input type="checkbox"/> Ankle	<input type="checkbox"/> Knee	<input type="checkbox"/> Mouth
<input type="checkbox"/> Back	<input type="checkbox"/> Foot	<input type="checkbox"/> Nose
<input type="checkbox"/> Chest	<input type="checkbox"/> Forearm	<input type="checkbox"/> Shoulder
<input type="checkbox"/> Ear	<input type="checkbox"/> Hand	<input type="checkbox"/> Tooth
<input type="checkbox"/> Elbow	<input type="checkbox"/> Head	<input type="checkbox"/> Wrist
<input type="checkbox"/> Eye	<input type="checkbox"/> Thumb	<input type="checkbox"/> 1st Finger
<input type="checkbox"/> 2nd Finger	<input type="checkbox"/> 3rd Finger	<input type="checkbox"/> 4th Finger
<input type="checkbox"/> Left	<input type="checkbox"/> Right	<input type="checkbox"/> N/A
<input type="checkbox"/> Upper	<input type="checkbox"/> Lower	<input type="checkbox"/> N/A

All Tools/Machinery/Instruments Involved
Name (if applicable): _____

What process was employee involved in at the time of the accident?

Description of events leading to the injury/illness:

Was CPR/First Aid given? _____ By Whom: _____
Body Fluid Spill? _____ By Whom: _____
Was body fluid cleaned up properly? _____
What type of first aid was given?

Was employee removed from accident scene? _____

Accident
Report




CONCEPT PACKAGING GROUP
Document #: SAF-1000-01 Revision: 0 Effective Date: 2/6/16
Title: Safety Alert Form Page: 1 of 3

Safety Alert
Date: 8/22/2016 Location: SMO - Level 2C Incident Type: Near Miss
Job Title: Assembler Machine Controlled Assembly Cell 429
Status: Full On Submitted By: Tina Widdens

Describe the Incident Details
IW placed bottom sheets on pallet and then turned to grab a kit and place it on pallet. IW was rushing to build and did not have eyes on surroundings and fell on pallet and scraped their right leg. First aid was given and IW returned to work.

Safe Start & Safety Violation Details

Safe Start State (check all that apply)	Safe Start Critical Error (check all that apply)	Safety Violation Source
<input type="checkbox"/> Fatigue <input type="checkbox"/> Impaired <input type="checkbox"/> Complacency	<input type="checkbox"/> One-Hand on Task <input type="checkbox"/> Head Not on Task <input type="checkbox"/> Balance / Traction / Grip	<input type="checkbox"/> Poor Position <input type="checkbox"/> General Safety Rules <input type="checkbox"/> No PPE <input type="checkbox"/> Lock Out Tag Out <input type="checkbox"/> PPE Requirements <input type="checkbox"/> Other

Insert Pictures If Available


INITIAL ACTION
Was reported shortly after lunch. IW was asked if they want to go to doctor and their reply was no. IW was instructed to wash gown and put antibiotic on the wound.

☒ This incident is REACT analysis needed. ☐ No, incident was very minor. [For purposes of this analysis needed click here.](#)
Employees are working to meet production. Exposure to the equipment is being worked on per surroundings.

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Safety
Alert



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Title: Safety Alert Form Page: 2 of 3

REACT Analysis
(Example pages 1 & 2) and React Alert (occurred within 24 hours of incident)

Contributing Factor Analysis - List the factors you think contributed to the findings listed in the Summary. This Incident Details section is the source Safety Alert

Management	Machine/Tools	People	Environment
<input type="checkbox"/> No Instructions Given <input type="checkbox"/> Inadequate Instruction Given <input type="checkbox"/> Rules, Safe Work Practices <input type="checkbox"/> Inadequate Job Planning <input type="checkbox"/> Safe Work Practices not <input type="checkbox"/> Did not provide PPE <input type="checkbox"/> Inadequate Safety Inspections <input type="checkbox"/> No machine lock <input type="checkbox"/> Related equipment	<input type="checkbox"/> Inadequate/Defective Equipment <input type="checkbox"/> Defective or Improper materials <input type="checkbox"/> Improperly designed area <input type="checkbox"/> Improper labeling <input type="checkbox"/> Inadequately maintained machine <input type="checkbox"/> Lack of inspection <input type="checkbox"/> Inadequately maintained or not identified <input type="checkbox"/> Operating without authority <input type="checkbox"/> Improper repair <input type="checkbox"/> Documented problem but not repaired <input type="checkbox"/> Other	<input type="checkbox"/> Did not follow safe work practices <input type="checkbox"/> Failure to use proper equipment <input type="checkbox"/> Failure to wear PPE <input type="checkbox"/> Improper body position <input type="checkbox"/> Improper use of tool/equipment <input type="checkbox"/> Rushing or being in a short cut <input type="checkbox"/> Operating without authority <input type="checkbox"/> Improper repair <input type="checkbox"/> Failure to ask for assistance / Lack of <input type="checkbox"/> Other	<input type="checkbox"/> Action of other employees <input type="checkbox"/> Poor ventilation <input type="checkbox"/> Congestion <input type="checkbox"/> Poor work flow in area <input type="checkbox"/> Slippery working or walking surfaces <input type="checkbox"/> Distractions <input type="checkbox"/> Noise <input type="checkbox"/> Temperature extremes <input type="checkbox"/> Working long hours <input type="checkbox"/> Other

Additional Discourtesy Reports - Sprain/Strain Injury Factors

Back	Hand / Wrist	Elbow / Shoulder
<input type="checkbox"/> Reaching/Grasping <input type="checkbox"/> Deep bending <input type="checkbox"/> Reaching away from body <input type="checkbox"/> Reaching across shoulder <input type="checkbox"/> Twisting <input type="checkbox"/> Lifting <input type="checkbox"/> Weighted up and down - no frame <input type="checkbox"/> Resistance to high effort/force	<input type="checkbox"/> Wrist bent (ulnar or side to side) <input type="checkbox"/> Deep gripping <input type="checkbox"/> Simple gripping <input type="checkbox"/> Reaching/Grasping <input type="checkbox"/> Reaching on sharp edge <input type="checkbox"/> Small or long hand tool grip <input type="checkbox"/> Straight or slightly bent <input type="checkbox"/> Resistance to high effort/force	<input type="checkbox"/> Reaching above shoulder <input type="checkbox"/> Reaching in front of body <input type="checkbox"/> Reaching behind body <input type="checkbox"/> Reaching outside (e.g. turning a wheel/motor) <input type="checkbox"/> Reaching on sharp edge/surface <input type="checkbox"/> Elbow away from side of body <input type="checkbox"/> Resistance to high effort/force

Part Two - Root Causes
Root Cause Analysis - Ask "why" to identify the root causes of the contributing factors listed in Part One of the REACT Analysis above

Management	Machine/Tools	People	Environment

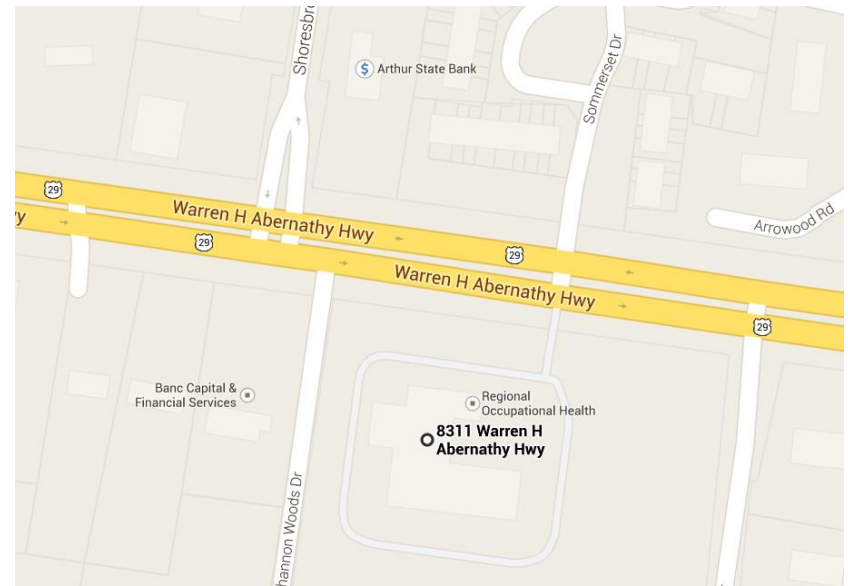
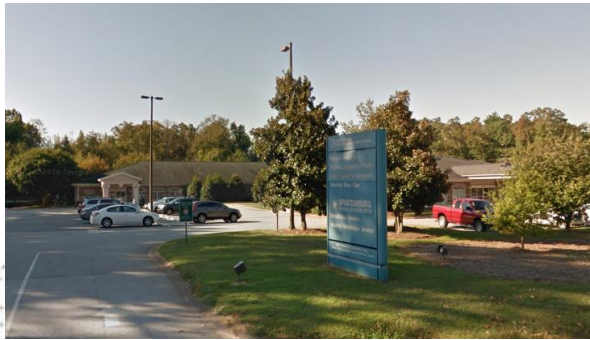
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REACT
Analysis

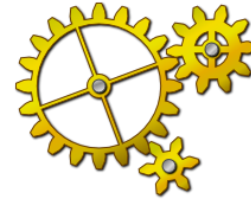
Treatment



- Supervisors are responsible with working with Human Resources to ensure injured workers are sent to the correct treatment facility along with the correct paperwork (Regional Occupational Health).
- Supervisors and/or Human Resources are responsible for notifying temporary agencies that one of their employees have been injured.



Regarding Clothing



- DO NOT Wear:

- Loose or Torn clothing
- Open Shirts
- Unzipped or Unbuttoned Vests or Jackets
- Clothing with attached Hoodies
- Tank Tops, Muscle Shirts or Sleeveless Shirts
- ½ Tops or Halter Tops
- Shirts that exceed the “*wrist rule*”
- Short Shorts that don’t meet the “*fingertip rule*”
- Clothing *with Offensive Language*



Regarding Jewelry

- No Jewelry Policy is in effect:

- *No Chains or No Necklaces*

- Only exception would be a Medical Identification necklace



- *No Bracelets*

- Only exception would be a Medical Identification bracelet



- *No Earrings*

- *No Facial Earrings, nose rings, eyebrows, etc...*



- *No Rings*

- Only exception would be your wedding band
- This does NOT include your engagement ring



- *Watches*

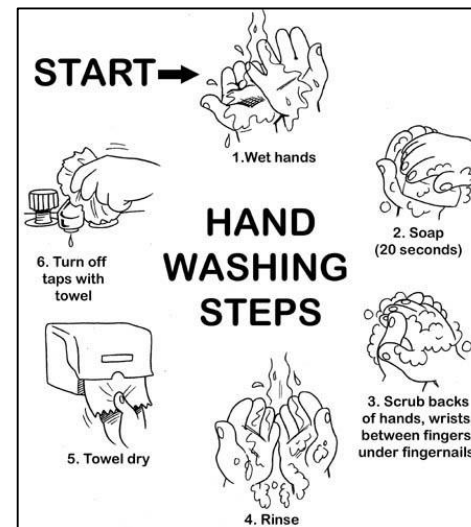
- Only exception would be one that possess a breakable band



Regarding Hygiene



- Employees are encouraged to practice good hygiene
- Spitting is not allowed anywhere inside of the plant
- Washing hands thoroughly before eating and after each break



No Spitting

Regarding Long Hair

- Defined: “hair being below the shoulders”
- Confined:
 - *Suggest that Hair needs to be pulled back away from face*
 - *Require long hair to be:*
 - tucked in the back of the shirt collar,
 - worn under a hat,
 - or pinned up
 - *Ponytails exceeding the shoulder must be dealt with in one of the above mentioned methods.*



Break / Lunch Periods

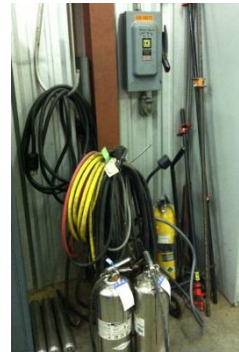
- Employees and temporaries are ONLY allowed to leave CPG premises during unpaid break times.
- Those that choose to leave during other times, shall be subject to disciplinary action.

Fire Safety



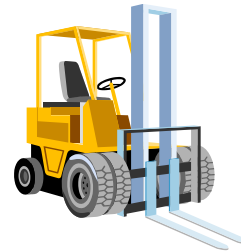
At ALL Times:

- All *Fire Extinguishers* must be kept free from obstruction
- All *Emergency Exits* must be kept free from obstruction



General Safety

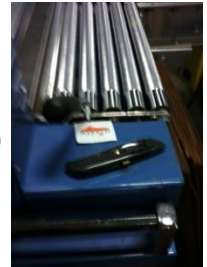
- Only remove Guards for repair, then they must be replaced immediately
- Practical jokes and/or horseplay will NOT be tolerated
- Heavy Loads
 - *Lift with your legs and NOT with your Backs*
 - *For Loads > 51 lbs ask for assistance*
- Proper Training required to operate machinery
- Forklift Operators
 - *Must Be Trained by CPG*
 - *Must Wear Safety Belts*
 - *Must use gloves to change Propane Cylinders*
 - *Must use “hand truck” to transport Cylinders*



General Safety

- **Do NOT:**

- *Stand or walk on conveyors*
- *Clean moving parts while the machinery or equipment is running*
- *Store personal items or loose tools on top of electrical boxes or on top of machines (36" clearance required around all electrical panels)*
- *Store Pallets/Skids on Edge*



- **Do:**

- *Remove boards with nails protruding or bend them down so that they will not be a hazard to others*

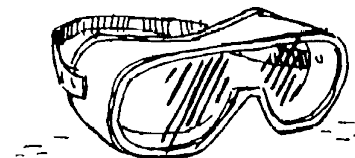


Compressed Air



6.5.12 Compressed air is NOT to be used to:

- clean your clothing or
- other parts of your body or
- a fellow employee's body.
- Use only approved nozzles with the air hoses, not to exceed 30 psi.
- Goggles must be worn at all times when handling compressed air that is being emitted into the atmosphere.



General Safety

- Scissors Safety

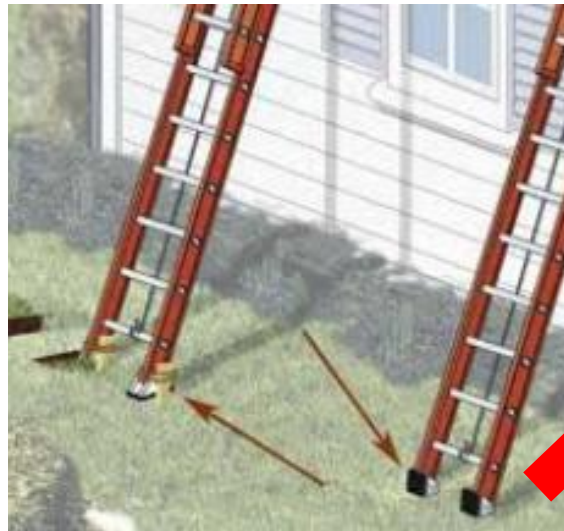
- *Paramedic Style scissors*
- *Blunt Ends*
- *To be used for cutting or removing bands and strapping.*
- *Razor Knives can **NOT** be used to cut bands and strapping!*



General Safety

- Ladder Safety

- *All portable ladders must have “safety shoes”*
- *All ladders must be maintained and in good working condition*



General Safety



- Working At Heights > 4 feet requires
 - *Full Climbing Harness*
 - *Safety Lanyard*
 - *Hard Hats*



- PPE (Personal Protective Equipment)
 - *Safety Glasses*
 - *Hearing Protection*
 - *Cut Resistant Gloves*



- Personal Radios, Headsets, MP3 Players



General Safety



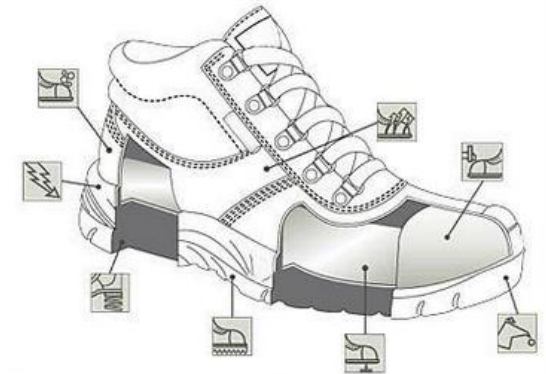
- Shoes

- *Safety Shoes are Required by All Maintenance Workers*

- Composites Tips or non-steel Toed because of the potential electrical hazard
 - Anti-slip, skid resistant soles

- *ALL Other Employees*

- No Canvas Shoes
 - No Open Toed Shoes
 - Non-Steel toed Shoes
 - Anti-slip, skid resistant soles



Cell Phones



- The use of cell phones is prohibited in all production and warehouse areas.
- The only cell phones allowed to be used in these areas are those **issued or approved by CPG**.
- Employees may use their own cell phones during designated break times in designated break areas.
- Cell phones must be kept off the production / warehouse floor.



Any Questions??????

