



# **Team Member Safety Orientation**





CWS Staying Safe Across the South East

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# Safety Mission

**Welcome to the CWS team! We are excited to have you on board. This safety orientation applies to every team member working for CWS.**

- CWS cares about each and everyone of our team members, and their safety and health is the first consideration during our operations.
- CWS emphasizes safety education, training, and the adherence of all applicable requirements to achieve these goals.
- Our objective is a safety and health program that is both engaging and meaningful. With your assistance and dedication, we will reduce the number of injuries and illnesses to an absolute minimum.
- Team members who violate established safety policies or rules will be subject to disciplinary action. Where applicable, they will be retrained to ensure proper understanding of the safety procedures.





# General Safety Rules for All Team Members

- Keep your work area, machinery and all company facilities that you use clean and neat.
- Do not participate in horseplay, tease, or otherwise distract fellow workers.
- Never take chances. Ask for help. If you are unsure, you are unsafe!
- Never operate any machine or equipment, unless you are authorized and trained to do so.
- Do not operate defective equipment. Do not use broken hand tools. Report them to your Manager immediately.
- Never start on any hazardous job without being completely familiar with the safety procedures that apply to it.
- Wear all protective garments and equipment necessary to be safe on the job.
- If working with chemicals, familiarize yourself with their Safety Data Sheet located in your project's SDS Binder



# The Importance of Workers' Compensation Reporting

## Are any of these statements familiar?

- *It was just a little scrape, it really wasn't worth reporting.*
- *I was just so busy I forgot.*
- *It didn't seem like a big deal at the time.*
- *I wasn't sure I should report it so I didn't.*
- *It was my own fault so I was embarrassed to say anything.*

If you are injured, **however slight**, while you are engaged in CWS work, report the injury immediately to your supervisor.

For example, you slipped on wet flooring, but are sure you're OK. A few days later, you're experiencing serious back pain. This is an example of why reporting all workplace injuries is important; what may seem minor at the time can worsen, become chronic or lead to complications such as infection, disease or disability.



# Why Injuries Aren't Always Reported

Sometimes, injuries aren't reported because the person doesn't want to take time off work to see a doctor. Other times, the injury is minor, and the person thinks it's "not a big deal" or that it will stop hurting or heal on its own. Still other times, injuries aren't reported because the employee is embarrassed; the person thinks he or she will be "blamed" for the injury; or the person is concerned about the cost of medical treatment.

## What Should You Do?

- If the injury is not life-threatening, immediately report to your supervisor - not a co-worker. Your supervisor will help you promptly seek medical care. Your Health and Safety is our Primary concern and we want to ensure that the best medical care is provided to our Team Members.
- Be very descriptive when recalling the incident. "I stepped in a puddle on the floor, causing me to slip," is much more helpful than a simple "I slipped."
- Any delay in reporting can delay the payment of benefits which are 66% of your current pay rate, Notice to a fellow worker who is not a supervisor or otherwise a part of management is not considered notice to the employer. Failure to report also allows the conditions that contributed to the incident to go unchecked and leave coworkers vulnerable to similar injuries.
- Think about the events that led up to the injury. Was the injury a result of an Unsafe Act or an Unsafe Condition? Offer helpful suggestions to improve the workplace for everyone. Preventative actions, such as replacing a missing guard or posting a Warning sign, can be taken. CWS Safety is conducting injury investigations to identify root causes and make corrections to prevent someone else from experiencing the same injury. Your ideas can help reduce the possibility of someone else experiencing injury.



Date

Name

Street Address

City, State, Zip

**RE: Worker's Compensation Claim #**

Dear Name:

CWS strives to return its employees who are injured on-the-job to work as soon as they are medically able, and to make the Worker's Compensation documentation process as effortless as possible.

CWS expects you to follow our Workers' Compensation Policy by:

- Staying in regular contact with Human Resources, while you are out of work (every 2 weeks), and with either your Project Manager or Site Safety Coordinator
- Informing Human Resources of all scheduled doctor visits for your work injury by submitting a copy of the Physician's Work Ability Release Form, excuse notes and all other relevant information within 72 hours after each doctor's visit (submit to Project Manager/Site-Safety Coordinator and Human Resources via email and/or fax)
- Cooperating with HR, our workers' compensation insurer, including the claims representative)and attending all scheduled appointments and physical therapy sessions

At CWS, we care about your safety and wellbeing and regard it with the utmost of importance. Taking these steps will help ensure that you are receiving the appropriate benefits on time and that the Company is able to best assist you with any needs you might have while you are out of work.

Please contact me with any questions or concerns you might have.

Sincerely,

Natalie Young

Human Resources Coordinator

[Natalie.young@clearwatersol.com](mailto:Natalie.young@clearwatersol.com)

P: (334) 532-3201

F: (334) 875-1185

# Safety Signage



Danger signs are used only where an immediate hazard exists.



Notice signs are used where information of a critical nature must be communicated, however there may be no potential for injury or harm.



Caution and warning signs are used to warn against potential hazards or to caution against unsafe practices.

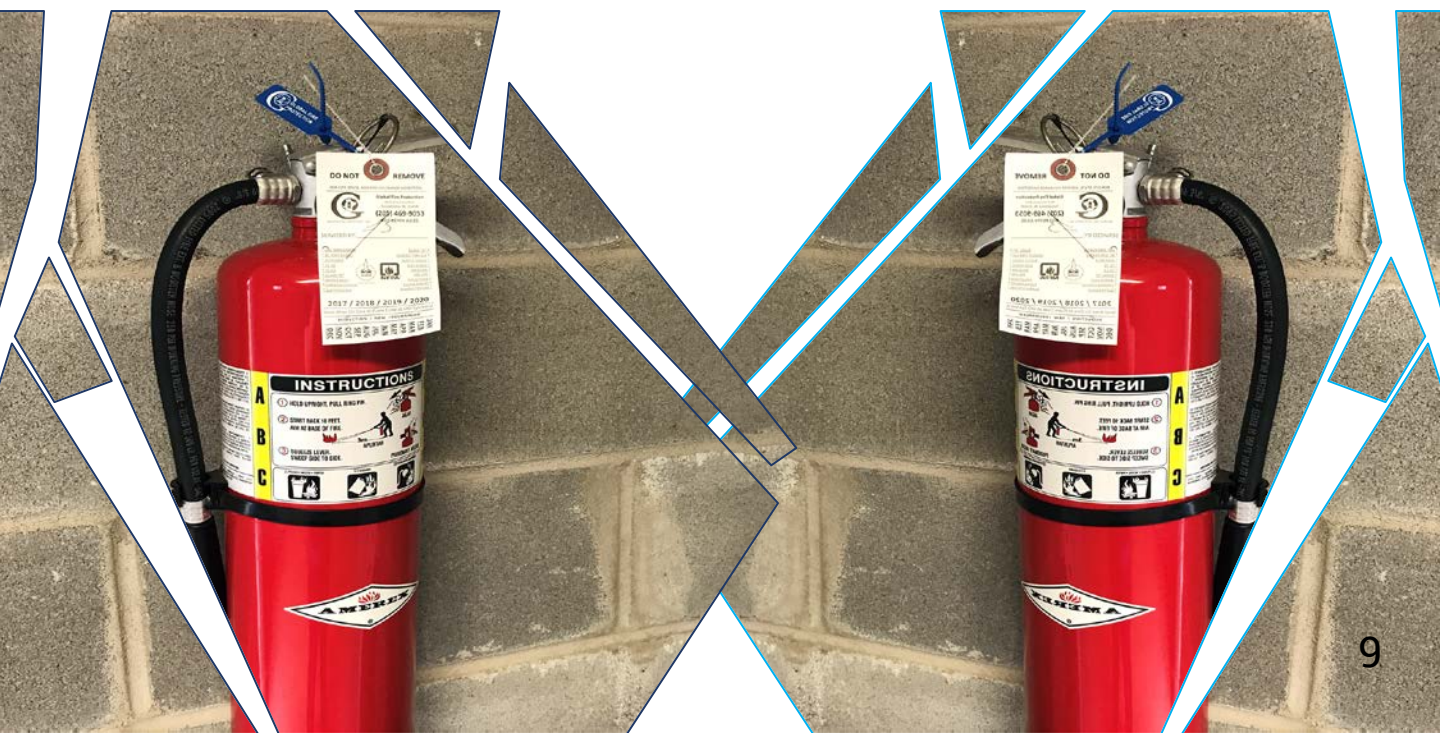


# Fire Safety & Prevention

- Fire extinguishers must be available whenever working with flammable or combustible liquids or any tasks where open flames or sparks are present.
- Never block a fire extinguisher.
- Never hang or attach anything to a fire sprinkler system
- Smoking is not permitted where flammable or combustible materials are used or stored.
- Smoke only in designated areas.

In the event a fire breaks out:

- Immediately follow the emergency action procedures.
- Do not compromise your safety.
- If you can, assist anyone in danger.
- If possible, turn off sources of fuel.
- Close doors to prevent smoke or fire from spreading



# Fire Safety & Prevention

- These extinguishers are the most commonly used and are usually rated for multiple purpose use. These extinguishers are used on Class A and/or Class B and/or C fires.
- They are equipped with a gauge to see if they are fully charged and ready to use.
- All extinguishers shall be inspected monthly by CWS and annually by a certified inspector.

**PASS Technique:**  
Pull  
Aim  
Squeeze  
Sweep





# Housekeeping

- Good housekeeping is a necessary requirement for maintaining safety at CWS job sites. It is proven that clean and tidy work sites hold fewer hazards for all team members.
- Accidents and injuries are avoided and productivity is improved where good housekeeping is practiced daily.
- Avoid accumulating debris, waste, and materials near exits and in aisles needed in case of an emergency.
- Never block electrical panels or place materials on electrical transformers.
- Vehicle interiors must be maintained, and kept clean and organized. All items must be secured so that they cannot roll under the vehicle pedals, interfering with safe vehicle operations.



# HAZCOM & HCS

- Hazcom stands for “Hazard Communication”.
- HCS is the Hazard Communication Standard which is an OSHA standard with a goal to ensure employers and **workers know about chemical hazards** and how to protect themselves.
- You Have A Right To Know:
  - What chemicals are in the areas you will be working in?
  - What are the hazards of those chemicals?
  - How to protect yourself from those hazards.
- Chemical manufacturers and importers must develop a Safety Data Sheet or SDS for each hazardous chemical they produce or import.
- An SDS sheet must be kept for each chemical at the job site. This information is available to you, simply ask your Project Manager.
- SDS sheets contain valuable information about the hazards of chemicals and how to protect yourself.
- SDS’s are available to all workers at the following locations:
- Project main offices will have an SDS binder.
- Well Sites/Lift Stations/Pump Houses that have chemicals onsite will keep their respective SDS’s at the locations.

# SAFETY DATA SHEET

MSDS for the following product: Surface Finishes MSDS-100

## Product Name and Company Identification

**Product Identifier:** Surface Finishes  
**Supplier:** DOW Chemical Company, 1900 North Zeeb Road, Midland, TX 79701

**Supplier:** DOW Chemical Company, 1900 North Zeeb Road, Midland, TX 79701  
This is not available for sale without a purchase order.

**Product Description:** Surface Finishes is a two-part, two-component, epoxy resin system used for coating and finishing metal surfaces.

## Company Information

**Company Name:**

**Address:**

**City:**

**State:**

**Zip:**

**Phone:**

**Fax:**

**E-mail:**

## Emergency Telephone

**Emergency Number:**

**Emergency Number:**

**Emergency Number:**

**Emergency Number:**

**Emergency Number:**

**Emergency Number:**

**Emergency Number:**

## 1. Hazard Identification

### POTENTIAL HAZARD IDENTIFIERS

**Product Name:** Surface Finishes  
**Product Number:** 1000-1000-1000

**Product Description:** Surface Finishes is a two-part, two-component, epoxy resin system used for coating and finishing metal surfaces.

**Product Use:** Surface Finishes is used for coating and finishing metal surfaces.

**Product Storage:** Surface Finishes should be stored in a cool, dry place.

**Product Disposal:** Surface Finishes should be disposed of in accordance with local, state, and federal regulations.

**Product Safety:** Surface Finishes is a hazardous material. It should be handled with care.

**Product Labeling:** Surface Finishes is labeled as a hazardous material.

**Product MSDS:** Surface Finishes has an MSDS available.

**Product Training:** Surface Finishes requires training for use.

**Product PPE:** Surface Finishes requires PPE for use.

**Product First Aid:** Surface Finishes requires first aid measures.

**Product Spill Response:** Surface Finishes requires spill response measures.

**Product Fire Response:** Surface Finishes requires fire response measures.

**Product Environmental Response:** Surface Finishes requires environmental response measures.

**Product Regulatory:** Surface Finishes is regulated under various laws.

**Product Compliance:** Surface Finishes complies with various regulations.

**Product Certification:** Surface Finishes is certified for various uses.

**Product Warranty:** Surface Finishes has a warranty for certain uses.

**Product Disclaimer:** Surface Finishes is sold as is, with no warranty.

## 2. First Aid Measures/Comments

**First Aid Measures:** See immediately to a physician. If inhaled, move to fresh air. If swallowed, do not induce vomiting. If on skin, wash with soap and water. If in eyes, flush with water for 15 minutes.

**First Aid Comments:** Surface Finishes is a hazardous material. It should be handled with care.

**First Aid Training:** Surface Finishes requires training for use.

**First Aid PPE:** Surface Finishes requires PPE for use.

**First Aid First Aid:** Surface Finishes requires first aid measures.

**First Aid Spill Response:** Surface Finishes requires spill response measures.

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**First Aid PPE:** Surface Finishes requires PPE for use.

Material Safety Data Sheet According to MSDS 2002-1-2004 and 20-09-1914-1202		 <b>A TANKI COMPANY</b>
<b>BON AMIE WINDOW CLEANER</b>		
Version : 1.1 Revision Date 02/09/2010	Print Date 02/09/2010	
	MDSN Number 3050000194460 SYN_ FORM Number 000000000000000000+1162.002 OEM_CODE Number 41002	
<b>1. PRODUCT AND COMPANY IDENTIFICATION</b>		
Product Information		
Traffic name	BON AMIE WINDOW CLEANER	
Use of the Substances/Mixture	Hard Surface Cleaner	
	S.C. Johnson & Son, Inc. 1925 Howe Street Racine, WI 53403-2336	
Emergency telephone	24 Hour Transport & Medical Emergency Phone (888) 231-3408 24 Hour International Emergency Phone (852) 852-4947	
<b>2. HAZARDS IDENTIFICATION</b>		
Emergency Overview		
Appearance / Color	Clear / white / translucent	
Immediate Concerns		
	Caution Corrosive under pressure. Do not puncture or incinerate. Do not store at temperatures below 120 °F (40 °C). An container may burst. Keep away from fire, sparks and flame. Avoid contact with skin, eyes and clothing.	
Potential Health Effects	Eye, Skin, Irritation, Ingestion.	
Exposure routes	May cause: Middle eye irritation	
Eyes	May cause: Middle eye irritation	
Skin	Prolonged or repeated contact may dry skin and cause irritation.	
Inhalation	May cause Nause, Headach, and Lung irritation.	
Ingestion	None known.	
Aggravated Medical Condition	None known.	
<b>3. COMPOSITION/INFORMATION ON INGREDIENTS</b>		





# Hazard Communication

- OSHA has updated the requirements for labeling of hazardous chemicals under its Hazard Communication Standard (HCS).
- All labels are required to have pictograms, a signal word, hazard and precautionary statements, the product identifier, and supplier identification.
- A sample revised HCS label, identifying the required label elements, is shown on the right.

## SAMPLE LABEL

CODE \_\_\_\_\_  
Product Name \_\_\_\_\_

**Product Identifier**

Company Name \_\_\_\_\_  
Street Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_  
Postal Code \_\_\_\_\_ Country \_\_\_\_\_  
Emergency Phone Number \_\_\_\_\_

**Supplier Identification**

### Hazard Pictograms



**Signal Word**  
**Danger**

Keep container tightly closed. Store in a cool, well-ventilated place that is locked.  
Keep away from heat/sparks/open flame. No smoking.  
Only use non-sparking tools.  
Use explosion-proof electrical equipment.  
Take precautionary measures against static discharge.  
Ground and bond container and receiving equipment.  
Do not breathe vapors.  
Wear protective gloves.  
Do not eat, drink or smoke when using this product.  
Wash hands thoroughly after handling.  
Dispose of in accordance with local, regional, national, international regulations as specified.

**Precautionary Statements**

**Highly flammable liquid and vapor.**  
**May cause liver and kidney damage.**

**Hazard Statements**

### Supplemental Information

#### Directions for Use

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

Fill weight: \_\_\_\_\_ Lot Number: \_\_\_\_\_  
Gross weight: \_\_\_\_\_ Fill Date: \_\_\_\_\_  
Expiration Date: \_\_\_\_\_

**In Case of Fire:** use dry chemical (BC) or Carbon Dioxide (CO<sub>2</sub>) fire extinguisher to extinguish.

#### First Aid

If exposed call Poison Center.  
If on skin (or hair): Take off immediately any contaminated clothing. Rinse skin with water.

# Personal Protective Equipment (PPE)

- Workers must wear protective helmets (hard hats) when working in areas where there is potential for head injury. Examples are: working on roadways, operating heavy equipment such as an excavator, working in a trench, and whenever there is a risk of objects or equipment striking your head from above.
- You are required to wear safety glasses when performing tasks where there is a potential for eye injury. Examples include: mowing, weed eating, laboratory work, working with chemicals of any kind, maintenance on UV banks etc.
- Where there is a potential for injury to the hands from sharp edges, rough objects, or electrical shock workers are required to wear gloves.
- Check with your Project Manager to determine the appropriate type of glove for the work you will be performing
- Team members are required to wear steel toed or composite toed shoes when out in the field and at project locations outside of their main office.

# Safety Shoe Voucher

Good for \$130

Boots must have one of the following ratings:

- ANSI Z41.1 or Z41.1-1967
- ASTM F2413-11
- I/75 impact
- C/75 Compression Rating
- Electrical Rated: F2412-11 or F2413-11



Building communities. | Impacting lives.

## SAFETY CARES



*Steel Toed Boots*



*Composite Toed Shoes*



# Stairway and Ladder Safety

- Always keep stairs clean, clear of debris, and free from grease or other trip and slip hazards.
- Report damaged or missing stair rails or hand rails immediately.
- Always use the right equipment for the job.
- Do not use chairs, buckets, or pallets to work above ground.
- Ladders must be inspected prior to use.
- Ladders found to be defective will be taken out of service and marked for repair.
- Do not stand or sit on the top of a ladder.





# Tool Safety

- Hazards are usually caused by misuse & improper maintenance.
- Do not use:
  - Any damaged, defective, or modified tool
  - Wrenches when jaws are sprung
  - Impact tools (chisels & wedges) when heads have mushroomed
  - Tools with loose, cracked or splintered handles
  - A screwdriver as a chisel
  - Tools with taped handles (they may be hiding cracks)
- Gloves should be worn when working with cutting tools.
- Use caution when working with your hands and a sharp cutting tool.
- Make sure that cutting tools are sharp and in good condition.
- Always use the correct tool for the task.
- Cut away from your hands and body.



Crack



# Tool Safety

- Tools cannot be repaired by wrapping with electrical tape.
- Insulated tools, rated for the equipment voltage, must be used if contact with energized electrical parts is possible.
- Never operate a damaged or defective power tool.
- Power tools must be equipped with guards to protect exposed moving parts.
- Do not remove or disable guards.



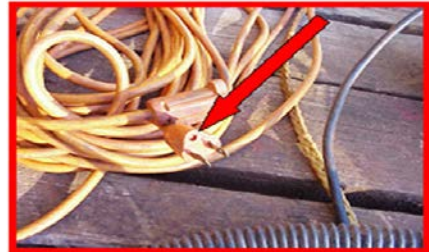
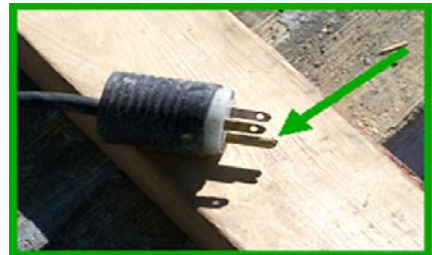
# Electrical Safety

## Remember:

When electrical tools are working properly a complete circuit is maintained between the tool and the energy source. If a tool is damaged, the person may come in contact with the electricity and can become a path for the current. The person will be shocked!



- The ground pin is there to help protect the worker from electrical shock.
- Never remove the ground pin.
- Never use tools or extension cords where the ground pin is damaged or missing.



- The Outer insulation on electrical cords must be intact.
- Never use extension cords or power tools with damaged cords.
- Energized electrical parts must be covered or guarded.
- Never approach or work near exposed electrical parts.



# Lockout/Tagout

- "Lockout/tagout" refers to specific practices and procedures to safeguard employees from the unexpected energization or startup of machinery and equipment, or the release of hazardous energy during service or maintenance activities.
- Energy sources including **electrical, mechanical, hydraulic, pneumatic, chemical, thermal**, or other sources in machines and equipment can be hazardous to workers.
- During the servicing and maintenance of machines and equipment, the unexpected startup or release of stored energy can result in serious injury or death to workers.
- If working with electrical parts, the power must be turned off and secured.
- Additional training must be received before personnel are authorized to work on or near electrical equipment.
- You must be trained as an authorized employee if you are required to perform work on or near equipment or machines.
- Authorized employees receive training to know how to properly shut off, lockout, and tag hazardous energy sources.







**Team  
Member  
Safety Forms  
to Return to  
Natalie Young  
and Paige  
Cawood**



## Safety, and Health Policies, Procedures, & Plans

### New Team Member Safety Orientation

#### OVERVIEW

The outcome of this procedure will be to have CWS safety policies, procedures, and plans reviewed and safety training completed. This procedure will serve as a checklist to ensure compliance. Although this procedure differs between personnel groups, it encompasses all CWS team members.

#### PERSONAL PROTECTIVE EQUIPMENT (check issued)

Issue Personal Protective Equipment to the team member and have them initial on the appropriate lines.

- Safety Glasses with Permanent Side Shields – ANSI 287.1 Rated Issued\_\_\_\_\_
- Side Shields for Prescription Glasses Issued\_\_\_\_\_
- Hard Hat Issued\_\_\_\_\_
- Safety Shoe Voucher Issued\_\_\_\_\_
- All equipment fits correctly and comfortably \_\_\_\_\_ (have team member initial here)

#### A. SAFETY POLICIES/PROCEDURES

The following CWS policies/procedures will be reviewed with every effected team member. This will be accomplished by having the team member read the policy/procedure and then reviewing them with the team member to ensure understanding. Upon completion of the review of each policy/procedure, the team member shall initial the corresponding reviewed blank.

General Policy	Reviewed_____
Bloodborne Pathogen Policy	Reviewed_____
Heat Related Illness Policy	Reviewed_____
Workers Compensation Policy and Claimant Responsibilities	Reviewed_____
Personal Protective Equipment Policy	Reviewed_____
Electrical Safety Policy	Reviewed_____
Machine Guarding Policy	Reviewed_____
Manual Lifting Policy	Reviewed_____
Hand Tools Policy	Reviewed_____
Confined Space Procedures	Reviewed_____
Lockout Tagout Procedures	Reviewed_____
Excavation Procedure	Reviewed_____
Fall Protection Procedure	Reviewed_____
Compressed Gas Cylinder Procedure	Reviewed_____
Ladder Safety Procedure	Reviewed_____
Hepatitis B Vaccination Forms	Reviewed_____
Access to Exposure and Medical Records	Reviewed_____

#### B. SAFETY PLANS

The following CWS Safety Plans will be reviewed with every effected team member. This will be accomplished by having the team member read the plan and then reviewing the plan with the team member to ensure understanding. Upon completion of the review of each policy, the team member shall initial the corresponding reviewed blank.

Emergency Action Plan	Reviewed_____
Traffic Control Plan	Reviewed_____
Hazard Communications Plan	Reviewed_____
Fire Prevention Plan	Reviewed_____

## *Safety, and Health Policies, Procedures, & Plans*

### **New Team Member Safety Orientation**

#### **ACKNOWLEDGEMENT FORM**

By signing below, I acknowledge that I have read and/or had the New Team Member Safety Orientation policies/procedures/plans explained to my satisfaction. I, the undersigned, an employee of CWS acknowledge that I have been informed of the requirements regarding:

- Proper manual lifting
- Machine guarding and safety devices
  - I will not disable a machine/equipment by removing its guards or safety devices, nor will I operate a machine/equipment that does not have guards and/or safety devices in place. I understand that it is my responsibility to visually inspect the equipment before I begin to operate, and report any deficiencies to my supervisor immediately
- Locking, tagging, and trying out equipment before making any repairs, adjustments, etc.,
- The presence of chemicals and the health effects of those chemicals in the workplace
  - I also have been informed of the location of the SDS binder and that I have a right to review and SDS
- Required PPE to be worn at work and in which location of the facility and during which activities
- Workers' Compensation Reporting Policy and Claimant Responsibilities
- My rights to access my medical records or exposure records which may have been created while under the employment of CWS

---

TEAM MEMBER NAME (print)

---

TEAM MEMBER SIGNATURE

---

DATE

## Safety, and Health Policies, Procedures, & Plans

# Hepatitis B Vaccination Consent / Declination Form

Hepatitis B is a viral infection caused by hepatitis B virus (HBV). Most healthy adults recover completely when infected with HBV, but about 6% to 10% become chronic carriers of the virus. Some carriers may develop chronic persistent hepatitis that is a relatively mild form of chronic liver disease. Others develop chronic active hepatitis that often leads to cirrhosis. Chronic HBV carriers also are at high risk of developing liver cancer. Blood and “blood derived” body fluids are the most likely vehicles for HBV transmission. In the workplace, the most common mode of transmission would be parental by direct inoculation through the skin or mucus membranes, blood contamination of the eye or mouth.

The Vaccine - Hepatitis B Vaccines (Recombinant MSD) is a non-infectious subunit viral vaccine derived from Hepatitis B surface antigens (HBsAG) produced in yeast cells. The vaccine is given intramuscularly in the upper arm, in three doses over a six month period. The vaccine induces protective antibody levels in approximately 85% to 97% of healthy adults. If you are hypersensitive to yeast, you should not take this vaccine.

Possible Vaccine Adverse Reactions - The vaccine is generally well tolerated. No serious adverse reactions, attributable to the vaccine, have been reported during the course of clinical trials. The most common adverse reactions have been local reactions at the injection site, fatigue/weakness, headache, fever, malaise, nausea, diarrhea, pharyngitis and upper respiratory infection. More serious reactions have occurred, but not limited to, anaphylaxis.

Please ask if you have any questions about hepatitis B or the hepatitis B vaccine.

### CONSENT FORM

I have read the above statement about hepatitis B and the hepatitis B vaccine. I have had an opportunity to ask questions and understand the benefits and risks of hepatitis B vaccination. I understand that I must have three doses of vaccine to confer immunity. However, as with all medical treatment, there is no guarantee that I will become immune or that I will not experience an adverse side effect from the vaccine. I understand that if I do experience any reaction or unusual symptoms following the vaccine, I should notify my Manager and my personal physician immediately. I request that the vaccine be given to me.

Name Of Person to Receive Vaccine (Print)	Date of Vaccination (1)	Lot Number (1)
Signature of Person Receiving Vaccine      Date	Date of Vaccination (2)	Lot Number (2)
Department	Date of Vaccination (3)	Lot Number (3)



*Safety, and Health Policies, Procedures, & Plans*  
**Hepatitis B Vaccination Consent / Declination Form**

**REFUSAL OF IMMUNIZATION**

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

---

Name (Please Print)

---

Department

---

Signature

---

Date

# **CWS Safety Contact Information**

**Chief Environmental & Health Safety Director:**

**Paige Cawood**

**(205) 999 1340**

**[paige.cawood@clearwatersol.com](mailto:paige.cawood@clearwatersol.com)**

**Safety Coordinator:**

**Melissa Tucker**

**(720) 891 6457**

**[melissa.tucker@clearwatersol.com](mailto:melissa.tucker@clearwatersol.com)**