

HAZARD COMMUNICATION PLAN OF

Company Name

Address

City, State and Zip Code

Telephone

Fax

CONTACT
Any Officer of the Corporation

**(DO NOT MENTION ANY PERSON BY NAME
THEY ARE MENTIONED BY TITLE ONLY!)**

HAZARD COMMUNICATION PROGRAM

OF

(company name, address, etc.)

considers the health and safety of its employees to be of utmost importance. For that reason, a hazard communication program has been developed to ensure that all employees are protected from exposure to hazardous chemicals while at work.

The Program, which complies with the requirements of the Occupational Safety and Health Administration's (OSHA) Hazard Communication Standard, is maintained by the Office at _____

The details of the Program are contained as follows

Access to Information.....	Page 2
Employee Information.....	Page 3
Hazard Determination.....	Page 4
Container Labeling.....	Page 4
Material Safety Data Sheets.....	Page 4-5
Employee Training.....	Page 5-6
Non-Routine Tasks.....	Page 7
Outside Contractors.....	Page 7
Health and Safety Program/ General Policy....	Page 8-9
Plan of Action.....	Page 9
Policy Statement Concerning Health/Safety...	Page 10
Listing of Chemicals.....	Page 11
Chemical Inventory.....	Page 12
Compliance Meeting Attendance Form.....	Page 13
Safety and Health Compliance Meeting Form..	Page 14

HAZARD COMMUNICATION PROGRAM

In order to comply with the requirements of the Occupational Safety and Health Administration (OSHA) requirements, a HAZARD COMMUNICATION PROGRAM is in effect at this workplace. **(Company name)** is committed to a plan of prevention of accidents and increased safety as well as the protection of employees from hazardous materials. In order to accomplish this, it is important that all are informed and knowledgeable about health hazard exposures and safety regulations.

Please be aware of the Job Safety and Health Protection workplace poster that informs employees of rights and responsibilities. The Material Safety Data Sheets (MSDS) are available in the warehouse, in the trucks, in the office and readily available by asking office personnel for all chemicals which are used by employees of this company.

Copies of the OSHA standards are available in the office for your inspection. With your assistance, we can enjoy a safe and healthy workplace. All tools and equipment are to be in safe working condition. If anyone notices anything that is not conducive to a safe environment, please report it immediately to the office personnel.

Procedures that are to be followed if an accident does occur are posted in the warehouse, office and in the manual in the warehouse office, as well as in the master copy of information in the main office.

All chemicals are listed and the Material Data Safety Sheet is available for each chemical.

The official training program schedule is available in the office. No one is allowed to work with any product until the safety and the employee has completed hazardous materials program and he is knowledgeable of the materials with which he is to work.

No container may hold any substance that is not properly labeled. It is strongly recommended that no substance be removed from the original container. If this is necessary, the identical information that is contained on the label adhered to the product must be on the container into which a portion of the product is transferred. **ABSOLUTELY NO PRODUCT CAN BE USED IN THIS BUSINESS THAT IS NOT PROPERLY IDENTIFIED AND TAGGED.**

It is important that all employees are aware of the existence of the hazard communication standard and how it relates to this workplace.

Any Employee requiring medical assistance in the _____ area is to contact:

NAME OF HEALTH FACILITY RECOMMENDED BY YOUR WORKERS COMP INSURANCE or OTHER (List name, address, phone)

EMPLOYEES WORKING AWAY FROM THE METRO LOCATION WILL BE PROVIDED WITH THE NAME OF THE NEAREST HOSPITAL TO THE JOB LOCATION AND ARE ADVISED TO CALL 911 IN CASE OF A MEDICAL EMERGENCY.

HAZARD COMMUNICATION PROGRAM

In order to comply with 29 CFR 1910.1200, the following written Hazard Communication Program (HCP) is to be implemented for all personnel of **(COMPANY)**_____. The originals are on file in the office located (Area to be found) _____, and are available for inspection by all Personnel. The office manager, will be responsible for maintaining the program and for its enforcement.

A copy of this program is available when a new employee is hired and will be supplied to any current employee upon request.

A copy of the program will be furnished for the employee or workmen who are located on jobsites other than the _____ location.

This program will be updated when new chemicals or hazards are introduced into the working environment and reviewed annually.

A statement requesting a Material Safety Data Sheet must appear on the purchase request form or the provider of the new product must be contacted and assurance received by telephone that a current MSDS is immediately available.

CONTAINER LABELING

All containers of hazardous chemicals entering the work place are to be properly labeled with the chemical name, hazard warning, and name and address of the manufacturer or responsible party.

No container shall be used until responsible personnel have checked it. If the chemical is to be transferred to a separate container, the new container must be properly labeled. We strongly suggest that no chemical be used unless it is in the original container. (Exception: If the Party making the transfer is the party using the chemical that will not remain in the unlabeled container when the shift is ended.)

MATERIAL SAFETY DATA SHEETS

The MSDS system for this company will be reviewed for incoming data sheets denoting new and significant health/safety information. The new information will be provided to the affected employees.

The MSDS system shall include:

The current master inventory list of all MSDS indexed by numerical number to the MSDS reference

The identity used on the MSDS shall be the same as used on the container label.

The chemical and common name of all ingredients determined to present a hazard shall appear on all MSDS.

The MSDS shall list:

The physical and chemical characteristics of the chemical, including vapor pressure, flash point, etc.

The fire, explosion and reactivity hazard of the chemical mixture including the boiling point and auto ignition temperature.

Health hazards of the chemical mixture including signs and symptoms of exposure and medical conditions recognized as aggravated by exposure with primary route of entry.

Permissible exposure limit (PEL) or any other exposure limit used or recommended by the manufacturer, importer or employer.

Whether a carcinogen listing (NTP) has been found to be potential.

Control measures including fire, engineering, personal protective equipment.

General precautions for safe handling and use including protective measures during repair and maintenance and procedures for clean-up of spills and leaks.

Emergency and first aid procedures

Date prepared and changed.

Name, address and telephone numbers of manufacturer, importer or responsible party to call in an emergency.

The original will be on file in the office. The MSDS will also be a part of the program for use by employees. New chemicals will not be used until a new MSDS is on file in the office.

EMPLOYEE TRAINING AND INFORMATION

Before employment commences, the Hazardous Communication Program and the MSDS applicable to their responsibilities must be presented. This will be done in the form of handouts and discussion where questions can be asked and answered, if necessary. Before any chemical is used, all employees will be informed of its use, will be instructed on safe use, and will be trained on hazards associated with the new chemical. All reference material is available during the training sessions and any time requested. Additional training must be attended when it is required of the employee.

THE TRAINING WILL INCLUDE

An overview of the requirements contained in the Hazard Communication Standard 29 CFR 1910.1200.

Identification of all chemicals present in the workplace and adjoining offices.

Location and availability of the written Hazard Communication Plan.

Physical and health effects of the hazardous chemicals listed on the inventory list of this program.

Methods and observations techniques used to determine the presence or release of hazardous chemicals in the work area.

How to lessen or prevent exposure to these hazardous chemicals through usage of control/ work practices and personal protective equipment, if necessary.

Employee will be made aware of steps taken by _____(COMPANY)_____ to lessen or prevent exposure to the chemicals on the inventory list.

Employee will be aware of emergency procedures to follow if exposed to any chemical.

Employee will be aware of the MSDS file and location of hazardous inventory list.

Prior to a new chemical hazard being introduced into any section of the work place, each employee will be given information and training as it is needed.

After attending the training class, each employee will sign a form to verify that they attended the training, and the written Hazard Communication Plan was available for review, and that he/she understands the Plan.

Before entering an establishment, the Supervisor will ascertain what hazards they may be exposed to and then take appropriate action to protect themselves.

If the employee has any question about what protection is needed, they will immediately contact the supervisor.

INVENTORY OF HAZARD CHEMICALS IS ATTACHED

(See attached)

NON- ROUTINE TASKS

Before any non-routine task is performed, employees shall be advised or must contact the Supervisor for special precautions to follow and the Supervisor will inform any other personnel who could be exposed. No non-routine tasks are known to exist at the time of the program.

In the event such tasks should be required, the Supervisor will provide the following information about such activity as it relates to the specific chemicals expected to be encountered:

Specific chemical name and hazard.

Protective personal equipment required and protective measures to be followed.

Measures to be taken to lessen the hazards including ventilation, respirators, presence of other employees and emergency procedures.

OTHER PERSONNEL EXPOSURE (CONTRACTORS)

It will be the responsibility of the SUPERVISOR to provide other personnel or outside contractors with the following information:

Hazardous chemicals to which they may be exposed while in the workplace.

Measures to lessen the possibility of exposure.

Location of MSDS for all hazardous chemicals.

Procedures to follow if they are exposed.

THE JOB SUPERVISOR will also be responsible for contacting each contractor before work is started to gather and disseminate any information concerning chemical hazards the contractor is bringing into the work place and vice versa.

THE SUPERVISOR will be responsible for informing and training all employees for potential exposure to chemical hazards from other contractors on a multi-employer worksite.

EMPLOYER

SIGNATURE

TITLE

DATE

HEALTH AND SAFETY PROGRAM

Adopted by
(COMPANY)

GENERAL POLICY

1. All employees of this firm shall follow these safe practices, render every possible aid to safe operations and report all unsafe conditions or practices to the supervisor/ employer.
2. Supervisors shall insist that employees observe and obey every rule, regulation and order necessary to the safe conduct of the work, and shall take such action necessary to obtain compliance.
3. All employees shall be given frequent accident prevention instructions. Instructions, practice drills and articles concerning work place safety and health shall be given at least once every 180 working days or sooner if needed.
4. Anyone known to be under the influence of alcohol and/or drugs shall not be allowed on the job while in that condition. Persons with symptoms of alcohol and/or drugs are discouraged to discuss personal or work-related problems with supervisor/employer.
5. No one shall knowingly be permitted or required to work while his or her ability or alertness is impaired by fatigue, illness or other causes that might expose the individual or others to injury.
6. Employees should be alert to see that all guards and other protective devices are in their proper places and adjusted, and shall report all deficiencies.
7. Horseplay, scuffling and other acts that tend to endanger the safety and well-being of employees are prohibited.
8. Work shall be well planned and supervised to prevent injuries when working with equipment and handling heavy materials, such as carpet. When lifting heavy objects, employees should bend their knees and use the large muscles of the leg instead of the smaller muscles of the back. Back injuries are the most frequent and often the most persistent and painful type of work place injury.
9. Workers shall not handle or tamper with any electrical equipment, machinery or any material not within the scope of their duties unless they have received instructions from their supervisor.
- 10) All injuries shall be reported promptly to the employer so that arrangements can be made for medical and/or first aid treatment. First aid materials are located in the warehouse office, in toolboxes or in the office located at _____(company). Emergency, fire ambulance, rescue numbers and doctor's telephone numbers are located _____ (insert yours) next to the telephone in the warehouse, in the main office and in the booklet that accompanies employees to the jobsite. Fire extinguishers are

located on the north back wall of the warehouse, and on the west wall of the warehouse at the front of the building. In the main office, one is located at the rear of the first floor in the kitchen and on the second floor at the rear door on the east wall.)

11. Gasoline or seam solvent shall not be use for cleaning purposes of skin.
12. Arrange work so that you are able to face the ladder and use both hands while climbing.
13. Do not leave the cords of portable electric tools where cars or trucks will run over them.
14. Do not attempt to operate machinery or equipment unless it is one of your regular duties.

HAZARD COMMUNICATIONS PLAN OF ACTION

1. It is the responsibility of office personnel to investigate the possibility of new chemicals or hazards introduced into the workplace and report their existence or non-existence on the first Monday of each month.
2. Inform each and every employee that any tool or machinery that is discovered not to be in working order is to be reported directly to the office personnel.

POLICY STATEMENT

The Occupational Safety and Health Act of 1970 clearly state our common goal of safe and healthful working conditions. The safety and health of our employees continue to be the first consideration in the operation of this business. We will maintain a safety and health program conforming to the best practices of organizations of this type. To be successful however, such a program must involve the proper attitudes toward injury and illness prevention on the part of supervisors and employees. It also requires cooperation in all safety and health matters, not only between supervisors and employees, but also between each employee and his or her co-workers. Only through such a cooperative effort can a safety program in the best interest of all be established and preserved. This safety and health program includes:

Providing mechanical and physical safeguards to the maximum extent possible.

Conducting a program of safety and health inspections to find and eliminate unsafe working conditions or practices, to control health hazards and to comply fully with the safety and health standards for every job.

Training all employees in good safety and health practices.

Providing necessary personal protective equipment and instructions for its use and care.

Developing and enforcing safety and health rules requiring that employees cooperate with these rules as a condition of employment.

Investigating, promptly and thoroughly, every accident to find out what caused it and to correct the problem so that it will not happen again.

***IT IS IMPORTANT THAT WE REALIZE THAT THE
RESPONSIBILITIES ARE SHARED***

The employer accepts the responsibility for leadership of the safety and health program, for its effectiveness and improvement and for providing the safeguards required to ensure safe conditions.

Supervisors are responsible for developing the proper attitudes toward safety and health in themselves and in those they supervise, and for ensuring that all operations are performed with the utmost regard for the safety and health of all personnel involved, including themselves.

Employees are responsible for wholehearted, genuine operation with all aspects of the safety and health program including compliance with all rules and regulations, and for continuously practicing safety while performing their duties.

ADOPTED BY _____

TITLE _____

DATE _____

DO NOT PRINT - MUST RESEARCH

CHEMICAL SHEET

CHEMICAL CHEMICAL NAME

PROBLEM CAUSED

HEPATOTOXINS

Carbon tetrachloride
Nitrosamines

Liver damage
(Jaundice, liver enlargement)

NEPHROTOXINS:

(edema, proteinuria)
Halogenated hydrocarbons
Uranium

Kidney damage

NEUROTOXINS

Mercury, Carbon Disulfide
(Narcosis, decrease .
in motor functions,
behavioral changes)

Nervous system

AGENTS WHICH ACT ON THE BLOOD OR HEMATOPOIETIC

Cyanosis, loss of
consciousness

Carbon

**SYSTEM: DECREASE HEMO
GLOBIN FUNCTION, DEPRIVE
BODY TISSUES OF OXYGEN**

AGENTS WHICH DAMAGE LUNG

Asbestos

Cough, tightness

Silica,

**CHEMICALS WHICH IRRITATE
OR DAMAGE THE PULMONARY
TISSUE**

in chest, shortness
of breath

REPRODUCTIVE TOXINS

DBCP

(Birth defects, sterility)

Affect reproductive

Lead,

capabilities

CUTANEOUS HAZARDS

(Chemicals affecting the
Ketones, Chlorinated
dermal layer)
compounds

Defatting of skin

Rashes / irritation

EYE HAZARDS

(Affect eye or visual capacity)
Organic solvents

Conjunctivitis

Corneal damage

Acids

CARCINOGENIC

Cancer causing

**MATERIAL SAFETY DATA SHEETS MUST BE
CURRENTLY UPDATED TO REFLECT LIST DATE OF
ISSUANCE**

(SAMPLE)

DATE _____

CHEMICAL INVENTORY *updated

MANUFACTURER: Name (sample of Roberts)

DATE CAS # TRADE NAME CHEMICAL NAME

64742-89-8
Distillate

Carpet Pad Adhesive #F4000

NE Petroleum

***SAMPLE COMPLIANCE MEETING SIGNED
ATTENDANCE FORM***

***HAZARDOUS SUBSTANCES COMMUNICATION
COMPLIANCE MEETING PROOF OF ATTENDANCE***

Employee _____

SUBCONTACTOR _____

I have read the hazardous communication outline of
(company) _____

I understand what a MSDS (Material Safety Data Sheet) is and how to use one
or obtain one

I am aware of my RIGHT TO KNOW with what substances I am working with and
their effect on my well-being.

I am aware of where the hazardous substances are present in the workplace.

I am aware of the materials with which I am working and understand what I am to
do in case of an accident.

I have attended the informational and training meeting that was presented on

Date_____

By Instructor_____

EMPLOYEE SIGNATURE

EMPLOYEE PRINTED NAME

DATE_____

I understand that meeting was videotaped.

***SAMPLE COMPLIANCE MEETING SIGNED
ATTENDANCE FORM***

***SAFETY AND HEALTH PROGRAM
COMPLIANCE MEETING PROOF OF ATTENDANCE***

I am aware of where to find the emergency telephone numbers, the closest medical facility, and first aid kit.

I am aware that I am to report immediately any medical need or emergency to the main office or to THE SUPERVISOR.

I understand the importance of ground fault circuit interrupters and verify that I will use them according to the instruction that I have received. I am aware of the location of all fire extinguishers and all exit doors.

I am aware of where all hazardous materials are located and that they are properly identified.

I understand I am responsible for the maintenance of all personal hand and electric tools (no frayed cords, all tools are properly grounded, no exposed wiring, etc.)

I own a valid driver's license if I am operating a motorized vehicle.

STATE _____ NUMBER _____

EXPIRATION DATE _____

Photocopy of license is in my employee file.

I understand that a copy of Title 29, federal code of regulations, 1910.1200 is available for my inspection in the office of _____(firm)

SIGNED _____

—

PRINTED
NAME _____

DATE _____

—

I understand that meeting has been videotaped.

NOTE: It is wise to copy these and include with the HazCom plan on construction sites to show that the employees have attended a Safety and HazCom Training Meeting.

Sample Letter You should send to Other Contractors on the Same Construction Site

(Place on company letterhead)

Date

Name and Address of other contractor

Dear

Employees of our company will be working on the (location) construction site at the same time as your company. Employees may be in close proximity to hazardous substances your company may produce, store or use on site. In order to comply with the OSHA Hazard Communication Standard, all contractors who could cause hazard exposure to another company's employees are required to exchange information about the hazardous chemicals used on site.

Please advise us where your MSDS's are kept and give us any information regarding any precautionary measures needed to protect employees, any foreseeable emergency situations, and your labeling system used in the work. All correspondence should be directed to the address above. We are enclosing similar information on the hazardous chemicals our company will have on the site.

Thank you for your timely response to this request. If you have any questions concerning this matter, please contact (name) at (telephone number, including the area code)

Sincerely,

Follow-up Letter to Other Contractors on the Same Construction Site

*(*Place on company letterhead)*

Date

Name and Address of other contractor

Dear

Recently we requested that you advise us where your MSDS's are kept for all hazardous substances produced, used or stored on (location) construction site. We also requested information regarding any precautionary measures to protect employees during normal operations and in foreseeable emergencies and your labeling system used on the work site.

In order for your firm and ours to be in compliance with the OSHA Hazard Communication Standard, we must receive the requested information. Your prompt attention to this matter would be appreciated.

Sincerely,

**DIRECTIONS TO (your
company)_____ FLOORING INSTALLATION
FOREMAN WHEN ARRIVING ON CONSTRUCTION SITE:**

Provide the General Contractor with the following and **obtain signature** stating that the following information has been presented by

_____.

Copies of all MSDS' that will accompany products that will be used in the workplace by employees of

Names of responsible parties to contact in case of emergency:

Foreman

Supervisor_____

Secure any information that is necessary for the safety and health of employees of and distribute to said employees.

Secure from the General Contractor the name of the closest MEDICAL FACILITY (clinic or hospital) and the location of the first-aid station on the premises.

Check all electrical grounds that will come in contact with power tools that our employees will be using.

Request hard hats, if necessary, if our firm on this project has not provided them.

Locate the nearest exits and fire extinguishers and inform employees of such.

If another trade is endangering our employees, call this to their attention immediately. Request the General Contractor to address this problem. Notify office of _____ if problem cannot be rectified locally.

Provide all other on-site employers with a copy of _____(company) HAZARD COMMUNICATION PROGRAM.

POST the progression sheet and CONTINUALLY KEEP UPDATED.

POST information for employees of this jobsite on the HAZARD COMMUNICATION PROGRAM of _____ and state it can be located in the construction trailer or by contacting _____ representing _____ on the jobsite.

If notified by local office that copies of other jobsite employer's MSDS Sheets have not been forwarded to _____ , these must be obtained before work commences.

I HAVE READ AND WILL ABIDE BY THIS REQUEST FOR INFORMATION ACCORDING TO THE FEDERAL REQUIREMENTS OF THE OSHA ACT.

Signed _____ Title _____ Date _____

—

GENERAL
INFORMATION
NOT
INCLUDED
IN
HAZCOM PLAN

FOR REVIEW ONLY

Company OSHA Inspection Information that may be required

Company Name _____

Company Business Address _____

Phone _____

Site Address _____

-

Type of Business _____

Is Company a Corp.? _____ Partnership? _____ Sole

Owner? _____

Name of Corporation President or Owner _____

Is your company a prime or sub contractor? _____

Total company employees on site: _____

Maximum number of employees controlled by the company at any time during the past 12 months _____

Are you the Owner? _____ Superintendent? _____

Foreman? _____

Your Name _____ Your

Address _____ Phone _____

Safety Information

Does your company have a written safety and health program? _____

Is a copy available on the jobsite? _____

Does company conduct safety meetings? _____ onsite? _____
offsite? _____ both? _____

How often are safety meetings held? _____

Who conducts safety meetings? _____

Does your company have a written hazard communication program for the chemicals you use on the jobsite?

_____yes _____no If yes, is it available on the jobsite? _____

Are all the material safety data sheets for all chemicals used on the jobsite readily available?
___yes ___no

Have all employees on the jobsite been provided training on all the chemicals you use on the jobsite?

_____yes _____no

Who provides the Chemical Hazard Communication training to the employees on this jobsite for your company?

Does your company keep OSHA-200 forms (accident & illness records)? _____ Where? _____

Does your company have the OSHA "Job Safety and Health" Poster? _____

Did your company elect to use Assured Equipment Grounding Program for electric tools & equipment? _____

Did your company elect to use the Ground Fault Circuit Interrupters for electric tools and equipment? _____

Are your employees represented by a Union? _____ Name and Local Number _____

Union Address _____ Phone _____

Union Steward Name _____ Phone _____

If defects are found in the written Hazard Communication Program, name of person in charge at this jobsite?

Name _____

Address _____

Phone _____

Signature of person completing this form _____

Contact the

U.S. Department of Labor

Occupational Safety and Health Administration

Office of Training and Education

1555 Times Drive

Des Plaines, Illinois 60018

OSHA Computer Compact Disk- ROM

Thousands of pages of Occupational Safety and Health Administration (OSHA) documents and information are available to the public on a compact computer disk that can be purchased from the U.S. Government Printing Office (GPO).

- The compact disk includes:
- Complete text of all OSHA standards
- Variances, interpretations of standards
- Complete preamble for OSHA 1910.1000, which contains the permissible workplace exposure limits for hundreds of air contaminants
- Chemical Information Manual
- Field Operations Manual

- OSHA Technical Manual

The Government Printing Office has established a yearly subscription to the OSHACDROM, order no. 729-013-00000-5. The price is \$88.00 for a 1-year subscription with 4 quarterly updates. The OSHA CD-ROM will be listed in the GPO catalog as "OSHA Regulations, Documents, and Technical Information CD-ROM.

Superintendent of Documents
Government Printing Office
Washington, D.C. 20402
Phone: (202) 783-3238

SAMPLE COPY LETTER YOU MAY RECEIVE WHEN WORKING AS A SUBCONTRACTOR ON COMMERCIAL JOBSITES

DATE _____
TO _____

FROM COMPANY _____

RE: (Project - job location)

Dear Subcontractor:

You have recently been awarded a subcontract with our company. As Loss Control/Safety Coordinator, I would like to take this opportunity to outline what will be expected from your firm as it relates to safety.

Jobsite safety meetings will be conducted by _____, superintendent. Your crew or a representative from your firm will be required to attend. If you send a representative, it will be that person's responsibility to relay the information to your entire crew.

We require all jobsite accidents be reported to our superintendent and a copy of your company's First Report of Injury be sent to our main offices for file.

You will be expected to comply with all OSHA rules and regulations. I am addressing some frequently issued OSHA citations in particular:

1. Your personnel are to wear hard hats, eye and face protection when exposed, hearing protection where noise levels are excessive, steel-toed shoes, and no sneakers OSHA 1926.100.
2. It is your responsibility to provide either ground-fault circuit interrupters for receptacle outlets in use or a scheduled and recorded Assured Equipment Grounding Conductor program, OSHA 1926 400.
3. Scaffolding must be properly erected with ladder access, platform planks the correct size with toe boards and railings, OSHA 1926.451.
4. Ladders must be in good repair, tied off properly, OSHA 1926.450
5. Barricades must be erected where needed.
6. A clean jobsite is expected and your employees must work safely, complying with OSHA.
- 7 A written Hazard Communication Program and MSDS (material safety data sheets for the materials used at the jobsite) must be provided and easily accessible, OSHA 1926.59 Stored materials must be properly labeled. If you have questions, please call so we can discuss them.

It is our goal to conduct all operations to ensure the safety of our employees, customers and associates and protect the property of all concerned. Your efforts to attain this goal are an essential part of our firms' working relationship.

Sincerely

COMPANY NAME
Loss Control/Safety Coordinator