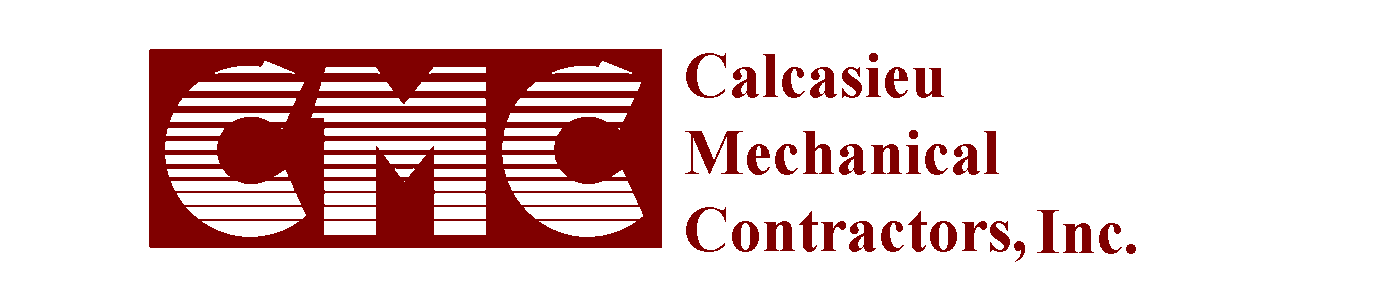
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##### CALCASIEU

##### MECHANICAL

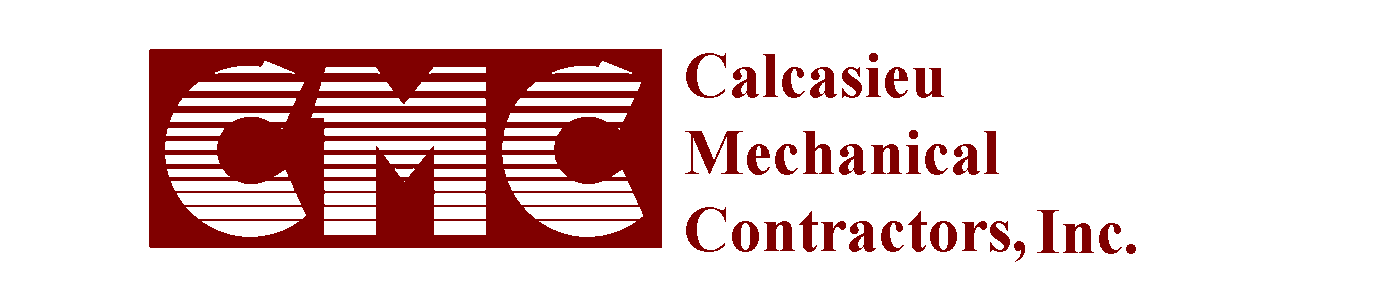
##### CONTRACTORS, INC.

**Jobsite Safety**

**And**

**Loss Prevention Program**

**This book is considered to be part of our project safety records and should be kept with them at all times. Any amendments to this program will be numbered and attached to the back.**

****

##### CALCASIEU

##### MECHANICAL

##### CONTRACTORS, INC.

To: All CMC Employees & Subcontractors

This booklet is designed to inform employees of Contractor and all subcontractors of the basic principles and policies pertaining to the Contractor Jobsite Safety and Loss Prevention Program. Its purpose is to insure that each of you fully understand our commitment to safety operations as well as what is clearly expected of you.

When men and women enter the employ of this company, they have the right to expect that they will be provided with a proper place in which to work, and proper machines and tools with which to do their job, so that they will be able to devote their energies to their work without fear of possible harm to life and health. It is a basic responsibility of Contractor personnel and all subcontractors to make the safety of human beings a daily, hourly concern. This responsibility must be accepted by everyone.

While we will do our part at the Home Office to insure job safety, it is a futile effort without adherence to these policies on the job sites. Consequently, the responsibilities herein described must, at all times, be strictly complied with.

We appreciate the cooperation on safety in the past and join with you in determining to add new incentives and participation to this program.

Very truly yours,

Calcasieu Mechanical Contractors, Inc.

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

Ray Jim Blanchard

President

1. **PROGRAM OBJECTIVES**

This safety and Loss Prevention Program is established in order to exercise all available means of eliminating or controlling hazards and risks associated with construction projects of Calcasieu Mechanical Contractors, Inc.; minimize personal injuries; maximize property conservation; achieve greater efficiency and reduce direct and indirect costs.

Effectiveness of the Jobsite Safety and Loss Prevention Program will depend upon the active participation and wholehearted cooperation of subcontractors and employees of Calcasieu Mechanical Contractors, Inc. and the coordination of their efforts in carrying out the following basic procedures:

1. Plan all work to minimize personal injury, property damage and loss of productive time.
2. Maintain a system of prompt detection and correction of unsafe practices and conditions.
3. Establish and conduct an education program to stimulate and maintain interest and cooperation of all employee through:
4. Safety Meetings
5. Prompt investigation of all accidents to determine cause and to take necessary corrective action
6. Use of personal protective equipment and mechanical guards.

The safety program characteristics listed on the following pages are minimum safety requirements of Calcasieu Mechanical Contractors, Inc. These requirements are not intended to amend or delete any contractual requirements or OSHA regulations that may be imposed on Calcasieu Mechanical Contractors, Inc. or its subcontractors.

***NOTE: CALCASIEU MECHANICAL CONTRACTORS WILL BE REFERRED TO AS CMC, INC.***

1. **OVERVIEW OF LOSS CONTROL AND SAFETY PROGRAM**

The Loss Control and Safety Program is inclusive of the following:

1. All policies in this document
2. All policies in the safety manual
3. Specific training listed below:
4. Aerial Lift Training
5. Asbestos Training
6. Confined Space Entry Training
7. Energized Electrical Safety Training
8. Fire Extinguisher Training
9. Forklift Training
10. Hearing Conservation Training
11. Heat Stress Training
12. Lockout/ Tagout Training
13. Proper Lifting Training
14. Scaffold Training
15. Supervisor Training
16. Specific Policies listed below:
17. Safety Committee Team
18. Safety Incentive Program
19. Safety Representative Job Description
20. CMC Annual Safety Goals
21. Emergency Evacuation- Lake Charles Office
22. Emergency Evacuation- Lafayette Office
23. Accident Reporting
24. Craft Specific Work Practices
25. Safety Meetings by Supervisors in Field
26. Emergency Action Plan
27. Bloodborne Pathogens Written Analysis
28. Audit Jobsite
29. Accident Reporting
30. Activity Hazard Analysis
31. BBS Critical Behavior
32. Case Management
33. CMC annual Safety Goals
34. Job Hazard Analysis
35. Ladder Safety
36. Safety Glasses Policy
37. Subcontractor Policy

\*\*\* All of these are in separate documents that can be made available upon request \*\*\*

1. **SPECIAL AREAS FOR SAFETY PROCEDURES**

Past occurrences indicate several areas in which all job sites should be particularly careful to maintain proper safety procedures.

1. **PERIMETER AND SCAFFOLD GUARDRAILS, FLOOR OPENING GUARDS OR COVERS, ELEVATOR SHAFT BARRICADES, STAIRWELLS:**

These protective measures against falls which could result in serious or fatal accidents must be maintained. This is done for the safety of all personnel on the job. At times, it is necessary to remove such protection; however, it is the responsibility of that party to replace this protection immediately so that other personnel on the job are not endangered. If you are unable to replace it immediately, notify the Contractor superintendent or jobsite safety representative to determine what temporary measures should be taken.

1. **HOUSEKEEPING**

Serious accidents can occur when there is poor housekeeping, especially around stairwells. All subcontractors and employees of CMC Inc. are to see that objects such as conduits, welding rods, and lumber with protruding nails are not allowed to accumulate in those areas where there is heavy personnel traffic. Subcontractors are responsible for daily cleanup in their respective work areas. The superintendent/foremen should see that trash accumulation throughout the job is removed periodically in order to avoid accidents and expedite interior construction.

**C.** **PERSONAL PROTECTIVE EQUIPMENT**

Key personnel and particularly job foremen must always make employees aware of the availability of personal protective equipment. When employees are engaged in work which requires protective equipment (such as goggles for work in high wind, welding activities, drilling and concrete chipping; and gloves for handling of sharp equipment and materials), foreman should insist upon their use.

Subcontractors should have proper and adequate equipment for their employees at all times. Subcontractor superintendent/foremen will see that their employees use such equipment where necessary.

**D.** **HEAVY LIFTING**

Job foremen should require employees to seek assistance from fellow employees when lifting heavy loads. When a person is to lift what appears to be too heavy, the foreman should assign additional employees to help.

**E.** **FIRE PROTECTION**

The job superintendent shall see that adequate fire protection is provided in the building by the use of fire extinguishers until such time as the standpipes are activated and hoses attached. Extinguishers are for the protection of all personnel; unauthorized discharge of extinguishers will not be tolerated.

**F. ELECTRICAL GROUNDING**

Superintendent/foremen of CMC, Inc. and subcontractors shall see that all machinery and electrical cords on the jobsite are properly grounded at all times. Any machines and cords not grounded shall be removed immediately. All 120 volt, single-phase, 15 and 20 ampere receptacle outlets on construction sites, which are not part of the permanent wiring of the building or structure, and which are in use, shall have ground fault circuit interrupters or be on an assured equipment grounding conductor program.

**G. SAFETY BELTS AND LANYARDS**

Job foremen shall provide their workers with safety belts and lanyards when they must work in areas where the risk of falling exists and usual protective measures are impossible. The foremen shall insist upon the use of such equipment, as needed.

**H. SAFET Y MEETINGS**

Safety meetings will be held weekly consisting of:

1. General Meeting

Those present should be CMC, Inc. Supervision as well as supervisor representing each subcontractor. Records will be kept on the CMC, Inc. Safety Meeting Form as to the date, who was in attendance, topics discussed and what corrective actins to be taken (where applicable). Meeting notes will be kept at project site with a copy filed with CMC, Inc. Safety Director.

2. Toolbox Meetings

CMC, Inc. Foremen will hold regular meetings with their crews (subs will be expected to attend). These too should be documented with a copy of the Jobsite Safety Representative, who will maintain file on these meetings.

IV. **SAFETY AND LOSS PREVENTION RESPONSIBILITIES**

**A.** **CMC, INC. INSURANCE AND SAFETY DIRECTOR**

1. Compilation and analysis of CMC, Inc. employee injuries and including monthly accident report summaries for all CMC, Inc. jobsites, this includes the filing of accident reports with proper insurance offices.

2. Communication with insurance carrier on worker compensation, general liability, automobile claims and lawsuits.

3. Analysis of additions to OSHA Safety Standards and advise projects of such additions.

4. Communication with the Occupational Safety and Health Administration on OSHA inspections, citations and penalties. This includes report of all fatal accidents involving CMC, Inc. employees.

5. When requested, filing of CMC, Inc. insurance and safety information with agencies of the state or federal government.

6. Periodic jobsite inspections with recommendations for change in substandard safety practices and procedures.

7. Maintain communication between CMC, Inc. jobsites, home office and insurance carrier on matters of job safety and insurance.

8. Supply jobsites with general safety and insurance literature/materials and provide recommendations for related problems. Subcontractors are expected to provide safety literature/materials that relate to hazards inherent to their line of work.

**B.** **CMC, INC. JOB SUPERINTENDENT**

1. Plan and execute all work so as to comply with the stated objectives of the safety program and loss prevention responsibilities.

2. Comply with all of the provisions of the prime contract dealing with safety and protection against accidents.

3. Schedule safety meetings to be held periodically.

4. Cooperate with any owner’s representatives, insurance company engineers or consultants and representatives, ROICC and OSHA in matters pertaining to job safety and insurance.

5. Authorize necessary action to correct substandard safety conditions, within CMC, Inc. direct control, that are reported and observed.

6. Require compliance with Corps of Engineers and all Federal Occupational Safety and Health standards; subcontractors found in violation of Corps or OSHA standards will be given oral warning for minor violation and written request for compliance in cases of serious incidents or repetition of minor infractions.

7. Review toolbox safety meetings as reported by foreman, and take necessary steps to see that such meetings are being held as required.

8. Will assist in accident investigations when requested to do so.

**C. CMC, INC. JOB FOREMEN**

Contractor foremen are an integral part of an effective safety program and the amount of effort they put into accident prevention of their daily assignments helps determine whether or not a good accident record is established.

1. Prior to the commencement of any work, foremen will inform all new employees under their supervision of the safety program and what is expected of them. This should also include job description, seeing that they have proper equipment and most of all determine that they know the roper method of doing their job and use of equipment.

2. Continuously checking to see that no unsafe practices or conditions are allowed to exist on any part of the job. Foremen are expected not only to point out and see that unsafe work habits are corrected, but complement those who are working in a safe manner.

3. Setting a good example for all employees.

4. Making a complete investigation of CMC, Inc. employee accidents to determine facts necessary to take corrective action. Complete foreman’s accident report and deliver it to the CMC, Inc office manager. The form must be completed and filed on the day of the injury or first knowledge of an accident.

5. Holding weekly toolbox safety meetings with CMC, Inc. workers to:

a. discuss observed unsafe working practices or conditions;

b. review the accident experience of the crew and discuss corrective action

c. encourage safety suggestions from employees

6. Seeing that prompt first aid is administered to an injured employee.

7. Correcting or reporting immediately to job superintendent any observed unsafe conditions, practices or violations or job safety standards.

**D.** **CMC, INC. DESIGNATED SAFETY REPRESENTATIVE**

1. Assist CMC, Inc. job superintendent and foremen in completing their assigned safety duties.

2. Review and explain all items on employee checklist to new applicants.

3. Conduct frequent and regular safety inspections of the work site to observe and note any unsafe conditions or work practices that may be observed. Bring such violations to the attention of the appropriate personnel for immediate correction. A daily log will be maintained of such inspections and shall include: date, safety violations, conditions noted, their approximate location and what corrective actions were taken and by whom.

4. Inspection of equipment/material to determine they do not constitute a safety hazard in the manner in which such is store or located. Inspection will also determine if such equipment/material is properly stored so as not to be endangered from other project work in progress or be subject to damage due to weather elements.

5. Prepare and file Employer First Report of Injury Forms and Foremen’s Report as instructed by CMC, Inc. Insurance Manager/Safety Director on all CMC, Inc. employee injuries. Maintain copy of all subcontractor employee injuries reports (First Report of Injuries).

6. Maintain a log of safety meetings as reported by job foremen and subcontractors.

7. Advise home office regarding safety on the job as requested.

8. Maintain all inspection reports as may be needed on CMC, Inc. equipment at the jobsite. Determine that subcontractors are maintaining records as may be required on their equipment.

9. Keeping jobsite first aid kit completely stocked at all times.

10. Referring and transporting injured employees to nearby medical facilities, if needed.

11. See that fire extinguishers are serviced periodically.

12. Completing any monthly man-hour/accident summary forms as may be required. One copy of such report will be maintained as part of CMC, Inc.’s records.

13. Assist all contractors in developing a detailed job hazard analysis program for each phase of work and maintain copy of such reports.

V. **CLAIMS PROCEDURES**

**A.** **WORKER’S COMPENSATION CLAIMS**

Insurance/Safety Director will complete and see that all injury notices of CMC, Inc. employees are filed with required agencies.

All fatal or serious accidents involving CMC, Inc. employees must be discussed with the Insurance/Safety Director by telephone immediately. The Safety Director will report such losses to the appropriate insurance company and OSHA office.

**B.** **GENERAL LIABILTIY CLAIMS**

All reports of injuries or property damage that may have resulted from CMC, Inc. operations should be made by telephone to the insurance/safety director immediately.

Reports of this nature will include:

1. names of parties involved

2. date, time and place of accident

3. circumstances of accident

Employees should use caution in who they make statements to. They should be limited until CMC, Inc. or its insurance carrier has made an investigation.

4. damage to property or injuries to persons explained.

All reports are to be made by telephone and followed up by written report (if requested).

**C.** **AUTOMOBILE CLAIMS**

All reports of accidents involving CMC, Inc. automobiles or equipment should be made to Insurance/Safety Director immediately. All correspondence with the insurance carrier will be handled through the home office. Reports of this nature include:

1. driver or operator’s name

2. date, time and place of accident

3. circumstances of accident

4. names and addresses of other parties involved in accident

5. extent of damage to property of other parties involved in accident as well as CMC, Inc. property.

6. CMC, Inc. equipment number on automobile/equipment involved in accident.

7. two estimates for repairs will be needed for CMC, Inc. automobile/equipment and if requested by insurance/safety director, estimate for repairs on property of others involved in accident.

8. copy of accident report to be filed with state, supplied by local police department in most areas.

VI. **AGREEMENT TO ABIDE BY SAFETY PROGRAM**

SIGNATURES:

I have read and understand the safety and loss prevention program and I agree to abide by it:

**CMC, INC. EMPLOYEES**

Superintendent

Foreman:

**SUBCONTRACTOR**

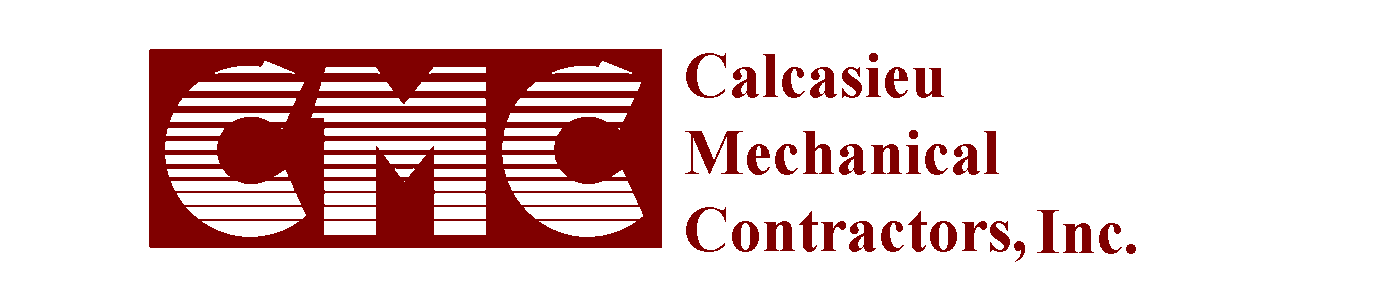
Each subcontractor superintendent and/or foreman, by their signature below, acknowledge they have received a copy, read, understand and agree to abide by the above safety policy and are authorized to sign on behalf of their respective employer/employees.

Company Name Signature/Position Date

##### CALCASIEU

##### MECHANICAL

##### CONTRACTORS, INC.



**DRUGS, ALCOHOL, AND CONTRABAND POLICY**

As applies to employees, subcontractors, vendors, supplies, customers and all other persons having business on the company premises of Calcasieu Mechanical Contractors, Inc.

**CMC, INC.**

**DRUG, ALCOHOL, AND CONTRABAND POLICY**

**INDEX**

Notice to Employees, Contractors, Vendors, Suppliers, and Invitees

Acknowledge Form

Drugs, Alcohol and other Prohibited Items Program

Testing Consent Form

Consent to Search and/or Inspection

Prescription Drug Form

Procedures for Implementation

Guidelines for Supervisors

**CMC, INC. DESIGNATED OFFICE PERSONNEL**

Jim Blanchard

Lewis Moreno

**CMC, INC.**

**Notice to Employees**

**And**

**Contractors, Vendors, Suppliers and Invitees**

CMC, Inc. is committed to maintaining safe working conditions for its employees. In our industry safety is of the utmost importance. Employees who are under the influence of alcohol or drugs while on the job may pose serious safety and health risks to themselves and to those who come into contact with them. The distribution, possession or sale of drugs or alcohol in the workplace may also create unacceptable risks to the safety and efficiency of operations.

CMC, Inc. recognizes that alcoholism, the use of unauthorized drugs and other medical/behavioral conditions are highly complex illnesses which under the most circumstances can be successfully treated. It is our hope that those employees with illnesses outlined above will request an accept our referral assistance to a United Way voluntary program before these problems pose a threat to safety and health of any person working on our premises or job sites.

Furthermore, it is the responsibility of all CMC, Inc. managers and supervisors to help insure the safety of al those working by both encouraging all employees to seek confidential help from these disorders and by enforcing existing policies and procedures where and when the use of alcohol an unauthorized drugs and substances are prohibited. The confidential nature of these problems will be preserved in the same manner as all other medical records.

CMC, Inc. also realizes the importance of providing a safe, healthy work environment for all employees, contractors, customers and visitors. To that end, the following policy has been adopted effective April, 1995.

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

Lewis Moreno

Vice President

**ACKNOWLEDGEMENT FORM**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Please print full name)

Have received a copy of the Drugs, Alcohol, and Other Prohibited Items Program effective April 1995, and upon thoroughly having read the program I acknowledge that I understand all the terms and conditions of such program.

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

**SIGNATURE** **SOCIAL SECURITY NUMBER**

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

**DATE**  **WITNESS**

If the above person is unable to read, a CMC, Inc. Supervisor or office manager will read to or have appropriately translated the entire program and obtain not only the persons signature, but also a verbal indication that the above employee understood the entire program.

I have read and/or translated the entire program to the above named person and they have indicated to me that they understand the program in full.

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

**DATE**  **OFFICE MANAGER/SUPERVISOR**

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

SUPERVISORS, PLEASE NOTE AND OCMPLETE IF APPLICABLE:

The above noted employee has refused to acknowledge receipt of a copy of the CMC, Inc. Drug, Alcohol and Other Prohibited Items Program. As the supervisor, I have advised such person that even though they did not acknowledge receipt, that they are still subject to all the terms and conditions of the program.

As of April 1995 anyone refusing to acknowledge receipt of this program will not be considered for employment.

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

**SIGNATURE**  **SOCIAL SECURITY NUMBER**

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

**DATE** **WITNESS**

**CMC, INC.**

**DRUG, ALCOHOL AND CONTRABAND POLICY**

**FOR EMPLOYEES AND NON-EMPLOYEES**

To promote a safe working environment for all employees, and others with whom we regularly interface, CMC, Inc. has adopted a program on Drug, Alcohol and Contraband. This program is part of the CMC, Inc. safety program.

This program covers any person having business with CMC, Inc. while on company premises as defined in this program. CMC, Inc. prohibits certain items and substances from being brought on or being present on company premises, and prohibits any person working on company premises from reporting for work or while driving a company vehicle, on or offsite with any measurable quantity (at levels established by CMC, Inc.) of certain prohibited drugs, alcohol and other substances which affect the person’s ability to perform work safely. Employees of CMC, Inc. who have been convicted of a criminal drug offense must notify their supervisor and project superintendent within five working days of the conviction.

The term “Company Premises” shall include all CMC, Inc. job sites, offices, yards and Company Vehicles whether owned or leased. As a condition of being allowed on Company Premises, the company reserves the right to search the person and /or that persons vehicle which may include periodic and unannounced searches or anyone while on, entering or leaving periodic premises. These searches may include the taking of urine and/or blood plasma samples for testing to determine the presence of unauthorized substances as noted in this program. The company reserves the right at all times to have its authorized lab/clinic conduct such testing. *A WRITTEN CONSENT FORM FROM THE PERSON WILL BE OBTAINED PRIOR TO ANY SEARCH AND/OR TAKING OF URINE/BLOOD PLASMA SAMPLES.*

CMC, Inc. prohibits the unauthorized sales, use possession, distribution or transportation on company premises or in company vehicles of any of the following:

1. Illegal drugs, controlled substances, “look-alike”, designer and synthetic drugs (including the presence of any measurable amount in the person while working), and any other drugs or abnormal substances which may affect that person’s senses, responses, motor function, or alters that person’s perception while working.

2. Any alcoholic beverages (defined as any beverage or mixture containing ethyl alcohol).

3. Firearms, weapons, explosives, and ammunition.

Drug paraphernalia (a partial definition of “drug paraphernalia” as used in this program is any material or equipment used or designed for use in testing, packaging, storing, injecting, ingesting, inhaling or otherwise introducing into the human body a controlled dangerous substance)

Any person covered by this program may maintain on Company Premises prescription drugs and “over the counter” medication provided:

1. Prescription drugs are prescribed by an authorized medical practitioner for current use (within the past twelve (12) months) of the person in possession.
2. Both prescription and over-the-counter drugs are limited to one days supply and must be kept in the original container.
3. Any person in possession of such drugs while on Company Premises may be required to sign a “Prescription Drug Form”. The company reserves the right to contact that person’s physician to inquire into the prescription as to what side effects it could have on this individual. If it is determined that the use of such drug or medication may increase the risk of injury to the individual or others, the company reserves the right to restrict the work activity of its employee during the period the physician advises that the ability to perform his job may be adversely affected by consumption of said medication. Other employers on Company Premises will be expected to do the same with their employees.

The taking of urine and/or blood plasma for drug screening tests may also be requested from any person on Company Premises at the occurrence of any of the following:

1. Part of an unannounced overall search, inspection and/or screening of the Company Premises.
2. If there is reasonable belief just cause of drug and/or alcohol use.
3. As a result of an unsafe act or practice and/or accident in which a person suffers or alleges to have suffered an occupational on-the-job injury requiring treatment (other than on site first aid) from a nurse and/or doctor.
4. As may be required by contract and/or regulation, law or statute of those having jurisdiction in areas which CMC, Inc. operates.

ANY PERSON WHO VIOLATES ANY SECTION OF THIS PROGRAM AND/OR WHO REFUSES TO CONSENT TOA SEARCH OR BY DISCOVERY OF PROHIBITED SUBSTANCES THROUGH A CONSENTED SEARCH OR BY FAILURE TO SUBMIT TO A URINE AND/OR BLOOD PLASMA, DRUG SCREEN TEST OFR ANY REASON OR WHO AS A RESULT OF SUCH TESTING AND SCREENING IS FOUND TO HAVE A MEASURABLE LEVEL OF PROHIBITED DRUG OR SUBSTANCE IN THEIR SYSTEM WILL BE CONSIDERED IN VIOLATION OF THIS PROGRAM. SUCH PERSON WILL BE SUBJECT TO DISCRIPLIANRY ACTION UP TO AND INCLUDING DISCHARGE FROM EMPLOYMENT, OR REMOVAL AND FUTURE PROHIBITION FROM COMPANY PREMISES IF NOT AN EMPLOYEE. NO DRUG/ALCOHOL TEST AND/OR SEARCH WILL BE CONDUCTED WITHOUT WRITTEN CONSENT FROM THE PERSON.

Where required by law, CMC, Inc will report the use, possession or distribution of any substance named in this program to law enforcement officials and will turn any unauthorized items over to the custody of such officials.

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*COMPLETE WHEN REQUEST FOR TESTING IS MADE\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**TESTING CONSENT FORM**

***Note:***

*Anyone Has an Absolute Right to Refuse Testing or Searching, as Required in the CMC, Inc. Drug, Alcohol and Other Prohibited Items Programs. Anyone Who Is Otherwise Found in Violation of the Program Will Be Subject to Disciplinary Action up to and Including Discharge from Employment or Rehire. All Personnel Such As, but Not Limited To, All Subcontractors, Suppliers and All Non-Employees on Company Premises Are Also Subject to this Program. Such Persons Found in Violation of this Program May Be Removed from the Premises and Prohibited from Future Entry to Company Premises.*

As you know, CMC, Inc. has a policy, which prohibits the use of illegal and unauthorized drugs and substances. Furthermore, The Company’s policy states than an employee or other persons may be required to submit to a urine and/or blood plasma drug and/or alcohol test as a result of any of the testing situations outlined in the CMC, Inc. Drug, Alcohol and Contraband Policy. For your protection and for the protection of others with whom you are working, you are requested to submit to one or both of these tests at this time. This particular test if being administered in compliance with one or more of the following policy situations:

**PURPOSE OF TEST**

**(check one)**

\_\_\_\_\_ NEW/REHIRE \_\_\_\_\_ACCIDENT/INCIDENT \_\_\_\_\_PERIODIC/ROUTINE

\_\_\_\_\_ CONTRACTUAL/LEGAL OBLIGATION \_\_\_\_\_REASONABLE BELIEF/JUST CAUSE

I Have Read And Understand The CMC, Inc. Policy On Drugs, Alcohol And Contraband. I Acknowledge That The Use Of Such Drugs And/Or Alcohol Is In Violation Of This Program, And That I Am Subject To The Disciplinary Action As Explained To Me In The Program. I Agree The Results Of These Tests To CMC, Inc. And They I Turn May Furnish These Results To The Appropriate Customer, Contractor, Sub-Contractor Or Vendor, When Required To Do So. I Further Agree To Hold CMC, Inc., Its Agents, Directors, Officers And Employees Harmless From Any And All Liability Specifically Including, But Not Limited To, All Claims For Injuries To My Person Or Damage To My Reputation Resulting From Drug And Alcohol Testing And Searches Due To The Release Of Information Concerning Such Testing And Searches.

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

PRINTED NAME SIGNATURE DATE

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

SOCIAL SECURITY NUMBER EMPLOYER JOB LOCATION

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

WITNESS

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*COMPLETE PRIOR TO ANY SEARCH AND/OR INSPECTION\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**CONSENT TO SEARCH AND/OR INSPECTION AND NOTICE TO ALL PERSONNEL AND NON EMPLOYEES – READ CAREFULLY**

***Note:***

*Anyone Has An Absolute Right To Refuse Testing Or Searching, As Required In The CMC, Inc. Drug, Alcohol, And Contraband Policy. Anyone Who Is Otherwise Found In Violation Of This Program Will Be Subject To Disciplinary Action Up To And Including Discharge From Employment. All Personnel Such As, But Not Limited To, All Sub-Contractors, Suppliers And All Non-Employees On Company Premises Are Also Subject To This Program. Such Persons Found In Violation Of This Program May Be Removed From The Premises And Prohibited From Future Entry To Company Premises.*

It is the policy of CMC, Inc to prohibit the use, possession, concealment, transportation or distribution of illegal and unauthorized items, drugs, alcohol and contraband while on Company Premises of CMC, Inc.

For your protection and for the protection of others with whom you will be working, you are requested to submit your person, personal effects, vehicles, belongings and all items to a search. If any items prohibited on company premises are found or if you refuse to submit to a search of yourself, and/or your effects, you will be denied access to any CMC, Inc. Company Premises.

***Note:***

*A copy of the CMC, Inc Drug, Alcohol, and Contraband Policy is on display at these Company Premises and should be read and understood prior to signing this notice.*

YOUR SIGNATURE BELOW CONSTITUTES YOUR CONSENT TO INSPECTION OF YOUR PERSON, PERSONAL EFFECTS AND PROPERTY TO SEARCH AT THIS TIME. WHERE DEEMED APPROPRIATE, CONFISCATED ILLEGAL SUBSTANCES WILL BE TURNED OVER TO THE PROPER LAW ENFORCEMENT AUTHORITY.

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

EMPLOYEE SIGNATURE NON-EMPLOYEE SIGNATURE

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

PRINT NAME PRINT NAME

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

EMPLOYER EMPLOYER

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

JOB LOCATION DATE

\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*COMPLETE AS MAY BE REQUIRED\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*\*

**PRESCRIPTION DRUG FORM**

To help insure the safety of all personnel and equipment, the following information is required for prescription drugs. If you use a prescription drug, you should notify The Company by completion of this form for each prescription drug:

EMPLOYEE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRESCRIBING PHYSICIAN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHYSICIAN’S ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

PHYSICIAN’S TELEPHONE NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

NAME OF DRUG: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PRESCRIPTION NUMBER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHARMACY NAME/LOCATION: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DATE PRESCRIBED: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

LENGTH OF TIME PRESCRIPTION WILL BE TAKEN: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

DOES THE DRUGE PRODUCE ANY SIDE EFFECTS: \_\_\_\_\_\_\_\_\_YES \_\_\_\_\_\_\_\_\_\_NO

IF YES, DESCRIBE:

I HEREBY GIVE MY CONSENT FOR THE ABOVE NAMED PRESCRIBING PHYSICIAN TO ANSWER ANY QUESTIONS ABOUT MY USE OF THE ABOVE DRUG.

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

SIGNATURE DATE

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

PRINT NAME

The following are guidelines for dealing with: 1) examinations and 2) searches and/or inspections. They are not intended to cover all situations that may arise on Company premises. For matters not covered below, CMC, Inc. Supervision should contact designated home office personnel immediately to review situation and determine future course of action.

**PROCEDURES FOR IMPLEMENTATION**

1. Persons will be advised as to why they are being asked to submit to a urine and/or blood plasma drug and /or alcohol screening test. Appropriate signatures should be obtained on the TESTING CONSENT form at that time. If a person refuses to sign the form they should be reminded of the penalties as noted in the Program. A CMC, Inc. supervisor will accompany each person to the clinic/medical facility for an examination. Sub-contractors will be expected to do the same for their employees. PLEASE KEEP IN MIND THAT WHEN THERE HAS BEEN AN ACCIDENT AND/OR INCIDENT, YOUR FIRST OBLIGATION SHOULD BE TO RENDER FIRST AID WHERE NECESSARY AND GET THE INJURED PERSON TO AN AUTHORIZED CLINIC/MEDICAL FACILITY.

For whatever reason, when urine and/or blood plasma samples cannot be obtained at time of initial medical treatment being rendered, designated office personnel should be contacted right away to determine what course of action should be taken.

1. *When a person has refused to sign and/or give a sample to clinic/medical personnel* such person should be warned that they are in violation of Company Policy and are subject to its terms and conditions including termination if they are an employee. Supervisor should remain at the clinic/medical facility and accompany person back to project office where project superintendent will be informed of all events that have taken place regarding this event. If that person was an employee of CMC, Inc., the termination papers are to be completed at that time. It should be noted on the form that “employee refused to comply with company policy” – See “Designated Office Personnel” for specific wording. A copy of such termination report will be submitted with the notice of employee injury form (reference to CMC, Inc. employees only) if such testing is the result of an accident (actual and/or alleged). For those who are not employees of CMC, Inc. that person’s employer is to be informed of the situation and then the person in question should be asked to leave the Company Premises at once and should not be allowed to return unless specifically authorized by CMC, Inc. designated CMC, Inc. Office Personnel should be made aware of all violations.
2. Test results of persons as authorized by the company will be submitted to designated CMC, Inc. office personnel. The results of all such testing will remain confidential and discussed only on a “need to know” basis. Project supervision will be notified as soon as possible of those that fail to meet company guidelines. At such time, the project superintendent and/or supervisor will follow procedures for termination or removal from project as noted in Par. 2 above. Persons will be advised and so noted on termination report (for CMC, Inc. employees only) that they were “in violation of the company policy – See “Designated Home Office Personnel” for specific wording as noted in the Drug, Alcohol and Contraband Policy.
3. Anyone who fails to meet guidelines on urine and/or blood plasma drug and/or alcohol screening rest can have a test run at a lab/clinic of their choice. \*Said persons should inform designated CMC, Inc. office personnel of their return intent in writing within 30 days from the date of original test findings. CMC, Inc. will authorize that a sample of the original urine and/or blood plasma specimen be sent directly to the persons designated lab and/or clinic.

\*All such labs/clinics must be recognized as being qualified to perform such drug screening test and use the same testing criteria that the CMC, Inc. clinic/lab used to obtain the original results. If the second lab/clinic results in a negative test, such person will be subject to re-hire or allowed back on site if not an employee.

**GUIDELINES FOR SUPERVISORS**

When a supervisor has reasonable belief/just cause that a person is in violation on the Company’s Drug, Alcohol, and Contraband Policy and time permits, the supervisor should immediately consult with a member of jobsite management to determine further actions. Reasonable belief/just cause should be based upon:

1. Observable actions
2. Physical evidence or,
3. Observable changes in established behavior patterns.

However, if the person appears to be under the influence of drugs or alcohol or is observed by the supervisor with one or more of these substances in his or her possession, immediate action may be required. Where such a situation exists, the supervisor should do the following:

1. If a person is suspected of using or being under the influence of alcohol or a prohibited drug or otherwise unable to perform his or her job in a safe or satisfactory manner, the supervisor should require the person to report to an office area or, if not available, to a safe, non-work area. No person should be physically restrained. If this involves a non-employee of CMC, Inc. it may be necessary to have the person’s supervisor require them to report to the office.
2. The project superintendent should contact Designated Office Personnel for further guidance. A determination will be made at that time whether to require the person to submit to screening to take other action. If it is determined that testing should be utilized, project personnel should follow procedures as stated in the implementation section of this program.
3. If a person is suspected of possessing alcohol or selling, purchasing, transferring or possessing an illegal drug, the supervisor will ask the person to sign the Consent to Search Form. Only when the person has signed the form will the supervisor:
4. Seize any suspected alcohol or prohibited substances which are in plain sight.
5. Secure any container or the like, where alcohol or illegal drugs may be present, for a subsequent search by appropriate personnel and
6. Order the person to report to an area in the facility where appropriate personnel can question the suspected person in private.

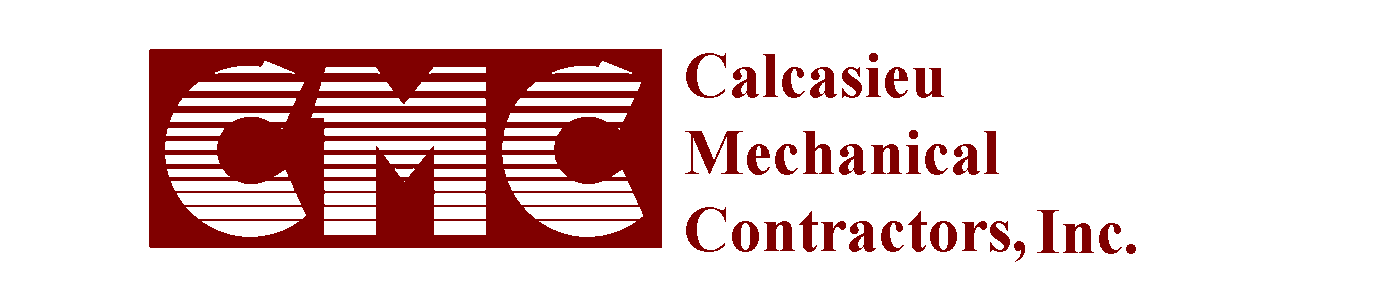
4. Prior to initiating questioning relatives to use or possession, the supervisor is to first consult with management if possible. Otherwise, the supervisor is to have a witness present and, with our other guidance, limit his questioning to determining the person’s general condition (e.g., does the person know to whom he or she is talking, and what may be the cause of the employee’s present condition). At no time should a supervisor ever scold or coerce a person during questioning. And never should a person be physically restrained or threaten a person that they cannot leave an area where the questioning is taking place. If the person does not wish to be questioned or kept waiting in an area, they may be discharged or evicted from the property.

5. Supervisors are to restrict conversations concerning possible violations of the Drug, Alcohol, and Contraband Policy to those persons who are participating in any questioning, evaluation, investigation. This restriction includes not mentioning the name of the person(s) of violating the policy. Management supervisors and investigators are to instruct other employees, except as stated above, not to talk about such possible violations.

6. Before conducting any search, designated office personnel must be consulted. Searches of a person should be made only in extraordinary situations and only when there is independent, objective evidence that the person is concealing drugs on his or her person. Such searches should never be conducted without the written consent of that person. Searches of a person should not go beyond requiring the person to empty his or her pockets and to identify the source of any suspicious bulges which are visible through the employee’s clothing. Under no circumstances should a person be touched, patted-down, or requested to remove his or her clothes as part of a search for drugs or alcohol.

If a person refuses to consent to a search, designated office personnel should be consulted immediately. If the appropriate persons are unavailable, the employee may be suspended pending further disciplinary action. Should the situation involve a non-employee of the company, they may be asked to leave and stay off the company premises pending further investigation by officials.

Where required by law CMC, Inc. will report the use, possession or distribution of any substance named in this program to law enforcement officials and will turn away unauthorized items over to the custody of such agencies.



##### CALCASIEU

##### MECHANICAL

##### CONTRACTORS, INC.

**P.O. BOX 7728**

**Lake Charles, La 70606-7728**

**337-477-0097**

**HAZARD COMMUNICATION WRITTEN PROGRAM**

This program has been prepared to comply with the requirements of the federal OSHA standard 1926.59 and to insure that information necessary for the safe use, handling and storage of hazardous chemicals is provided to and made available to employees.

This program includes guidelines on identification of chemical hazards and the preparation and proper use of container labels, placards, and other types of warning devices.

A. CHEMICAL INVENTORY

1. Calcasieu Mechanical Contractors, Inc. maintains an inventory of all known chemicals in use on the worksite. A chemical inventory list is available from the safety officer.

2. Hazardous chemicals brought onto the worksite by Calcasieu Mechanical Contractors, Inc. will be included on the hazardous chemical inventory list.

B. CONTAINER LABELING

1. All chemicals on site will be stored in their original or approved container with a proper label attached, except small quantities for immediate use. Any container not properly labeled should be given to safety officer for labeling or proper disposal.

2. Workers may dispense chemicals from original containers only in small quantities intended for immediate use. Any chemical left after work is completed must be returned to the original container of safety officer for proper handling.

3. No unmarked containers of any size are to be left in the work area unattended.

4. CALCAISEU MECHANICAL CONTRACTORS, INC. will rely on manufacturer applied labels whenever possible and will ensure that these labels are maintained. Containers that are not labeled or on which the manufacturer’s label has been removed will be relabeled.

5. CALCASIEU MECHANICAL CONTRACTORS, INC. will insure that each container is labeled with the identity of the hazardous chemical contained and any appropriate hazard warnings.

C. MATERIAL SAFETY DATA SHEETS (MSDS)

1. Employees working with a hazardous chemical may request a copy of the Material Safety Data Sheet (MSDS). Requests for MSDS’s should be made to the Safety Officer.

2. MSDS’s should be available and standard chemical reference may also be available on the site to provide immediate reference to chemical safety information.

3. An emergency procedure to gain access to MSDS’s information will be established.

D. EMPLOYEE TRAINING

Employees will be trained to work safely with hazardous chemicals. Employees training will include:

1. methods that may be used to detect a release of a hazardous chemical in the workplace.

2. physical and health hazards associated with chemicals.

3. protective measures to be taken.

4. safe work practices, emergency responses and use of personal protective equipment.

5. information on the hazard communication standard including labeling and warning systems, and an

explanation of Material Safety Data Sheets.

E. PERSONAL PROTECTIVE EQUIPMENT (PPE)

Required PPE is available from the Safety Officer. Any employee found in violation of PPE requirements may be subject to disciplinary actions up to and including discharge.

F. EMERGENCY RESPONSE

1. Any incident of over exposure or spill of a hazardous chemical/substance must be reported to the Safety Officer.

2. The foreman or the immediate supervisor will be responsible for insuring that proper emergency response actions are taken in leak/spill situations.

G. HAZARDS OF NON-ROUTINE TASKS

1. Supervisors will inform employees of any special tasks that may arise which would involve possible exposure to hazardous chemicals.

2. Review of safe work procedures and use of required PPE will be conducted prior to the start of such tasks. Where necessary, areas will be posted to indicate the nature of the hazard involved.

H. INFORMING OTHER EMPLOYEES

1. Other on site employers are required to adhere to the provisions of the hazard communication standard.

2. Information on hazardous chemical known to be present will be exchanged with other employers. Employers will be responsible for providing necessary information to their employees.

3. Other on site employers will be provided with a copy of CMC’s hazard communication program.

I. POSTING

Calcasieu Mechanical Contractors, Inc. has posted information for employees at this site on the hazard communication standard. This information can be found by contacting your supervisor.