



## **SAFETY RULES PROCEDURE**

*Protocol* has developed these safety rules patterned after the Federal OSHA requirements. Read and become familiar with these rules, and other safety rules that apply to your job.

1. Report an injury to your employer/supervisor immediately.
2. Report any observed unsafe condition to your employer/supervisor.
3. Horseplay is prohibited at all times.
4. The drinking of alcoholic beverages is not permitted on the job. Any employee discovered under the influence of alcohol or drugs will not be permitted to work.
5. If you do not have current First Aid Training, do not move or treat an injured person unless there is an immediate danger, such as profuse bleeding or stoppage of breathing.
6. Appropriate clothing and footwear must be worn on the job at all times.
7. Where there exists the hazard of falling objects, an approved hard hat must be worn.
8. You should not perform any task unless you are trained to do so and are aware of the hazards associated with that task.
9. You may be given certain personal protective safety equipment. This equipment should be available for use on the job only, maintain it in good condition, and be sure to wear it during work when required.
10. Learn safe work practices. When in doubt about performing a task safely, contact your supervisor for instruction and training.
11. Never remove or by-pass safety devices.
12. Do not approach operating machinery from the blind side; let the operator see you.
13. Learn where fire extinguishers and first aid kits are located.
14. Maintain a general condition of good housekeeping in all work areas at all times.
15. Obey all traffic regulations when operating any type of vehicle.
16. When operating or riding in vehicles, be sure your seatbelt is worn.
17. Be alert to hazards that could affect you and your fellow employees.
18. Obey safety signs and tags.
19. Always perform your assigned task in a safe and proper manner; do not take shortcuts. The taking of shortcuts and the ignoring of established safety rules is a leading cause of employee injury.

I certify that I have read and understand and will abide by the above listed safety rules. Failure to do so may be grounds for termination and may disqualify my insurance benefits.

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**EMPLOYEE SIGNATURE**

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**DATE**