T2 INSURANCE SOLUTIONS LLC

YOUR WORKERS COMPENSATION SOURCE

General Safety Rules

These safety rules were patterned after Federal OSHA requirements. Read and become familiar with these rules as well as other ones that apply to your job so that you can perform your job tasks safely.

- Any injury must be reported to your supervisor and our company immediately.
- Any unsafe condition must be reported to your supervisor and our company immediately.
- Do not perform any task unless you are trained to do so and are aware of the hazards associated with the task.
- Learn the safe work practices for your job tasks. When in doubt about performing a job task safely contact your supervisor for instruction and training.
- Never remove or by-pass safety devices.
- Never take shortcuts or ignore established safety rules as this is a leading cause of employee injuries.
- Be alert to hazards that could affect you and your coworkers.
- Always maintain good housekeeping conditions.
- Appropriate clothing and footwear must be worn at all times while on the job.
- All horseplay is prohibited at all times.
- Drinking alcoholic beverages is never permitted on the job. Any employee found under the influence of alcohol or drugs will not be permitted to work.
- Do not move or treat an injured person unless there is an immediate danger (profuse bleeding, stoppage of breathing, etc.) if you do NOT have first aid training.
- An approved hard hat must be worn when the hazard of falling objects exists.
- Personal Protective Equipment (PPE) may be provided to you. In these cases, the equipment should be available for use on the job, worn when required and be in good condition.
- When approaching machinery, make yourself visible to the machine operator.
- Learn where first aid kits and fire extinguishers are located.
- Obey all traffic regulations when operating vehicles.
- Always wear your seatbelt when riding or operating vehicles for company purposes.
- Always obey safety signs and tags.

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

Applicant's Signature:_____ Date:_____