

UNIVERSITY of  
**HOUSTON**

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Facilities Contract Training  
Date: 10/21/2016

## AGENDA

1. October Birthday Celebrations & New Employees – 5 minutes
2. Overview of Jacob's OSHA Training – Jim - 10 minutes
3. Safety Incident Review Process – Trent - 20 minutes
4. Lab Construction Guidelines Update – Ken - 10 minutes
5. NFPA 101-2015 & NFPA 45-2015 Update – Ken - 10 minutes
6. Questions & Answers & Future Topics – 5 minutes



# HAPPY BIRTHDAY TO...

Kimberly Burks  
Oct. 1-31

Shannon Jones  
Oct. 2

Chad Thome  
Oct. 5

Edgar Banda  
Oct. 27



# OSHA 10HR Recap – September 29-30, 2016

## Mandatory Topics Covered – 7 hours\*

- Introduction to OSHA – 2 hours\*
- OSHA's Focus Four – 4 hours\*
  - Falls
  - Electrocution
  - Caught Between
  - Struck By
- Personal Protective Equipment – 30 minutes\*
- Health Hazards in Construction – 30 minutes\*



**OSHA**<sup>®</sup> Occupational  
Safety and Health  
Administration

## Elective Topics Covered – 2 hours\*

- Excavations
- Stairways & Ladders

\*Denotes minimum requirements. Additional time may have been spent on this subject.

# OSHA 10HR Recap – September 29-30, 2016

## Educational Learning Techniques

- PowerPoint
- Handouts
- Group/Individual Activities
- Videos
- Interactive demonstrations
- Product examples
- Stories
- Test



OSHA Training Institute

### Student Handout Packet

*INTRODUCTION TO OSHA* LESSON

Contents:

- #1. OSHA Poster
- #2. Your Rights as a Whistleblower Fact Sheet
- #3. Refusing to Work Because Conditions are Dangerous
- #4. Employers Must Provide and Pay for Most PPE
- #5. Safety and Health Resources
- #6. Navigating the OSHA Website
- #7. Identifying Safety and Health Problems in the Workplace
- #8. Filing an OSHA Complaint:
  - a. General Industry
  - b. Construction
  - c. Maritime Industry

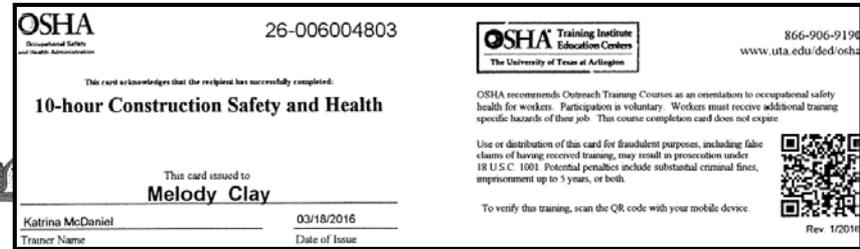
## The ABC's of Fall Protection



# OSHA 10HR Recap – September 29-30, 2016

## Class Completion Recognition\*

- Certificate of Achievement
- OSHA 10HR Card



\*Average wait time to receive certificate and cards are 30-60 days.



## Tellepsen Incident Investigation Report

conducted for

**201508**

**Document No. (autofill)**

iAudit TBII#000071

**Title - Provide: Subcontractor. Worker Name. Injury**

Core slab, Jarvis Dwayne Manual, Property Damage

**Date of Incident**

9/23/16

**Date of Investigation**

9/23/16

**Job Name**

U of H HBSB 2

**Prepared By**

Darrick Hammons

**Completed on**

9/27/16, 9:06 AM

## Audit

Question	Response	Details
<b>GENERAL INCIDENT INFORMATION</b>		
Incident Type (multiple selections allowed):	Property Damage	
Company Involved:	Core slab	
Company Status:	Subcontract or	
OSHA Incident Type:	N/A	
Date & Approximate Time of Incident:	9/23/16, 8:45 AM	
Day of the Week:	Friday	
Time of Day:	AM	
Detailed Location of Incident (ex: floor / area / room / etc.):	North side of main building	
<b>TIME OF REPORTING</b>		
Date and Time the Incident was Reported to Tellepsen Superintendent:	9/23/16, 8:59 AM	
Date and Time the Incident was Reported by Superintendent to Safety Department:	9/23/16, 9:13 AM	
Date and Time the Incident was Reported by Superintendent to General Superintendent:	9/23/16, 11:25 AM	
If there was any delay in reporting, explain WHY.	N/A	
<b>INCIDENT DETAILS</b>		
Provide Worker Name:	Jarvis Dwayne Manual	
Title / Skill:	Ironworker/Welder	
# of Years in Skill (per worker):	3-10 yrs	
# of Years with this Company (per worker):	Less than 1 yr	
Time worker began work on day of incident:	7:30 AM	

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Core slab, Jarvis Dwayne Manual, Property  
Damage

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Question	Response	Details
What was worker doing just before the incident?		Putting the Knife plate in place to weld to a precast panel.
Provide a complete, detailed description of the Incident:		Mr. Jarvis Manual an employee of Coreslab was welding knife plates on the roof level columns at 8:45 a.m., 9-23-16 at UH HBSB 2. He had tacked a knife plate to the embedded weld plate on the column. The tack weld failed and the knife plate fell 10 stories landing on a swing stage sitting on the ground causing damage to the top rail and deck . The knife plate is 8" x 12" weighing approximately 35 to 45 lbs.  No employees were working below at the time of incident and the area was barricaded.
Did Injury Result?	No	
What object / substance directly harmed the worker:	N/A	
Was property damaged?	Yes	
Describe Damage & Property Owner:		Swing stage hand rail and decking
Is damaged property secured / maintained?	Yes	
Person Maintaining:		J Blas Lopez- Core Slab Foreman
Names of Witnesses including company name (Complete the Witness Statement Section also):		Jarvis Manual- Core Slab
Weather / Wind Conditions:		Warm /Cloudy
List / Describe all personal protective equipment (PPE) in use by person exposed / injured:		Hard hat, Safety glasses ,hard sole foot wear
Were chemicals involved?	No	
<b>TREATMENT</b>		
Select Treatment		None Required
If worker died, when did death occur?		N/A

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Question	Response	Details	
<b>CORRECTIVE ACTION</b>			
What corrective actions are being taken to prevent recurrence?	Inspect tack welds, larger or numerous tack welds		
Who is responsible for implementing the corrective actions?	Brandon White		
Target completion dates for each action item?	9-23-16		
<b>INVESTIGATION TEAM MEMBERS</b>			
Injured / Involved Signature:	Jarvis Manual	9/23/16 11:29 AM	<i>Jarvis Manual</i>
Subcontractor Supervisor Signature:	Brandon White	9/23/16 11:30 AM	<i>Brandon White</i>
Tellepsen Superintendent Signature:	Tyler West	9/27/16 8:36 AM	<i>Tyler West</i>
Tellepsen Safety Representative Signature:	Darrick Hammons	9/23/16 11:30 AM	<i>Darrick Hammons</i>
Other Party Signature:			
Company & Title:			
Other Party Signature:			
Company & Title:			

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## Part of Body Affected

Question	Response	Details
<b>BODY PARTS</b>		
List/Describe body parts affected (including left/right if applicable):	N/A	
Select Body Part from the provided list		
Injured Signature:		
Photo of Injury:		

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## Witness Statement

Question	Response	Details
<b>WITNESS STATEMENT</b>		
Statement of (enter NAME):	Jarvis Dwayne Manuel	
Date of Incident:	9/23/16	
Home Address:	4743 Winnetka St Houston TX 77021	
Phone #:	713 210 541	
Employer:	Core slab	
Employer Address:	15916 Anderson Mill road Cedar Park TX 78613	
Occupation:	Welder	
Provide Accident / Incident Statement:	While placing a knife plate on a column for welding I tacked the plate up for plumbing and the plate fell from its designated spot and fell to the ground.	
Signature:	Jarvis Dwayne Manuel	9/23/16 10:43 AM
		
Include Photo of Witness Photo ID (optional if not a Tellepsen/BCS employee):		
 Appendix 1		

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## Witness Statement 2

Question	Response	Details
<b>WITNESS STATEMENT 2</b>		
Statement of (enter NAME):		
Date of Incident:		
Home Address:		
Phone #:		
Employer:		
Employer Address:		
Provide Accident / Incident Statement:		
Signature:		
Include Photo of Witness Photo ID (optional if not a Tellepsen/BCS employee):		

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## Photos

Question	Response	Details
<b>INCIDENT PHOTOS</b>		
Attach incident photos - SITE OF ACCIDENT		
		
<p>Appendix 2      Appendix 3      Appendix 4      Appendix 5      Appendix 6      Appendix 7</p>		
Provide description of photos.	Area of incident of dropped knife plate	
Attach incident photos - MATERIALS, TOOLS, EQUIPMENT, ETC.		
		
<p>Appendix 8      Appendix 9      Appendix 10      Appendix 11      Appendix 12      Appendix 13</p>		
		
Appendix 14		
Provide description of photos.	Property Damage to swing stage	
Attach incident photos - INJURY		
Provide description of photos.		
Attach incident photos - JOB HAZARD ANALYSIS (JHA)		
		
<p>Appendix 15      Appendix 16</p>		

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Question	Response	Details
Provide description of photos.	Front and back of JHA	
Attach incident photos - PHOTO ID (Tellepsen Employee only)		
Provide description of photos.		
Attach incident photos - WORKER TRAINING VERIFICATION		
 <p>Appendix 17      Appendix 18</p>		
Provide description of photos.	Iron worker /Welder certs	
Attach incident photos - OTHER		
 <p>Appendix 19</p>		
Provide description of photos.	Supervisors Accident Investigation report	

## Medical Treatment

Question	Response	Details
<b>MEDICAL - FOR TELLEPSEN EMPLOYEES ONLY</b>		
Has Employee Accepted Medical Treatment?	N/A	
<b>POST-ACCIDENT DRUG SCREEN TO BE PERFORMED</b>		
I understand that a post-accident drug screen is to be administered per company policy for any incident / accident and I authorize Tellepsen for collection.		
<b>CONFIRMATION</b>		
Employee's Signature:		

## Workers' Compensation

Question	Response	Details
<b>WORKERS' COMPENSATION HEALTH CARE NETWORK</b>		
Has a Tellepsen Employee been hurt on the job?	No	
Continue to the next section.		

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## Final Checklist

Question	Response	Details
<b>Checklist for Tellepsen Employee Incident</b>		
Photo or Copy of Photo ID sent to Safety Administrator		
Photo or Copy of JHA Form sent to Safety Administrator		
Send e-mail to project team communicating incident		
<b>Checklist for Subcontractor Worker Incident</b>		
Photo or Copy of JHA Form sent to Safety Administrator	<input checked="" type="checkbox"/>	
E-mail subcontractor requesting Incident Investigation Report	<input checked="" type="checkbox"/>	
Receive Subcontractor Incident Investigation Report and Send to Safety Administrator	<input checked="" type="checkbox"/>	
Send e-mail to project team communicating incident	<input checked="" type="checkbox"/>	

### Office Use Only

Question	Response	Details	
<b>SAFETY ADMINISTRATOR TO COMPLETE</b>			
Safety Administrator will complete the following fields for a Tellepsen Employee Injury.			
Employee Date of Hire (MM/DD/YYYY):			
# of Years with Company (per HR):			
Employee Date of Birth (MM/DD/YYYY):			
Employee Age Range (per HR):			
Job Title:			
Job Title Category:			
Job Number:	201508		
If applicable, include Return to Work Form.			
<b>SUPERVISOR APPROVAL</b>			
Safety Manager Review and Approval	Heath Scardino	9/27/16 7:31 AM	<i>Heath Scardino</i>
Safety Director Review and Approval	Susan Phillips	9/27/16 9:06 AM	<i>Susan Phillips</i>

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 Damage

## Media



Appendix 1



Appendix 2



Appendix 3



Appendix 4

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Damage

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Appendix 5



Appendix 6



Appendix 7



Appendix 8

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Appendix 9



Appendix 10



Appendix 11



Appendix 12

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Damage

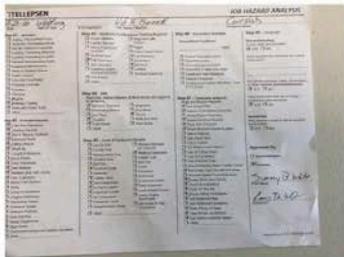
- 16 -



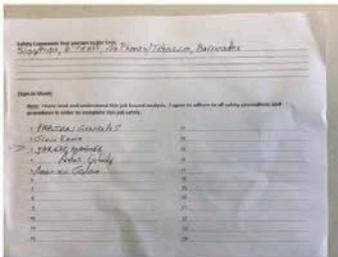
Appendix 13



Appendix 14



Appendix 15



Appendix 16



Appendix 17



Appendix 18

**SMAW-A2 WELDER REPORT**  
**WELDER NAME: Jarvis Manual**  
**WELDER ID: 1415968**  
**WELDER TYPE: SMAW-A2**  
**WELDER CATEGORY: A2**  
**WELDER STATUS: Active**  
**WELDER EXPIRATION DATE: 03-10-2017**  
**WELDER TEST DATE: 03-10-2015**  
**WELDER TEST TYPE: SMAW-A2**  
**WELDER TEST RESULT: Pass**  
**WELDER TEST COMMENTS: All test results are in the pass column.**  
**WELDER TEST SIGNATURE: Jarvis Manual**  
**WELDER TEST DATE: 03-10-2015**  
**WELDER TEST TYPE: SMAW-A2**  
**WELDER TEST RESULT: Pass**  
**WELDER TEST COMMENTS: All test results are in the pass column.**

Appendix 19

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