



United States Department of Agriculture

Research, Education, and Economics
Agricultural Research Service

LINCOLN, NEBRASKA

New Employee Safety Orientation and Training

Objective

To provide new personnel with adequate basic safety training to effectively perform assigned duties and task in a safe manner and to according to provisions set forth in the Location Safety Plan. New employees include, but are not limited to:

- Permanent Employees
- Part-Time Employees
- Temporary Employees
- Volunteers (Paid and Unpaid)
- Visiting Scientist /Collaborators

Purpose

To provide a record of training each employee has received prior to being assigned any hazardous job task.

Responsibility

The employee's supervisor will ensure all required training is scheduled, completed, and documented.

Procedures

1. When a new employee starts, a "New Employee Safety Orientation and Training Packet" will be issued by his/her supervisor. The supervisor will be responsible for completing and returning the safety checklist to the Location Safety Officer.
2. Before any employee is assigned a new task, the Location Safety, Health Environmental & Security Programs checklist must be signed off by both the employee and supervisor and/or Location Safety Officer as having been discussed and understood.
3. Before any employee is assigned to work with any other employee on a new task, the supervisor will orient the employee on the procedure/task, any safety concerns, and any required personal protective equipment.
4. The supervisor will complete the "Workplace Hazard Assessment/Employee Review" with the employee. This will aid in identifying hazards currently present in the employees workplace.
5. Documentation of completion will be recorded in a centralized database, maintained by the Location Safety Office. The completed packet will be retained, by the supervisor, in work area files for length of employment plus 2 years.

Attachment A: New Employee Safety Orientation and Training Packet

**New Employee Safety Orientation and Training Packet
Training Checklist**

Name (Print) _____ **Start Date** _____

Social Security Number (Last 5-digits) _____ **Job Title** _____

Research Unit _____ **Supervisor** _____

Employee Status:

Regular _____

Part-Time _____

Temporary _____

Visitor _____

Volunteer _____

Collaborator _____

SUPERVISOR:

Completed required sections with employee: Retain completed form in your files for term of employment plus 2 years.

Termination Date: _____

Retain Until Date (employment plus 2 years): _____

Location Safety, Health, Environmental & Security Programs

		Initial (Trainee)	Date
GENERAL	How to Handle Emergencies	_____	_____
GENERAL	Safety Equipment	_____	_____
GENERAL	Awareness	_____	_____
EMERGENCY	Medical/First-Aid	_____	_____
EMERGENCY	Emergency Telephone Numbers	_____	_____
EMERGENCY	Ambulance	_____	_____
EMERGENCY	Fire	_____	_____
EMERGENCY	Fire Prevention Plan	_____	_____
EMERGENCY	Evacuation Procedures	_____	_____
EMERGENCY	Police	_____	_____
EMERGENCY	Bomb Threats	_____	_____
EMERGENCY	Earthquakes	_____	_____
EMERGENCY	Lightning/Severe Weather	_____	_____
EMERGENCY	Tornadoes	_____	_____
EMERGENCY	Explosions	_____	_____
EMERGENCY	Radiation Accidents	_____	_____
EMERGENCY	Chemical Spills	_____	_____
EMERGENCY	Vehicles, Travel & Accidents	_____	_____
POLICY	After Hour Work Policy (Copy Provided)	_____	_____
ADMINISTRATIVE	Accident, Injury & Illness (Work Related)	_____	_____
ADMINISTRATIVE	Occupational Medical Surveillance	_____	_____
ADMINISTRATIVE	Employee Assistance Program (EAP)	_____	_____

Location Safety, Health, Environmental & Security Programs

		Initial (Trainee)	Date
HAZMAT	Hazardous Waste Management	_____	_____
PROGRAMS	Hearing Conservation Program	_____	_____
PROGRAMS	Respiratory Protection Program	_____	_____
PROGRAMS	Radiation Safety Program	_____	_____
PROGRAMS	Pesticide Worker Protection Standard	_____	_____
PROGRAMS	Personal Protective Equipment (PPE) Program	_____	_____
PROGRAMS	Machine Safeguarding Program	_____	_____
PROGRAMS	Safety & Health Education Training Program	_____	_____
CHEMICAL HYGIENE	Location Chemical Hygiene Plan	_____	_____
RIGHT & RESP	Employer Responsibilities	_____	_____
RIGHT & RESP	Employee Rights & Responsibilities	_____	_____

“The USDA-Agricultural Research Service general safety information and Emergency Action and Safety Plans for USDA-ARS Lincoln, Nebraska have been discussed and explained to me by the Location Safety Officer and/or my Supervisor. I understand the contents and actions that I am to follow in an emergency and other events described in the Emergency Action and Safety Plan.

I acknowledge that it is my responsibility to follow the guidelines and instructions in the Lincoln Location Safety, Health, Environmental Programs and Plans and to ensure that any employee that I may supervise, as part of my work assignment, receive appropriate safety training prior to assignment of new work tasks.

I have been informed that additional information on Safety, Health and Environmental rules, regulations, and practices, including ARS Manual 230.0 and other OSHA, EPA and ARS directives and regulations are available in the Location Safety Office, Room 382, Plant Sciences Hall (Phone: 402-472-0012). I have also been provided with a copy of the Location’s Policy on After Hours Work.”

Signature (Employee/Trainee)

Date



Signature (Trainer)

Date

**United States Department of Agriculture
Agricultural Research Service
Lincoln, Nebraska
Workplace Hazard Assessment/Employee Review**

Location/Work Area: _____ Date: _____

Performed by: _____ Signature: _____

<p>This form may be used as an aid in performing hazard assessment. Review listed hazard classifications, identify all hazards, possible hazards and their sources. Hazard classification listing is not intended to be complete but is provided as a guide in the assessment.</p>		
<p><u>1. IMPACT HAZARD</u></p> <p><input type="checkbox"/> DOES NOT EXIST <input type="checkbox"/> DOES EXIST</p> <p><u>SOURCE OF HAZARD</u></p> <p><input type="checkbox"/> Chipping <input type="checkbox"/> Grinding <input type="checkbox"/> Sawing <input type="checkbox"/> Drilling <input type="checkbox"/> Sanding <input type="checkbox"/> Riveting <input type="checkbox"/> Flying Particles <input type="checkbox"/> Vibration <input type="checkbox"/> Propelled Devices <input type="checkbox"/> Chiseling <input type="checkbox"/> Falling/Dropped Objects <input type="checkbox"/> Moving equipment with stationary object <input type="checkbox"/> Other _____</p> <p><u>Body Part Affected</u></p> <p><input type="checkbox"/> Head <input type="checkbox"/> Face/Eyes <input type="checkbox"/> Hands <input type="checkbox"/> Foot <input type="checkbox"/> Body</p>	<p><u>2. CHEMICAL HAZARD</u></p> <p><input type="checkbox"/> DOES NOT EXIST <input type="checkbox"/> DOES EXIST</p> <p><u>SOURCE OF HAZARD</u></p> <p><input type="checkbox"/> Splash/Contact <input type="checkbox"/> Irritating Mist <input type="checkbox"/> Thermal <input type="checkbox"/> Other <input type="checkbox"/> Acid/Caustic <input type="checkbox"/> Solvent <input type="checkbox"/> Oil/Fuel</p> <p><u>Body Part Affected</u></p> <p><input type="checkbox"/> Head <input type="checkbox"/> Face/Eyes <input type="checkbox"/> Hands <input type="checkbox"/> Foot <input type="checkbox"/> Body</p>	<p><u>3. DUST HAZARD</u></p> <p><input type="checkbox"/> DOES NOT EXIST <input type="checkbox"/> DOES EXIST</p> <p><u>SOURCE OF HAZARD</u></p> <p><input type="checkbox"/> Buffing <input type="checkbox"/> Sandblasting <input type="checkbox"/> Grinding <input type="checkbox"/> Other</p> <p><u>Body Part Affected</u></p> <p><input type="checkbox"/> Head <input type="checkbox"/> Face/Eyes <input type="checkbox"/> Hands <input type="checkbox"/> Foot <input type="checkbox"/> Body</p>
<p><u>4. PENETRATION HAZARD</u></p> <p><input type="checkbox"/> DOES NOT EXIST <input type="checkbox"/> DOES EXIST</p> <p><u>SOURCE OF HAZARD</u></p> <p><input type="checkbox"/> Sharp Objects <input type="checkbox"/> Metal Shavings <input type="checkbox"/> Propelled Devices <input type="checkbox"/> Grinding <input type="checkbox"/> Other</p> <p><u>Body Part Affected</u></p> <p><input type="checkbox"/> Head <input type="checkbox"/> Face/Eyes <input type="checkbox"/> Hands <input type="checkbox"/> Foot <input type="checkbox"/> Body</p>	<p><u>5. COMPRESSION HAZARD</u></p> <p><input type="checkbox"/> DOES NOT EXIST <input type="checkbox"/> DOES EXIST</p> <p><u>SOURCE OF HAZARD</u></p> <p><input type="checkbox"/> Heavy Pipes <input type="checkbox"/> Gas Cylinders <input type="checkbox"/> Hydraulic Presses <input type="checkbox"/> Drums <input type="checkbox"/> Tow Motors <input type="checkbox"/> Other</p> <p><u>Body Part Affected</u></p> <p><input type="checkbox"/> Head <input type="checkbox"/> Face/Eyes <input type="checkbox"/> Hands <input type="checkbox"/> Foot <input type="checkbox"/> Body</p>	<p><u>6. ELECTRICAL HAZARD</u></p> <p><input type="checkbox"/> DOES NOT EXIST <input type="checkbox"/> DOES EXIST</p> <p><u>SOURCE OF HAZARD</u></p> <p><input type="checkbox"/> Energized Switch Gear/Equipment <input type="checkbox"/> Energized Lines <input type="checkbox"/> Other</p> <p><u>Body Part Affected</u></p> <p><input type="checkbox"/> Head <input type="checkbox"/> Face/Eyes <input type="checkbox"/> Hands <input type="checkbox"/> Foot <input type="checkbox"/> Body</p>
<p><u>7. THERMAL HAZARD</u></p> <p><input type="checkbox"/> DOES NOT EXIST <input type="checkbox"/> DOES EXIST</p> <p><u>SOURCE OF HAZARD</u></p> <p><input type="checkbox"/> Brazing <input type="checkbox"/> Welding <input type="checkbox"/> Furnace Operation <input type="checkbox"/> Extreme Weather <input type="checkbox"/> Steam <input type="checkbox"/> Flame <input type="checkbox"/> Chemical</p> <p><u>Body Part Affected</u></p> <p><input type="checkbox"/> Head <input type="checkbox"/> Face/Eyes <input type="checkbox"/> Hands <input type="checkbox"/> Foot <input type="checkbox"/> Body</p>	<p><u>8. LIGHT/NON-IONIZING RADIATION HAZARD</u></p> <p><input type="checkbox"/> DOES NOT EXIST <input type="checkbox"/> DOES EXIST</p> <p><u>SOURCE OF HAZARD</u></p> <p><input type="checkbox"/> Heat Treating <input type="checkbox"/> Brazing <input type="checkbox"/> Welding <input type="checkbox"/> Oxygen Cutting <input type="checkbox"/> Laser <input type="checkbox"/> High Intensity Lighting</p> <p><u>Body Part Affected</u></p> <p><input type="checkbox"/> Head <input type="checkbox"/> Face/Eyes <input type="checkbox"/> Hands <input type="checkbox"/> Foot <input type="checkbox"/> Body</p>	

INSTRUCTIONS: Supervisors are to discuss:

1. All known or potential hazards with newly assigned employees, to include all personal protective measures to be used.
2. Job specific or unique hazards.
3. Items on the reverse of this form.
4. Additional safety information as required by the job.

The signed original of this form shall be retained, by the supervisor, for a period of 2 years.

SUBJECT	DATE	INITIAL (Supervisor)
FIRE EVACUATION ROUTES & MAPS		
LOCATION OF FIRE EXTINGUISHERS		
EMERGENCY LIGHTING		
LOCATION OF EMERGENCY SHELTER AREA		
LOCATION OF MATERIAL SAFETY DATA SHEETS (MSDS) IF APPLICABLE		
LOCATION OF DESIGNATED CONFINED SPACES IF APPLICABLE		
LOCATION OF AREAS REQUIRING HEARING AND/OR EYE PROTECTION		
HOUSEKEEPING REQUIREMENTS		
LOCATION OF EMERGENCY EYEWASH & SHOWER		
AFTER-HOURS WORK POLICY		
SECURITY ITEMS		
EXPLAIN REQUIREMENT TO HAVE PHOTO I.D. IN POSSESSION AT ALL TIMES		
INTRODUCE TO ALL SPACE OCCUPANTS		

"I HAVE BEEN INFORMED OF THE PRESENCE, TYPES AND SOURCES OF ALL KNOWN HAZARDS AND OF THE PROTECTIVE MEASURES/EQUIPMENT, IF ANY, TO BE USED. I HAVE ALSO BEEN INFORMED OF ANY APPLICABLE PHYSICAL SECURITY REQUIREMENTS."

Signature of Employee

Date signed

Name of Employee (printed): _____

**United States Department of Agriculture
Agricultural Research Service
Lincoln, Nebraska**

**SAFETY and HEALTH PROGRAM
Workplace Safety Rules**

Your safety is the concern of this Location. Every precaution has been taken to provide a safe workplace. Alvin Harding, Jr., the Location Safety Officer, makes regular inspections and holds regular safety meetings. He also meets with management to plan and implement further improvements in our safety program. Common sense and personal interest in safety are still the greatest guarantees of your safety at work, on the road, and at home. We take your safety seriously and any willful or habitual violation of safety rules will be considered cause for dismissal. The Location is sincerely concerned for the health and well being of each of its employees.

The cooperation of every employee is necessary to make this Location a safe place in which to work. Help yourself and others by reporting unsafe conditions or hazards immediately to your supervisor or to a member of the safety committee. Give earnest consideration to the rules of safety presented to you by poster signs, discussions with your supervisor, posted department rules, and regulations published in the safety booklet. Begin right by always thinking of safety as you perform your job, or as you learn a new one.

Accident reporting. Any injury at work—no matter how small—must be reported immediately to your supervisor and receive first aid attention. Serious conditions often arise from small injuries if they are not cared for at once.

Specific safety rules and guidelines. To ensure your safety, and that of your coworkers, please observe and obey the following rules and guidelines:

- Observe and practice the safety procedures established for the job.
- In case of sickness or injury, no matter how slight, report at once to your supervisor. In no case should an employee treat his own or someone else's injuries or attempt to remove foreign particles from the eye.
- In case of injury resulting in possible fracture to legs, back, or neck, or any accident resulting in an unconscious condition, or a severe head injury, the employee is not to be moved until medical attention has been given by authorized personnel.

- Do not wear loose clothing or jewelry around machinery. It may catch on moving equipment and cause a serious injury.
- Never distract the attention of another employee, as you might cause him or her to be injured. If necessary to get the attention of another employee, wait until it can be done safely.
- Where required, you must wear protective equipment, such as goggles, safety glasses, masks, gloves, hair nets, etc.
- Safety equipment such as restraints, pull backs, and two-hand devices are designed for your protection. Be sure such equipment is adjusted for you.
- Pile materials, skids, bins, boxes, or other equipment so as not to block aisles, exits, fire fighting equipment, electric lighting or power panel, valves, etc.
FIRE DOORS AND AISLES MUST BE KEPT CLEAR.
- Keep your work area clean.
- Use compressed air only for the job for which it is intended. Do not clean your clothes with it and do not fool with it.
- Observe smoking regulations.
- Shut down your machine before cleaning, repairing, or leaving.
- Tow motors and lift -trucks will be operated only by authorized personnel. Walk-type lift trucks will not be ridden and no one but the operator is permitted to ride the tow motors. Do not exceed a speed that is safe for existing conditions.
- Running and horseplay are strictly forbidden.
- Do not block access to fire extinguishers.
- Do not tamper with electric controls or switches.
- Do not operate machines or equipment until you have been properly instructed and authorized to do so by your supervisor.
- Do not engage in such other practices as may be inconsistent with ordinary and reasonable common sense safety rules.
- Report any UNSAFE condition or acts to your supervisor.
- **HELP TO PREVENT ACCIDENTS.**
- Use designated passages when moving from one place to another; never take hazardous shortcuts.
- Lift properly—use your legs, not your back. For heavier loads, ask for assistance.
- Do not adjust, clean, or oil moving machinery.
- Keep machine guards in their intended place.

- Do not throw objects.
- Clean up spilled liquid, oil, or grease immediately.
- Wear hard sole shoes and appropriate clothing. **SHORTS** or **MINI-DRESSES** are not permitted in Laboratories or when prohibited by supervisors or job hazards.
- Place trash and paper in proper containers and not in cans provided for cigarette butts.

Safety checklist. It's every employee's responsibility to be on the lookout for possible hazards. If you spot one of the conditions on the following list—or any other possible hazardous situation—report it to your supervisor immediately.

- Slippery floors and walkways
- Tripping hazards, such as hose links, piping, etc.
- Missing (or inoperative) entrance and exit signs and lighting
- Poorly lighted stairs
- Loose handrails or guard rails
- Loose or broken windows
- Dangerously piled supplies or equipment
- Open or broken windows
- Unlocked doors and gates
- Electrical equipment left operating
- Open doors on electrical panels
- Leaks of steam, water, oil, etc.
- Blocked aisles
- Blocked fire extinguishers, hose sprinkler heads
- Blocked fire doors
- Evidence of any equipment running hot or overheating
- Oily rags
- Evidence of smoking in non-smoking areas
- Roof leaks
- Directional or warning signs not in place
- Safety devices not operating properly
- Machine, power transmission, or drive guards missing, damaged, loose, or improperly placed

Safety equipment. Your supervisor will see that you receive the protective clothing and equipment required for your job. Use them as instructed and take care of them. You will be charged for loss or destruction of these articles only when it occurs through negligence.

Safety shoes. The company will designate which jobs and work areas require safety shoes. Under no circumstances will an employee be permitted to work in sandals or open-toe shoes.

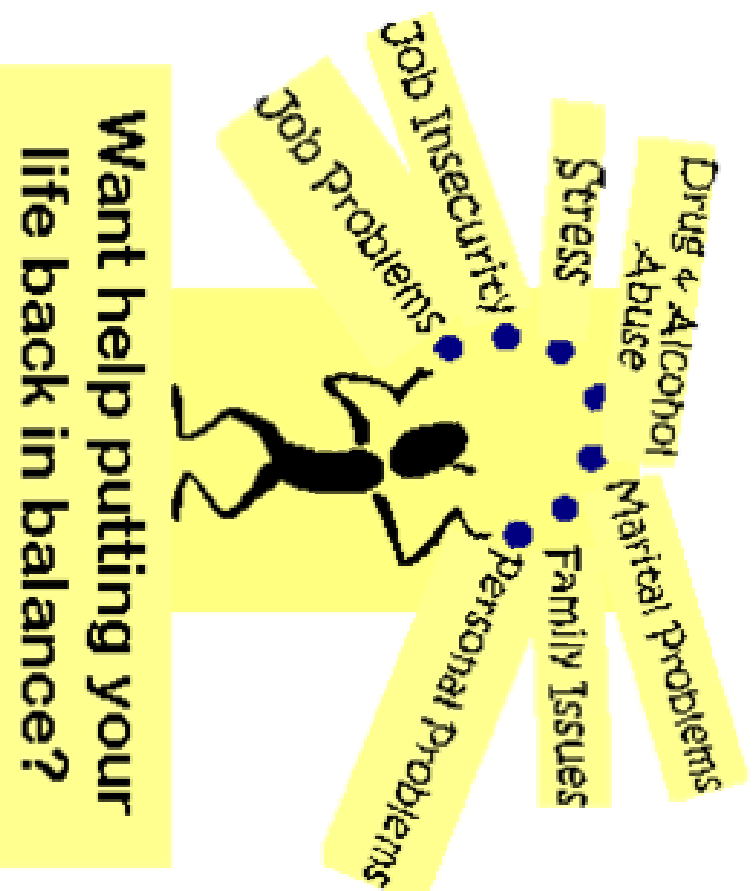
Safety glasses. The wearing of safety glasses by all required employees is mandatory. Strict adherence to this policy can significantly reduce the risk of eye injuries.

Seat belts. All employees must use seat belts and shoulder restraints (if available) whenever they operate a vehicle on Location business. The driver is responsible for seeing that all passengers in front and rear seats are buckled up.

Good housekeeping. Your work location should be kept clean and orderly. Keep machines and other objects (merchandise, boxes, shopping carts, etc.) out of the center of aisles. Clean up spills, drips, and leaks immediately to avoid slips and falls.

Place trash in the proper receptacles. Stock shelves carefully so merchandise will not fall over upon employee contact.

EMPLOYEE ASSISTANCE PROGRAM



Want help putting your
life back in balance?

EMPLOYEE ASSISTANCE PROGRAM

- What is an Employee Assistance Program?
- Who is eligible to use the Program?
- What kind of problems can employees and family members and supervisors contact Federal Occupational Health (FOH) for assistance?
- How do I get to see a counselor?
- What about Confidentiality?

What is an Employee Assistance Program (EAP)?

- A confidential source outside the workplace, where employees and family members can get help with personal problems, BEFORE job performance is negatively affected.
- Professional resources for managers in focusing on employee performance, not personality.

Who is eligible to use the EAP?

- Spouse/significant other and children living with the employee.
- College students and children living away from home, but supported by the employee.

What kind of problems can assistance be provided for by the EAP?

- **Alcohol Misuse/Abuse**
- **Family Problems Related to Addiction**
- **Work Problems**
- **Alcohol Dependency**
- **Prescription Drug Use/Misuse**
- **Over-the-Counter Drugs**

What kind of problems can assistance be provided for by the EAP? (cont'd)

- **Family and Marital Concerns**
 - Single and Step Parents
 - Communication
 - Parent-Child conflicts
 - Family/Domestic Violence
 - Sexual Dysfunction
 - Adolescent Concerns

What kind of problems can assistance be provided for by the EAP? (cont'd)

- **Personal and Other Concerns**
 - **Stress and Anxiety**
 - **Depression**
 - **Guilt**
 - **Eldercare Concerns**
 - **Legal Questions**
 - **Money Problems**

How Do I Get To See An EAP Counselor?

- For Information or Confidential Assistance Call:

Federal Occupational Health (FOH)

1-800-222-0364

or

1-888-262-7848 (TTY)

CONFIDENTIALITY

- Protected by Federal Privacy Act of 1974 as well as applicable State Laws;
- NO information can be released without specific written authorization by you, the client;
- **EXCEPTIONS to Confidentiality:**
 - Significant threat to self and/or others
 - Engaging in child abuse or neglect

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[← Regulations \(Standards - 29 CFR\) - Table of Contents](#)

• Part Number:	1910
• Part Title:	Occupational Safety and Health Standards
• Subpart:	I
• Subpart Title:	Personal Protective Equipment
• Standard Number:	1910.134 App D
• Title:	(Mandatory) Information for Employees Using Respirators When not Required Under Standard.

Appendix D to Sec. 1910.134 (Mandatory) Information for Employees Using Respirators When Not Required Under the Standard

Respirators are an effective method of protection against designated hazards when properly selected and worn. Respirator use is encouraged, even when exposures are below the exposure limit, to provide an additional level of comfort and protection for workers. However, if a respirator is used improperly or not kept clean, the respirator itself can become a hazard to the worker. Sometimes, workers may wear respirators to avoid exposures to hazards, even if the amount of hazardous substance does not exceed the limits set by OSHA standards. If your employer provides respirators for your voluntary use, or if you provide your own respirator, you need to take certain precautions to be sure that the respirator itself does not present a hazard.

You should do the following:

1. Read and heed all instructions provided by the manufacturer on use, maintenance, cleaning and care, and warnings regarding the respirators limitations.
2. Choose respirators certified for use to protect against the contaminant of concern. NIOSH, the National Institute for Occupational Safety and Health of the U.S. Department of Health and Human Services, certifies respirators. A label or statement of certification should appear on the respirator or respirator packaging. It will tell you what the respirator is designed for and how much it will protect you.
3. Do not wear your respirator into atmospheres containing contaminants for which your respirator is not designed to protect against. For example, a respirator designed to filter dust particles will not protect you against gases, vapors, or very small solid particles of fumes or smoke.
4. Keep track of your respirator so that you do not mistakenly use someone else's respirator.

[63 FR 1152, Jan. 8, 1998; 63 FR 20098, April 23, 1998]

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**United States Department of Agriculture
Agriculture Research Service
Lincoln, Nebraska**

EMERGENCY ACTION PLAN

This plan is for the safety of Location employees and is designed to protect them from fire and other emergencies. These plans are in addition to those found in the “Orange” pages of the University of Nebraska-Lincoln Centrex Telephone Directory.

1. EMERGENCY ESCAPE PROCEDURES IN CASE OF FIRE:

In case of fire or threat of fire or explosion, follow these steps:

Exit Facility: Go to nearest exit or follow exit signs to outside of building. Continue until you are a safe distance from the facility and the threat of danger. Make your way to the pre-designated area for accounting. Do not use elevators.

Accounting for Personnel: All employees will be accounted for after an emergency evacuation has been completed. Each unit will be responsible for a head count all their assigned personnel. The Location Safety Officer or Location Administrative Officer will get with each unit to ascertain that all personnel have been accounted for. (See Attachment “A” for evacuation procedures and instructions)

Rescue: No employee is to re-enter a building in an attempt to rescue any personnel. Rescue action will only be undertaken by trained emergency response personnel.

Combat Blaze: It is not the Location’s policy for an employee to risk his/her life or the life of others to fight a fire. Trained firefighters may not always be immediately available, but even if they are not, *do not endanger yourself or others in an effort to put out a fire in your building.*

First Aid: As in any emergency, there may be someone who will need assistance. Any employee can voluntarily assist another employee with open wounds, after taking personal protective

measures, on a humanitarian basis while professional help is in route. All actions taken are the individuals alone.

Report Fires: The preferred means of reporting fires and other emergencies are:

- Pull the nearest fire alarm to evacuate the building, and exit the building immediately.
- From a safe location, dial 9-911 and advise the Operator of the exact location of the fire. Do not hang up until the Operator releases you.

Map of Routes: See map/diagram of the evacuation routes out of the building or facility you normally occupy.(Copies Attached)

2. EMERGENCY PROCEDURES IN CASE OF NATURAL DISASTERS, THREATS OR EXTORTIONS:

Tornado: The University Operator will issue a tornado warning and outdoor civil defense siren will be sounded when a tornado has actually been sighted. The internal warning signal is a Intermittent signal at six second intervals. You should receive sufficient warning to reach a safe area. Move quickly to designated shelter area and stay away from windows. Do not use elevators.

If you are outdoors, seek indoor shelter if possible. If an indoor shelter is not available, lie flat in a ditch or low spot. If you are on flat ground and are caught in the path of a tornado, always move at right angles to its path.

Earthquake: In case of an earthquake, go to an area where falling objects are less likely to hit you and/or exit any building that may not withstand the stress of an earthquake.

Threats: In case of threats or extortion, alert your supervisor. In case of imminent danger, alert your supervisor and clear the area of all personnel. Once in a safe area notify proper authorities.

Explosion: If an explosion occurs somewhere in your building, from a safe location, pull the nearest fire alarm to evacuate the building. Report to the designated area for accountability.

Ambulance: Do not move or transport a seriously injured person. Call an ambulance by dialing “0” for Operator or 9-911. Remain with the injured until professional medical aid arrives.

Lightning: If lightning threatens when you are inside stay inside. Stay away from open doors or windows, radiators, metal pipes, sinks and plug-in electrical objects. Do not use the telephone.

If lightning threatens when you are outside seek shelter in a building if possible. When there is no shelter, avoid the highest object in the area. Avoid being the highest object yourself. If you are carrying or wearing anything metal, get rid of it. If you feel an electrical charge, lightning may be about to strike you. Drop to your knees and bend forward, putting your hands on your knees.

Radiation Accident: In the event of any accident involving radiation exposure, dial 9-911 and advise the Operator of the exact location of the incident. If the incident is a spill, have everyone evacuate the area, close all windows and shut off fans and air conditioners immediately. Vacate the room but keep area secure until emergency response personnel arrive.

Chemical Spill: Close the door behind the spill. Pull the nearest fire alarm to evacuate the building. Maintain security of the area until emergency response personnel arrive.

3. EMERGENCY PROCEDURES IN CASE OF HAZARDOUS WEATHER/EMERGENCY SHUTDOWN OF LOCATION:

In the situation that hazardous weather or other conditions make travel to work unsafe or make the workplace unsafe, the following policies will apply:

- a. The Location Coordinator or his/her designee will make the decision if Location operations are to be closed or if a

- reduced staff will operate when hazardous weather or emergency conditions exist.
- b. If such conditions exist prior to the beginning of the work shift, an automatic shutdown will be made if the University of Nebraska-Lincoln is closed and faculty and staff are not to report. The University announcements are usually made on local TV Channel 10/11 and radio stations KFOR(1240) and KLIN(1400). The University Operator (472-7211) will also have closing status information on a 24 hour-a-day basis.
 - c. The Lincoln ARS Location will not follow any guidelines or announcements for other federal agencies located in Lincoln as we are located on University of Nebraska-Lincoln property and are not affected by other federal agencies accessibility to offices, parking, etc.
 - d. If the Location is open during adverse weather or other conditions and an employee is unable to work, the employee is to follow established procedures as outlined by their supervisor to notify them of their absence.
 - e. When a decision to shutdown due to weather or emergency conditions is made after the work day has begun, it is the responsibility of the Location Coordinator and Administrative Officer to contact Research Leaders or their designee to relay the information. The Research Leaders will be responsible for informing all personnel within their unit of the shutdown.
 - f. Specific employees may have responsibilities for care of living organisms requiring daily attention. Those employees and their supervisors will make suitable arrangements for care of those organisms during shutdown periods.

4. EMERGENCY CONTINGENCY PLANS IN THE EVENT OF A MAJOR DISASTER AT THE LOCATION:

In the event of a major disaster that prevents the immediate recovery and restoration of the Location to full operational status, all employees will follow the procedures in place for reporting their availability to management and standby for further instructions.

Management will report, to higher authority, the number of employees accounted for and their availability for immediate reassignment and support to other federal operations in the local area as needed.

IN THE EVENT OF EVACUATION

This Evacuation Plan applies to all USDA-ARS Lincoln, Nebraska employees housed in Location and University of Nebraska buildings. The contents shall be discussed with employees. A copy shall be posted in work areas and appended to the Location's Emergency Action Plan.

1. Assist any person, in immediate danger, to safety if it can be accomplished without risk to yourself or others.
2. Doors, and if possible, windows should be closed as the last person evacuates a room or area.
3. Do not use elevators. Use building stairs instead.
4. Upon evacuation of the building, all employees will proceed to areas as designated below or further instructed, where accountability roll calls will be conducted: If you reside in:
 - KEIM/PLANT SCIENCES HALL – Driveway North of Forage Research Lab
 - BIOCHEMISTRY HALL – Parking Lot, East end of the building. Phone Midwest Livestock Insects Research Unit Office (437-5267)
 - PLANT INDUSTRIES HALL – Sidewalk at West Entrance of Building
 - WHITTIER BUILDING – Parking Lot at Northwest Corner of Building. Phone Midwest Livestock Insects Research Unit Office (437-5267)
 - INSECTARY – Forage Research Lab. Phone Midwest Livestock Insects Research Unit Office (472-5267)
 - L.W. CHASE HALL – Grassy Area Between Chase hall and Kiesselbach Lab. Phone Soil & Water Conservation Research Unit Office (472-1514)
 - STEWART SEED LAB – An Area Considered To Be at a Safe Enough Distance From the Lab. Report in person or by phone to the Location Administrative Office (472-2961)
 - FORAGE RESEARCH LAB – Next to Emergency Kiosk Southeast of Forage Research Lab. Report, by phone, to Admin Office (472-2961)
 - GREENHOUSES – An Area Considered To Be at a Safe Enough Distance From the Greenhouse. Report in person or by phone to the Location Administrative Office (472-2961)
5. NEVER RE-ENTER A BUILDING WITHOUT PERMISSION OF EMERGENCY RESPONSE PERSONNEL.

TO REPORT EMERGENCIES

For procedures to follow in case of a Bomb Threat, Chemical Spill, Earthquake, Explosion, Fire, Lightning, Radiation Accident, Tornado, refer to the Location's Emergency Action Plan

AMBULANCE: 9-911

1. Dial 9-911, give exact location where Ambulance is needed.
2. Give brief description of emergency. Include name(s) of victims(s), if possible. "If a heart condition is suspected, be sure to advise operator.
3. In case of injured employee, follow the above instructions, then contact the injured person's supervisor, who, in turn should report the case verbally by telephone to the appropriate level in the organization.

FIRE: 9-911

1. Dial 9-911, give accurate location of fire, or pull nearest alarm box; evacuate area.
2. If fire alarm goes off in your building, immediately evacuate the building.
3. Consult Location's Emergency Action Plan for more detailed instructions on procedures to follow in case of fire.

POLICE: 2-2222

1. Dial 2-2222 to report crimes in progress and emergencies.
2. Identify yourself by giving name, address, and the location from which you are calling.
3. Do not hang up or disconnect the call until the answering agent has completed the conversation and so indicated.
 - a. Briefly describe the problem or conditions of the situation.
 - b. If possible, remain at, or near the location from which the emergency call is being placed.

If you are not sure whom to call, dial "0" (zero). The University Operator will assist in contacting the appropriate personnel to handle the situation

USDA- ARS Employees

Procedures to Follow in the Event of an Accident/Injury/Illness

1. **INJURED EMPLOYEE OBTAINS REQUIRED FIRST-AID/MEDICAL TREATMENT.**
 - Initial Medical care in non-emergent cases can be obtained from employees physician or medical facility of choice.
2. **INJURED EMPLOYEE NOTIFIES SUPERVISOR OF INJURY AS SOON AS POSSIBLE BUT WITHIN 2 WORKDAYS OF INJURY.**
3. **SUPERVISOR, WITH EMPLOYEE PRESENT, IMMEDIATELY CONTACTS LOCATION SAFETY OFFICER (LOCATION ADMIN OFFICER IN HIS/HER ABSENCE).**
4. **EMPLOYEE, SUPERVISOR, LOCATION SAFETY OFFICER (LOCATION ADMIN OFFICER) COMPLETE FORM CA-1.**

- NOTES:**
- (1) **ALL WORK RELATED ACCIDENTS, INJURIES AND ILLNESSES, NO MATTER HOW MINOR, MUST BE REPORTED.**
 - (2) **THE GENERAL RULE IS THAT ALL INJURIES AND ILLNESSES WHICH RESULT FROM EVENTS OR EXPOSURE ON THE EMPLOYER'S PREMISES ARE PRESUMED TO BE WORK RELATED (I.E., TRAVELING TO OR FROM THE PARKING LOT, ENGAGING IN EXERCISE, EATING LUNCH IN THE BREAK AREA).**
 - (3) ******THE ABOVE ARE PROCEDURAL GUIDELINES FOR THIS LOCATION. ANYONE HAVING KNOWLEDGE OF AN ACCIDENT, INCIDENT, INJURY OR ILLNESS ARE TO CONTACT THE LOCATION SAFETY OFFICER AND THE LOCATION ADMIN OFFICER IMMEDIATELY.******



United States Department of Agriculture

Research, Education, and Economics
Agricultural Research Service

May 5, 2004

SUBJECT: Lincoln USDA-ARS Location Flexible Work Schedule & After-Hours
Work Policy (Updated)

TO: Lincoln, Nebraska USDA-ARS Staff

FROM: K. P. Vogel *K.P. Vogel*
Location Coordinator

USDA-Agricultural Research Service allows each Location to establish Work Schedules and Policies. The Lincoln Location's Flexible Work Schedule including after hours work policy was established by the Lincoln Research Leaders and became effective on October 1, 2001. The basic features of the Lincoln Flexible Work Schedule and policy are as follows:

The Location will be on a Flexitour Schedule unless specific work situations require a set work period for specific employees or for specific employees during critical research periods. The work week will be Monday through Friday with 8 hours per day, 40 hours per week and 80 hours per pay period. Any deviations will require specific approval by the Research Leader and review by the Northern Plains Area Personnel Staff.

Core Hours are those hours that an employee must be at work unless excused for leave. Core Hours for Lincoln will be 9:00 AM to 3:00 PM. During the period from 11:30 AM to 1:30 PM an employee is required to take a minimum of a 1/2 hour (30 minutes) lunch break if scheduled to work 7 hours or longer. If employees are not present during Core Hours, they must be in a Leave or Leave Without Pay (LWOP) status.

Flexible Hours are those hours in which an employee can establish a Flexitour Work Schedule, if core time requirements are met. Flexible hours for Lincoln will be 6:30 AM to 6:00 PM.

Gliding Time is the time period in which an employee may vary arrival and departure times on a daily basis. The gliding period for Lincoln will be 1/2 hour (30 minutes), but the gliding period must be within Flexible Hours limits. Supervisors can suspend gliding time for specific periods if it is necessary in order to achieve research objectives.

Wheat, Sorghum, and Forage Research Unit
344 Keim Hall, UNL, East Campus, Lincoln, Nebraska 68583-0937
Northern Plains Area
FAX: 402-472-4020

An Equal Opportunity Employer

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Lincoln USDA-ARS Location Flexible Work Schedule and After-Hours Work Policy
May 5, 2004

After hours work may be completed only through strict adherence to the following provisions. All after-hours work requires prior approval by, or notification of, the Project Leader. "Blanket" approvals will not be issued. Project Leaders will grant permission for after-hours works as needed: The Project Leader is the individual responsible for adherence to after-hours work policies:

1. All after-hours work activities involving, Farm Operations, Laboratory work involving chemicals or mechanical hazards, and Sample preparations involving mechanical hazards, are prohibited unless two or more ARS employees are present.
2. Permissible solitary after-hours work activities include watering greenhouse or growth chamber plants and office/clerical work unless, these activities are performed at a remote worksite or in an isolated work area.

Policies and Procedures on Flexible Work Schedules and safe work practices are found in ARS P&P 402.1, which is available for viewing on the ARS Website (<http://www.ars.usda.gov>).



What A Federal Employee Should Do When Injured At Work

Report to Supervisor

Every job-related injury should be reported as soon as possible to your supervisor. Injury also means any illness or disease that is caused or aggravated by the employment as well as damage to medical braces, artificial limbs and other prosthetic devices.

Obtain Medical Care

Before you obtain medical treatment, ask your supervisor to authorize medical treatment by use of form CA-16. You may initially select the physician to provide necessary treatment. This may be a private physician or, if available, a local Federal medical officer/hospital. Emergency medical treatment may be obtained without prior authorization. Take the form CA-16 and form OWCP-1500/HCFA-1500 to the provider you select. The form OWCP-1500/HCFA 1500 is the billing form physicians must use to submit bills to OWCP. Hospitals and pharmacies may use their own billing forms. On occupational disease claims form CA-16 may not be issued without prior approval from OWCP.

File Written Notice

In traumatic injuries, complete the employee's portion of Form CA-1. Obtain the form from your employing agency, complete and turn it in to your supervisor as soon as possible, but not later than 30 days following the injury. For occupational disease, use form CA-2 instead of form CA-1. For more detailed information carefully read the "Benefits ..." and "Instructions ..." sheets which are attached to the Forms CA-1 and CA-2.

Obtain Receipt of Notice

A "Receipt" of Notice of Injury is attached to each Form CA-1 and Form CA-2. Your supervisor should complete the receipt and return it to you for your personal records. If it is not returned to you, ask your supervisor for it.

Submit Claim For COP/Leave and/or Compensation For Wage Loss

If disabled due to traumatic injury, you may claim continuation of pay (COP) not to exceed 45 calendar days or use leave. A claim for COP must be submitted no later than 30 days following the injury (the form CA-1 is designed to serve as a claim for continuation of pay). If disabled and claiming COP, submit to your employing agency within 10 work days medical evidence that you sustained a disabling traumatic injury. If disabled beyond the COP period, or if you are not entitled to COP, you may claim compensation on form CA-7 or use leave. If disabled due to occupational disease, you may claim compensation on form CA-7 or use leave. A claim for compensation for disability should be submitted as soon as possible after it is apparent that you are disabled and will enter a leave-without-pay status.

The Federal Employees' Compensation Act (FECA) is administered by the U.S. Department of Labor, Employment Standards Administration, Office of Workers' Compensation Programs (OWCP). Benefits include continuation of pay for traumatic injuries, compensation for wage loss, medical care and other assistance for job-related injury or death. For additional information about the FECA, read pamphlet CA-11, "When Injured at Work" or Federal Personnel Manual, Chapter 810, Injury Compensation, available from your employing agency. The agency will also give you the address of the OWCP Office which services your area.

Post on Employees' Bulletin Board

U.S. Department of Labor
Employment Standards Administration
Office of Workers' Compensation Programs

