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| Subject: | SH-11 – Safety & Health Training Program | Page - 1 - |
| Issued Date: 08/01/13 | Corporate Safety Office | Effective Date: 11/01/13 |

Appendix A

Safety & Health Training Requirements

| Program | Application | Initial Training | | Refresher | |
|---|--------------------|------------------|-----------------------|-------------|-----------------------|
| | | When | By Whom | When | By Whom |
| New Employee Safety & Health Training Program (NESOP) | All Employees | Upon Employment | Safety Department | N/A | |
| New Employee Orientation-supervisor’s Guide | All Employees | Upon Assignment | Department Supervisor | N/A | |
| Annual Refresher Training Program | All Employees | Annually | | N/A | Safety Department |
| Respirator Program | Affected Employees | Upon Assignment | Safety Department | Annually | Department Supervisor |
| Hazard Communication | All Employees | Upon Employment | Safety Department | Annually | Department Supervisor |
| Lockout Program | Affected Employees | Upon Employment | Safety Department | Annually | Department Supervisor |
| Personal Protective Equipment | Affected Employees | Upon Employment | Safety Department | Annually | Department Supervisor |
| First Aid/CPR | Affected | Upon Assignment | Safety Department | As Required | Safety Department |



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| Program | Application | Initial Training | | Refresher | |
|-------------------------------------|--------------------|------------------|------------------------|--|------------------------|
| | Employees | | | | |
| Decision Driving | All Employees | Upon Employment | Safety Department | Annually | Safety Department |
| Bloodborne Pathogens (Awareness) | All Employees | Upon Employment | Safety Department | Annually | Safety Department |
| Commercial Driver’s License Program | Affected Employees | Upon Employment | Safety Department | Annually | Safety Department |
| Ladder Safety | Affected Employees | Upon Assignment | Department Supervision | Annually | Department Supervision |
| Trenching Safety | Affected Employees | Upon Assignment | Department Supervision | Annually | Department Supervision |
| Confined Space Program | All Employees | Upon Employment | Safety Department | Annually | Department Supervision |
| Test Equipment Operation | Affected Employees | Upon Assignment | Safety Department | Annually | Safety Department |
| Entry Supervisor Training | Affected Employees | Upon Assignment | Safety Department | N/A | N/A |
| Forklift Operator Training | Affected Employees | Upon Assignment | Department Supervision | Every three Years. Requires annual evaluation. | Department Supervision |
| | | | | | |