

Safety and Health Policy

CW Ohio, Inc. believes in the importance of employees' rights to a safe and healthy workplace. This policy applies not only to our employees but also to visitors, guests and contractors.

Workplace injuries and illness are a liability for everyone. Victims experience pain, suffering and incapacitation. The company suffers the loss of an injured employee's experience and productivity. Because the consequences of injuries and illnesses are so great, we are committed to preventing them.

We select our workers very carefully. We provide an orientation and training program for new and transferred employees to insure that employees can work according to a set of minimum performance expectations. Shift supervisors assess work performance on an ongoing basis and respond to deficiencies by retraining, coaching, or imposing corrective action when necessary. Shift supervisors also enforce our list of basic safety rules, which are administered with the assistance of the safety committee. We provide a general safety orientation for contractors and for visitors to the facility.

We use a number of methods to identify and correct hazards, including safety inspections, accident investigations, a hazard reporting system and safety work orders. While we prefer that employees report hazards directly to their supervisor, all employees are also encouraged to use the safety committee to report hazards, submit safety suggestions or help resolve any safety and health issues where an employee may feel uncomfortable informing a member of management. We use several methods to keep all employees abreast of safety activities. All of our workers, managers, supervisors and owners, as well as contractors and visitors, must act in a professional and safe manner. All persons must comply with the policies and principles outlined in the safety and health plan. Failure to adhere to principles and practices described in the safety plan and safety program will be strongly enforced.

President

I. PLANT SAFETY POLICY

A. POLICY

It is the policy of the management of CW Ohio, Inc., to provide all employees with a safe and healthful work environment, as free as possible of recognized hazards to safety and health. It is our intent to eliminate accidents in the workplace in order to alleviate employee suffering, lost employee wages, lost production and to reduce costs.

This policy includes the responsibility to supply adequate tools, equipment, training and controls to insure an effective safety program. Each individual must accept personal responsibility to work in the safest possible manner thereby minimizing the likelihood of injury to the individual or other employees.

B. COVERAGE

This policy applies to all employees and all other persons who perform work within CW Ohio, Inc.

II. GENERAL PLANT SAFETY RULES

In order to avoid any misunderstanding concerning CW Ohio, Inc. position on safety, the following general plant safety rules have been established.

These rules and regulations are not all inclusive of the safety conduct expected by each of us but are good guidelines. The Company may amend, add, or suspend at any time rules as required and individual departments may establish safety rules which are unique to their operation.

Any employee who violates a safety rule shall be subject to disciplinary action up to and including discharge, depending on the seriousness of the offense in the judgement of management.

1. Drinking intoxicating beverages or possessing intoxicating beverages on company property or reporting to work in an unfit condition is not allowed.
2. Bringing narcotics and/or drugs on company property, or work place, or consuming them on company property/workplace or reporting for duty under the influence is not allowed unless their use is prescribed by a medical doctor and prior notice has been given to management.
3. Falsely stating or making claims of injury is so serious that it is a violation of both the general plant safety rules and plant rules and regulations.
4. Each employee shall be attentive and alert, thereby exercising responsibility for his own safety as well as exercising care in avoiding injury to his fellow workmen and others.
5. An injured worker who has received an off work note from a treating doctor is required (If physically able) to hand-carry the doctor's note to the worker's supervisor and human resource staff the day the work note is received.
6. Smoking in any form is completely prohibited in and around all production facilities, storage facilities, break rooms, offices, miscellaneous buildings, company and personal vehicles, and anywhere on the grounds in the mill area. All smoking materials must be thoroughly extinguished and be properly disposed of in appropriate receptacles before entering through the gates into the production area.
7. Employees entering all production, maintenance, assembly and storage areas with long hair or beards, regardless of sex, must wear confining garments (hair net, cap, hair clip, etc.) or keep the hair or beard trimmed so it does not extend beyond top of shoulder or in any way become a safety hazard.
8. Work clothing does not include loose fitting or bulky clothes, or restrictive or dangling jewelry, bare midriffs including tank tops that have large arm holes, etc. is prohibited. Shirts are required. Shorts may be worn providing they extend below finger tips when standing up straight.
9. Tennis shoes and other closed-toe shoes are permitted. However, work boots or shoes with protective safeguards are highly recommended.

10. There will be no form of horseplay, throwing of objects, shooting staples, fighting or playing practical jokes on other employees. Running inside plant facilities except in case of an emergency, is prohibited.
11. There will be no throwing of food or papers in the lunch rooms or parking lots. All garbage will be placed in waste receptacles. Not left on tables or floor.
12. No equipment will be operated until safety guards are properly working and installed.
13. Removal of lockout tags and locks on any machinery is prohibited unless there is authorization given to remove them.
14. There will be no adjusting, modifying or removing of safety devices and/or guards from tools or equipment unless authorization is given.
15. All directional signs will be observed.
16. Drivers of forklifts will honk horns in congested areas, narrow aisles, rounding corners and entering and existing buildings. Speed will be based on congestion. Drivers are required to make daily inspections of their machines. Defects will be reported immediately to the supervisor or shop mechanic. Inspection reports are to be turned in weekly to the shop mechanic. All fuel driven equipment shall be shut down and attended to during refueling.
17. Poor housekeeping will not be allowed. Each employee shall keep their work area clean and organized. Aisles, walkways and working areas are to be clear of slipping and tripping hazards.
18. Know the location of fire extinguishers and how to use them. After use of an extinguisher, or with the seal broken, report such use immediately to your supervisor, so a replacement may be obtained or the extinguisher recharged.
19. Fire hoses are to be used for fire only.
20. Oxygen and acetylene tanks must be properly secured and stored. Valves must be turned off when not being used.
21. Welding rods are to be removed from the holder when not being used.
22. Drivers will park cars, motorcycles, etc. in designated areas, obey the posted plant speed limit (10 MPH), and obey traffic regulations.
23. A worker shall never place himself between mobile equipment and a stationary object. An operator shall not allow an employee to be between mobile equipment and stationary objects. An employee will not walk or stand under a suspended load.
24. Overloading forklifts, trailers, lifting devices and any machinery or equipment beyond its

capacity is prohibited.

25. When activating equipment or machinery, employees shall be sure no one is in a position to be injured, and that all safety guards are in proper position.
26. An employee shall always use warning devices as required and shall never ride on any plant vehicle unless it is properly equipped for riding, and authorization has been given by supervision.
27. All injuries, accidents, property damage, unsafe acts, hazards, and unsafe conditions must be reported immediately to your supervisor. This includes “near-miss” incidents unless physical unable to do so, an injured employee must complete an accident report form.
28. All above ground work platforms will be equipped with standard guardrails or equivalent means (i.e. cages) and firmly secured to the lifting carriage.
29. Access to fire extinguishers, fire alarms, safety aisles, and exit doors, must be kept clear of obstacles. Employees should know the location of fire and safety exits and evacuation procedures.
30. Designated personal protective equipment (i.e. safety glasses, hearing protection) is to be properly worn in all production, maintenance, assembly and storage areas. In addition, situations requiring additional protective equipment (gloves, leather aprons, respirators, face shields, or masks) must be worn.
31. Engaging in any conduct which tends to create a safety hazard is prohibited.
32. All material shall be stored or racked in a safe manner. (Examples: proper sized pallets and/or units in good repair placed safely).
33. An employee shall never operate, repair, or adjust any machine or equipment unless they have been properly instructed and authorized to do so.
34. All tools and equipment, whether Company property or personally owned, must be maintained in a safe condition. Unsafe tools or equipment must be repaired or replaced immediately. Inspect all equipment and tools prior to using them for the first time that shift, using written checklist where appropriate. This includes forklifts and other mobile equipment.
35. Machine operators must keep hands safely away from moving equipment.
36. An employee should use safe work habits as the job is performed. If unsure of a safe way, supervision should be asked before beginning operations.
37. Follow proper lifting techniques at all times.
38. Use air hoses only for the use intended. Do not blow air at yourself or anyone else.

39. No spitting on the floors, into corners, drinking fountains, sinks or out-of-the-way places, this is unlawful, unhealthy, unsanitary and dangerous.

I certify that I have read the above responsibilities and understand that if I violate these responsibilities, I will be subject to disciplinary action.

Employee's Signature

Date

- Copy placed in file
- Copy given to employee

SAFETY COMMITTEES

A. POLICY

A safety committee and/or meetings have been established by the Company. The intent of the Company is to work with this committee and in these meetings to correct unsafe conditions and eliminate unsafe acts before they lead to an injury. Committee and individual employee suggestions will be reviewed and implemented if they are deemed to be effective solutions to the problems, and within the Company's financial constraints.

B. Plant Safety Committee

1. The Plant Safety Committee will consist of hourly representatives from each department.
2. This committee will meet once per month to review past and present safety recommendations from the department representatives. Each department will have a Safety Committee person who will encourage employees to report safety violations and unsafe conditions which will be written down and reported on at the meeting. These reports will also be posted on the bulletin board in the lunch room.
3. Problems discussed will be resolved prior to the next scheduled meeting, unless there is an unreasonable request or the alleged hazard is deemed not to be a hazard by the Safety Committee. Minutes will be kept of these meetings.

Accident and Incident Reporting and Investigation

Purpose:

The purpose of this program is to define and document the process used for reporting and analyzing accidents and incidents at CW Ohio.

This program defines the responsibilities of all company management and supervisors in analyzing the causes of accidents and/or incidents and implementing appropriate corrective actions to prevent similar situations from recurring.

Definitions:

Accident: Any event, action, or condition that results in personal injury or illness, spill, equipment failure, or property damage.

Near-miss Incident or Incident: Any event, action, or condition that could reasonably have resulted in an accident.

Investigation: The process of determining the sequence of events leading to the accident or incident, and identifying the root and contributing causes.

Analysis: The process of identifying and implementing corrective actions necessary to minimize the probability of recurrence of the accident or incident.

Hazard: Any event, action, or condition that presents a potential for an accident to occur.

Hazard Control: Any method used to reduce or eliminate a hazard, such as:

- Engineering controls
- Administrative controls
- Personal Protective Equipment (PPE)
- Housekeeping
- Safe Work Practices
- Training

OSHA 300 Log: Log and summary of Occupational Injuries and Illnesses, on which fatalities, regardless of the time between the injury and death, or the length of the illness; or lost workday cases, nonfatal cases without lost workdays which result in transfer to another job or require medical treatment; or involve loss of consciousness, restriction of work or motion. Also used to summarize the log at the end of the year to satisfy employer posting requirements.

Responsibilities:

The Program Administrator is the Human Resource Manager, and is responsible for:

- Administering the program and issuing written material that supports it;
- Maintaining OSHA record keeping on the OSHA 300 Log and Summary of Occupational Injuries and Illnesses;
- Reporting all serious accidents that result in fatalities or hospitalization of three (3) or more employees to the local OSHA area office within eight (8) hours of occurrence;
- Analyzing accident records to identify program deficiencies;
- Posting the Summary of the OSHA 300 Log annually;
- Coordinating all activities related to workers compensation, Managed Care Organization (MCO) and the Third Party Administrator (TPA).

The Human Resource Manager is responsible for:

- case management in conjunction with the MCO and accident investigation;
- Work with the EPA/OSHA Consultant in Analyzing accident record to identify program deficiencies.

The Safety Director is responsible for:

- Coordinating all activities related to hazard control, along with OSHA, state and local regulatory compliance;
- Scheduling managers, supervisors and appropriate safety committee members for training;
- Maintaining training record keeping

Managers and Supervisors are responsible for:

- Conducting accident and incident investigation and analysis within their department and providing appropriate corrective actions;
- Initiating accident and incident investigation and analysis immediately upon notification (Attachments A through C contain necessary forms for reporting and investigating; Attachment D includes instructions for completing the investigation);
- Completing accident and incident investigation and analysis with twenty-four (24) hours after discovery and/or reporting.

Safety Committee is responsible for:

- Reviewing accident/incident investigation and analysis and make recommendations for revisions/corrections.
- Reviewing the accident/incident frequency rates and make recommendations for safety topics for the coming month.

All employees are responsible for:

- Reporting any and all accidents and incidents to their manager and/or supervisor immediately.
- Aiding in the investigation and analysis of the accident or incident as requested and provide input as necessary to help minimize the possibility of a recurrence.

Program Details

General:

- All employees will report all accidents and incidents immediately to their respective supervisor and/or manager (see Attachment A).
- All accidents and incidents that result in employee injuries, property damage, or the probability thereof will be investigated and analyzed (see Attachments B and C, as necessary).
- A company analysis/supervisor report will be completed within twenty-four (24) hours of an accident or incident.
- The investigation and analysis will be completed according to the procedure outlined below, and further explained in Attachment D, using the forms in Attachments B and C.
- Department management will initiate corrective action according to the corrective action plan on the company accident/incident report. Corrective actions that cannot be initiated immediately will be documented in the report with an indication of what will be done, when and by whom. A copy of the corrective action report (with completed work orders, if applicable) will be forwarded to the Safety Program Administrator within five (5) days of the accident/incident.
- Any accident that results in sending an employee to outside medical treatment will be reported to company management and the Safety Program Administrator immediately.

Accident/Incident Reporting:

- Alert the area supervisor and/or Emergency Response Personnel as necessary to ensure adequate and effective response to the accident/incident.
- Secure the scene of the accident/incident to prevent items from being moved or removed before the investigation is complete (unless necessary for emergency response).
- Complete Attachment A with the area supervisor as soon as practicable after the incident. The supervisor will forward a copy of Attachment A to the Program Administrator and keep the original to complete the remainder of the investigation and analysis (Attachments B and C).

- The supervisor will take witness statements (see Attachment C), diagram the scene of the accident/incident, take photographs of the scene as necessary, and otherwise document the chain of events that led to the accident/incident (see Attachment B).
- All employees are required to fully cooperate with the investigation supervisor and provide any support requested.
- Once all pertinent facts regarding the accident/incident have been collected, the supervisor, with support from management and area employees as the supervisor deems necessary, will complete an analysis of the facts to determine likely root and contributing causes and develop a corrective action plan.
- Area Manager in which the accident/incident occurred will review the corrective action plan, make any suggestions for improvement, and when satisfied that it is accurate and complete, forward the report to the Program Administrator, retaining a copy of the corrective action plan.
- The Program Administrator will review the report, making any suggestions for improvement and/or correction.
- The Area Manager will ensure that the corrective action plan is completed in a timely fashion.
- Once the corrective actions are complete, the Area Manager will forward the completed corrective action plan to the Program Manager along with any related backup documentation.
- The Program Manager will ensure that all documentation related to the accident/incident is filed appropriately.

Training

- All supervisors and managers will be trained and knowledgeable in accident/incident investigation and analysis and the safety and health hazards to which employees under their immediate direction and control may be exposed.
- All employees will be trained to recognize near-miss incidents and to report all incidents and accidents immediately in order to establish a program of continuous improvement in the overall safety program.
- Records shall be maintained of all training conducted in relation to this program.

Record Keeping

- All accident reports generated shall be kept a minimum of six (6) years.
- All OSHA Logs (200 & 300) shall be retained a minimum of six (6) years.
- It is recommended that records be kept indefinitely to maintain the information necessary to provide an adequate history of conditions that have been responsible for accidents and what corrective actions have been taken.
- The summary of the company OSHA 300 Log will be posted on the employee bulletin board annually as specified.
- All records shall be kept documenting training for each employee, including employee name or other identifier, training date(s), type(s) of training, and training provider(s).

Attachments

Attachment A	Accident/Incident Report Form
Attachment B	Accident/Incident Investigation and Analysis Form
Attachment C	Accident/Incident Witness Statement
Attachment D	Accident/Incident Investigation and Analysis Guidelines

Attachment A:
Accident/Incident Report Form

Emp # _____

Name of primary Employee involved: _____

Home Address: _____

Phone: _____ SS#: _____ Birth date: _____

Occupation: _____ Dept: _____ How long in position: _____

Date of Accident/Incident: _____ Day: _____ Time: _____ AM/PM

Exact location of accident/incident: _____

Description of accident/incident (Describe the sequence of events in as much detail as possible):

Exact part of body injured (use diagram on back of this form): _____

Describe the type of injury: _____

What equipment and/or materials were you using? _____

Were you properly trained in this position? Yes / No If 'No', why? _____

If applicable, how large, heavy, awkward was the item being handled? What Material was it made of? How was the item involved in the injury?

How could this injury have been prevented? _____

Was first aid given? Yes / No Was ER/physical treatment necessary? Yes / No

Name of Physician: _____

Witness Names: _____

Employee Signature: _____ Date: _____

Medical Information Release

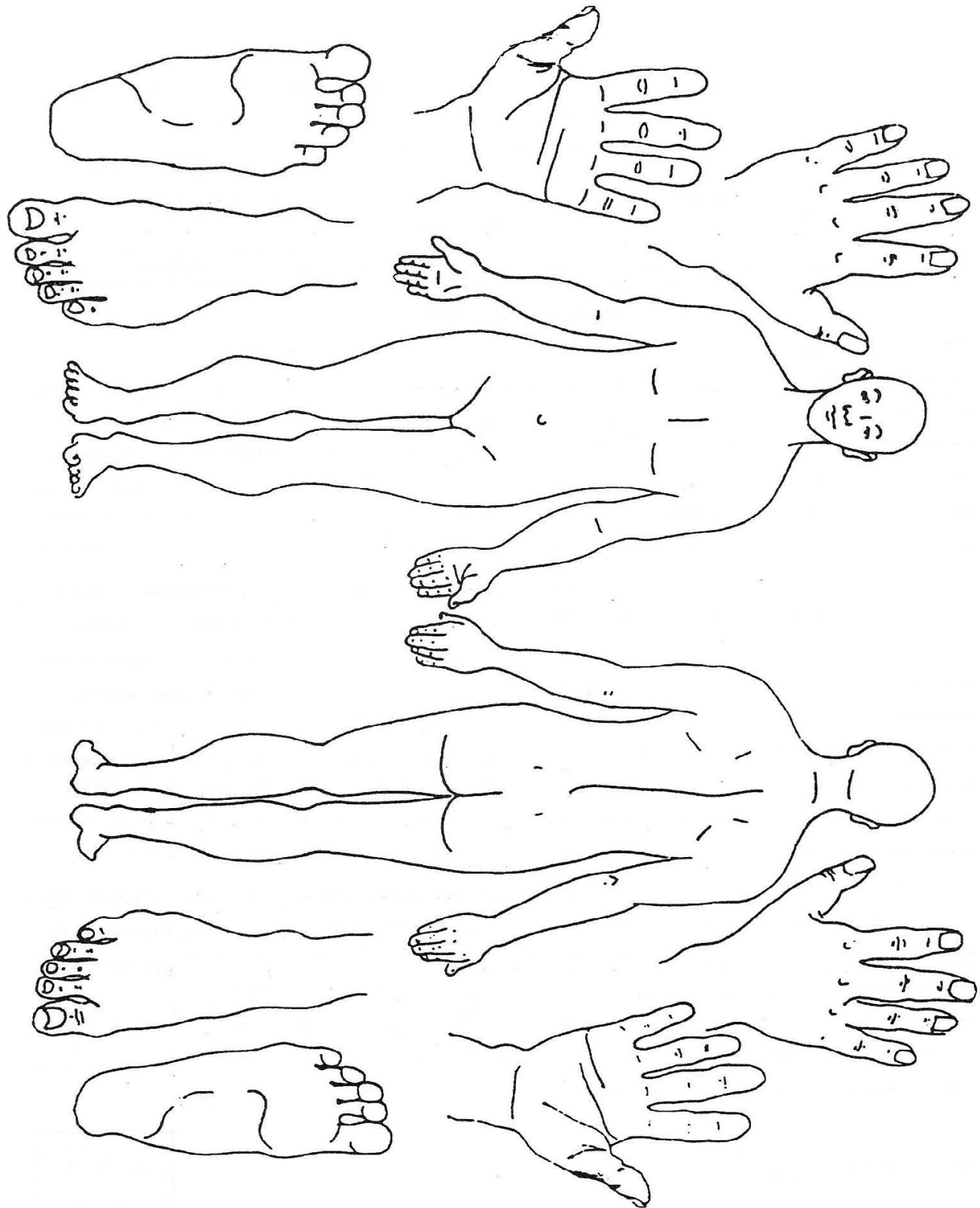
I hereby consent and grant permission for my employer, CW Ohio, Inc. or any representative of my employer, to examine all hospital records and records of any medical provider and to contact all employers and former employers regarding any and all matters relating to examination, diagnosis, care and treatment of myself, earning or loss of earnings.

I further content and grant permission for the employer's representative to examine any and all claims and related documents I may have on file with the Bureau of Workers' Compensation and/or Industrial Commission of Ohio.

Name (print): _____ Date: _____

Signature: _____ SS#: _____

Witness: _____



EMPLOYEE SHOULD DRAW CIRCLE AROUND INJURED PART OF BODY

Accident/Incident Investigation and Analysis Form

Employee Information (for primary employee involved in accident/incident, should reference back to Accident/Incident Report):

Date of Incident: _____ Ref # (if applicable): _____

Employee Name/ Number: _____

CW Status: Full Time Part Time Temporary Contractor Visitor

Length of Employment: <1 mo. 1-6 mo. 6mo.-1yr. 1-5 yrs. >5 yrs.

INVESTIGATION (to be completed by the investigating supervisor)

Were there witnesses to the accident/incident? Yes No (circle one)

If 'yes', have each witness complete a Witness Statement (Attachment C).

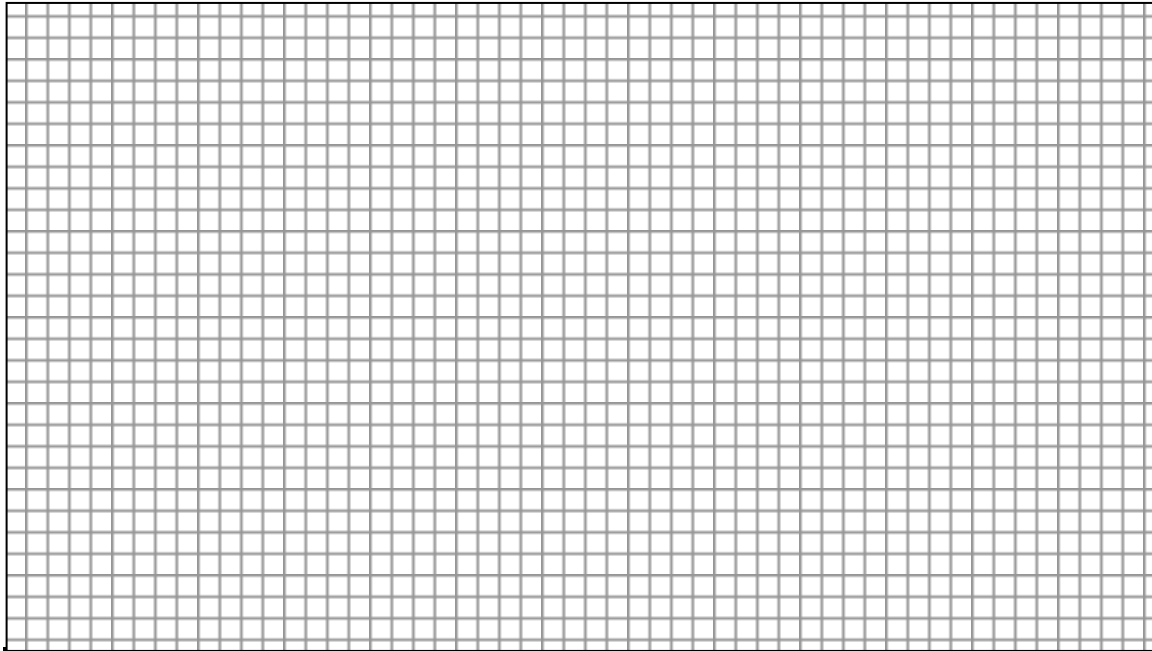
Supervisor's observations (note anything that you think may pertain to the accident/incident in question; attach additional pages if necessary):

Supervisor Name: _____

Supervisor Signature: _____ Date: _____

Scene of Accident/Incident:

Diagram the specific location factors that may have contributed to the accident/incident (draw roughly to scale):



ANALYSIS (to be completed by the investigating supervisor and other personnel as necessary. Additional knowledgeable personnel should be involved in the analysis of an accident, at the discretion of the supervisor and the area manager. A near miss incident may be analyzed by the supervisor alone, if deemed adequate)

Sequence of Events:

Accident/Incident Event: _____

Preceding Event #1: _____

Preceding Event #2: _____

Preceding Event #3: _____

Preceding Event #4: _____

NOTES: _____

Attach additional pages as necessary

Identification of Causes/Hazards and Corrective Action Plan:

There may be none, one, or more causal factor(s) under a category. See Guidelines for sample questions to ask for each category. It is important to identify and correct all factors that may have contributed to an accident/incident.

Causal Factor	Recommended Corrective Action	Person Assigned/ Target Finish Date	Complete (date/initial)
Task			
Material			
Environment			
Personnel			
Management			
Other			

Attach additional pages as necessary

Attachment C:

Accident/Incident Witness Statement

Accident/Incident Identification: _____

Date of Accident/Incident: _____

Describe what you saw for the accident/incident identified above:

Witness Name (print): _____ Date: _____

Witness Signature: _____

Notification of Next of Kin

In cases which require hospital confinement or lack of limb motion or control, the Supervisor or Human Resource will notify next of kin.

In case of a fatality, *President of Company* will personally notify next of kin. If this is not possible, he will designate an individual to make the proper notification.

BLOODBORNE PATHOGENS

Proper precautions, in accordance with Bloodborne Pathogens exposure control plan, will be used to clean up the scene of the accident