

Confined Space Entry Program(CSEP)(29 CFR 1910.146)

January 4

2020

Program Statement

A & L
Cesspool
Service
Corp.

A & L Confined Space Entry Program (CSEP)

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A & L Confined Space Entry Program (CSEP)

Policy Statement

It shall be the policy of the company to attempt to provide a safe environment for our workers and the community to which we all belong.

Confined Space Entry Program (CESP)¹

The company CSEP is designed to address the company policy by:

- 1) Creating a program that conforms to regulatory standards;
- 2) Educating all personnel about the program;
- 3) Enforcing the program and compliance standards.

Vision

An accident and incident free environment.

Mission

Make safety a habit.

Objectives

- 1) Deploy a training program;
- 2) Monitor, record and report program compliance;
- 3) Evaluate performance;
- 4) Correct any deficiencies.

Dominick Forte
Principal

Date

¹ This document is the newest revision of the Company's Confined Space Entry Program.

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Program Statement

Program Overview

OSHA oversees Confined Space Entry under 29 CFR 1910.146, which requires companies to incorporate the following:

- 1) Create a Confined Space Entry Program (CSEP);
- 2) Determine affected job sites;
- 3) Determine affected employees;
- 4) Train and Certify affected employees;
- 5) Obtain and deploy related safety equipment;
- 6) Employ proper permits and entry controls;
- 7) Monitor and evaluate program compliance;
- 8) Maintain appropriate records.

Program Scope

All affected personnel working in confined spaces who are engaged in certain processes and tasks must be enrolled in the Company's CSEP.

Non-trained and non-enrolled personnel "may not" volunteer to enter confined spaces. No supervisor may incentivize or reward non-enrolled personnel to enter a confined space. No supervisor may discipline non-enrolled personnel for refusing to enter a confined space.

Personnel participating in the CSEP do so at no cost to themselves. The expense associated with training, medical evaluations and CSEP equipment will be borne by the Company. NOTE: EXCEPTION: Those enrollees who are afforded free company sponsored training and who are subsequently removed from training for misbehavior, non-attendance, misconduct, non-compliance, interfering with the training of others or other similar reasons, will be required to obtain program certification training at their own cost.

Program Application

The company has determined that personnel are exposed to CSE hazards when:

- 1) Performing Sewer Ejector Pit / Tank Cleaning;
- 2) Entering spaces which OSHA identifies as confined or, spaces that may cause an entrant to experience symptoms of confined space exposure.

These hazards include:

- 1) Entering a confined space;
- 2) Working in a confined space;
- 3) Physically working in, or exposed to, human waste or bloodborne pathogen filled pits, tanks or other similarly situated environments.

Possibly, in some cases, these situations may represent an Immediately Dangerous to Life or Health (IDLH) condition. The purpose of this program is to ensure that all personnel are protected from exposure to the hazards associated with these situations.

Not entering tanks, using pumping equipment, or using outside contractors is the first line of defense. However, these measures are not always feasible. In these situations, appropriate safeguards and CSEP procedures must be used.

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Program Implementation

Program Management

In order to evaluate the effectiveness and to monitor the implementation of this safety program, a Program Committee shall be established.

The committee shall be appointed by the safety committee president and shall be comprised of the following:

Program Manager (PM): A principal of the company;
Program Supervisor (PS): A principal of the company;
Program Coordinator (PC): The company safety coordinator.

Program Management Responsibilities

Program Manager

- 1) Understand applicable municipal regulations pertaining to the assigned program;
- 2) Designate program priorities using regulatory standards and job related safety concerns;
- 3) Evaluate the program statement for its compliance with regulatory standards and its applicability to job related safety concerns;
- 4) Monitor compliance with the program, enforce the program standards, sanction those not in compliance and evaluate program effectiveness;
- 5) Assign the PS;
- 6) Ensure the appropriate resources are available to implement the program effectively;
- 7) Identify work areas, processes or tasks that present potential hazards;
- 8) Properly certify hazard areas for entry level (Full or Alternate), access, and work;
- 9) Select and monitor CSEP equipment use to ensure proper deployment, maintenance, cleanliness, warranties;
- 10) Ensure affected employees are available for CSEP training;
- 11) Monitor CSEP certifications;
- 12) Ensure proper CSEP PPE storage procedures;
- 13) Administer and coordinate any medical surveillance responsibilities of the CSEP.
- 14) Ensure the PC has the appropriate resources to coordinate the program;
- 15) Participate in training;
- 16) Review contractor credentials and ensure contractor compliance with program standards;
- 17) Audit program record keeping;
- 18) Direct the PS to assist as necessary.

Program Supervisor

Assist the PM with all outlined responsibilities.

Program Coordinator

- 1) Understand applicable municipal regulations pertaining to the assigned program;
- 2) Draft and publish the program statement;
- 3) Coordinate employee training;
- 4) Monitor compliance with the program, enforce the program standards, report non-compliance and evaluate program effectiveness;
- 5) Keep program records and arrange for compliance reporting to regulators.

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Program Compliance

Compliance Statement

Compliance with this program is a requirement for employment.

Affected Employees

Pit and Tank personnel;
Any other employee assigned to enter a confined space.

Compliance Responsibilities

Supervisors

- 1) Know municipal regulation and be thoroughly familiar with program policy;
- 2) Contribute suggestions to the program;
- 3) Train subordinate employees on the standards;
- 4) Lead-by-example;
- 5) Ensure all permit documentation is employed, is accurate and is submitted for record keeping;
- 6) Report immediately, accurately and truthfully all program non-compliance;
- 7) Cooperate fully and truthfully in all safety investigations;
- 8) Enforce, without discrimination, all program policies and compliance.

Affected Personnel

- 1) Know municipal regulation and be thoroughly familiar with program policy;
- 2) Contribute suggestions to the program;
- 3) Report immediately, accurately and truthfully all program non-compliance;
- 4) Cooperate fully and truthfully in all safety investigations.

Contractors

- 1) Become aware of municipal regulation and be thoroughly familiar with program policy;
- 2) Submit Scope Of Work documentation;
- 3) Submit credentials for examination;
- 4) Report immediately, accurately and truthfully all program non-compliance;
- 5) Cooperate fully and truthfully in all safety investigations.

IDLH Procedures

OSHA regulation regarding permit-required confined spaces defines an Immediate Danger to Life or Health (IDLH) condition as:

"Any condition, that poses an immediate or delayed threat to life or (... any condition) that would cause irreversible adverse health effects or (... any condition) that would interfere with an individual's ability to escape unaided from a permit space"

At no time shall any personnel be exposed to any IDLH hazard without the proper supervision, training, certification, evaluation, and equipment.

Site Selection and Control Processes

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Confined Space Definition

OSHA defines a confined space as that which:

- 1) has a limited or restricted means of entry or exit;
- 2) is not designed for continuous occupancy by the employee;
- 3) may have other hazards associated with the space such as structural anomalies, drowning, toxic or flammable or oxygen depleted air.

These spaces may include underground vaults, tanks, storage bins, pits and diked areas, vessels, silos and other similar areas.

By definition, a permit-required confined space has one or more of these characteristics:

- 1) Contains or has the potential to contain a hazardous atmosphere;
- 2) Contains a material with the potential to engulf someone who enters the space;
- 3) Has an internal configuration that might cause an entrant to be trapped or asphyxiated by inwardly converging walls or by a floor that slopes downward and tapers to a smaller cross section;
- 4) Contains any other recognized serious safety or health hazards

The PM or PS will select specific PPE to be used on-site based on the hazards to which workers are exposed and in accordance with all OSHA standards. The PM or PS will conduct a hazard evaluation for each operation, process or work area for routine operations or emergencies.

The hazard evaluation shall include:

- 1) An identification and development of a list of hazards that may be encountered on- site;
- 2) A review of work processes to determine where potential exposures to these hazards may occur. The review shall be conducted by sample surveying ejector pit / tank sites, reviewing process records, and interviewing personnel and supervisors;
- 3) Where possible, third-party contractors should be used and any special CSEP training needed will be contracted- out. 2

Hazard Assessment

TABLE 1. CONFINED SPACE HAZARD ASSESSMENT

AREA	HAZARD	MAXIMUM ALLOWABLE EXPOSURE	NOTES AND CONTROLS
Cesspools	Toxic gas exposure Structural collapse Drowning	None	<p>Do not, under any circumstance, enter the inside of any cesspool.</p> <p>Take extreme care and caution when standing next to a cesspool as the edges of the cesspool could collapse or slant in such a way as to have a person fall into the cesspool. Always tie-off with a safety rope to a fixed object (not another employee).</p> <p>If you fall into a cesspool, do not panic. Float keeping your nose and mouth above the</p>

² Entrant and Attendant level training is conducted at the supervisory level. Supervisor training is conducted by third party CSEP Trainer personnel. The company contracts Safety First Consultants of Staten Island to conduct all annual supervisory level training and refresher training.

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			liquid level, breath through your mouth and call out for help.
Sewer Ejector Pits and Tanks	Pre-Entry Permits Entry falls	Limited	<p>Prior to entry, space must have valid permit issued by certified supervisor.</p> <p>Air suitability must be tested with a company issued, working, fully charged, calibrated hazard gas meter.</p> <p>Fully executed Permit must be issued.</p> <p>Equipment must be inspected, and emergency plans must be discussed and understood.</p> <p>Minimum of 1 additional person (other than the entrant) (Certified Entry Supervisor) must be present and supervising the entry before the entrant enters the space.</p> <p>Slipping or falling into a pit or tank is a possibility. Ensure you are properly tied-off or secured before attempting entry.</p>
Air Quality	Oxygen depletion	None	<p>Prior to and while entered in the space, entrants must be aware of depleted oxygen levels. At all times, air must be tested with a working calibrated hazard gas meter issued by the company.</p> <p>It is permissible to have suitable air “pumped-in” to achieve suitable oxygen levels. Pumping-in air requires a minimum of 3 personnel (the entrant, the entry supervisor and the pump person).</p> <p>Immediate evacuation is required if, at any time, the air quality becomes unsuitable.</p>
	Flammable gas Toxic vapor(s) Drop lights	None	<p>Prior to and while entered in the space, entrants must be aware of depleted oxygen levels. At all times, air must be tested with a working calibrated hazard gas meter issued by the company.</p> <p>IT IS NOT PERMISSIBLE TO USE SUITABLE AIR AS A REPLACEMENT MECHANISM FOR TOXIC OR FLAMMABLE AIR.</p> <p>The only permissible technique for removing toxic or flammable air is the “water-fill” method. Fill the tank with water thereby displacing the hazardous air, drain water, then re-test for suitability.</p> <p>Using a heat source such as a lighter or candle to illuminate a confined space is NOT PERMISSIBLE. There is a very real possibility</p>

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			<p>of combustion or ignition of flame inside the space making it impossible to escape without injury. Explosion proof drop-lights and headlamps are the only approved illumination devices permitted “inside” a space.</p>
	Asphyxiation	None	<p>Human waste and other gasses or vapors may cause nausea which may lead to vomiting. While inside a confined space, an entrant may be in a contorted or upside position preventing vomit from exiting the mouth normally. The vomit may become stuck in the throat or the mouth and thereby causing asphyxiation or smothering.</p> <p>Other dangers are contorted body positions, ropes, chords and clothing which may cause an inability to breath which may result in asphyxiation.</p> <p>The entrant and entrant supervisor must remain in constant (not intermittent) verbal communication. If the entrant is uncomfortable, dizzy, incoherent or silent, immediate evacuation is required and re-entry procedures are required prior-to the entrant re-entering the space. If the entrant was removed from a space for any medical reason, that entrant must be medically evaluated and approved to work by a physician “BEFORE” re-entering a space.</p>
	Cardio-pulmonary	None	<p>When “FULL” entry procedures are required, then; 1) a Medical Alert Team must be available to treat immediately; 2) an Extraction/Rescue Team must be available to intervene immediately; 3) the Duty Attendant or Entry Supervisor must be certified in CPR and capable of treating an entrant.</p>
	Drowning	Maximum height of liquid inside the space is the waistline of the entrant.	<p>There is always a danger of drowning regardless of the amount of liquid or material present.</p> <p>First, the only clothing an entrant is permitted to wear is rip-away/tear-away/small-snap.</p> <p>Second, all possibility of “incoming” water into the tank or pit must be turned off and the source of the incoming water or liquid must be “blocked and locked out.”</p> <p>If, for any reason, there is no other alternative, and the entrant is required to be in the space with incoming liquid, regardless of fill speed: 1) The entrant must remain in the vertical standing position (NOT PRONE</p>

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			<p>OR HORIZONTAL) and 2) the liquid level may not go above the waistline of the entrant.</p> <p>NOTE: IF THE ENTRANT IS REQUIRED TO BE IN THE SPACE WITH INCOMING LIQUID, THEN THE ENTRANT SUPERVISOR MUST MAINTAIN VISUAL CONTACT WITH THE ENTRANT AT ALL TIMES.</p>
Blood-borne Pathogens	Contaminated Liquids, Needles and other Hazards	Limited	<p>Entrants must be aware that all liquids in ejector tanks and pits contain large amounts of body waste and fluids.</p> <p>Entrants should assume these liquids and fluids may be contaminated with infectious pathogens. Entrants must wear shoes and boots, waders and white-suits, needle-resistant gloves and surgical liners or rubber gloves over the needle resistant gloves, eye protection or face-shield, and dust mask.</p> <p>If entrant is pricked or cut by any object, or inadvertently swallows any amount of tank liquid while inside the tank, then immediate extraction is required, clean, wash and sanitize the area, and get the entrant medical assistance immediately.</p> <p>Entrants should be aware that folks flush many dangerous objects down a toilet line which eventually deposits inside an ejector tank. Pet owners may purposefully flush animals down a toilet or the animal may escape confinement and seek escape down a toilet line.</p> <p>If any animal is encountered inside a tank or pit, do not engage the animal, call for immediate extraction and clear the space before re-entry.</p> <p>There may also be things (items) of value found inside a pit or tank. Objects like rings, necklaces, watches, phones, silverware, etc. DO NOT KEEP THESE OBJECTS AS THEY ARE CONTAMINATED. DISPOSE OF THEM ACCORDINGLY.</p> <p>SEE BLOOD-BORNE PATHOGEN ADDENDUM B. FOR MORE DETAILS.</p>
Lock-out/Tag-out	Electrical Mechanical	Limited	<p>All spaces must be checked for electrical and mechanical hazards. ALL POTENTIAL HAZARDS MUST BE RENDERED HARMLESS USING LOTO PROCEDURES.</p> <p>Ejector tanks have impellers that push or pull liquid into or out of the tank. Sometimes,</p>

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			<p>those impellers get jammed and need to be cleaned and freed from obstruction.</p> <p>DO NOT STICK YOUR HANDS INTO OR NEAR ANY IMPELLER THAT: 1) IS MISSING SCREEN GUARDS: AND 2) HAS NOT BEEN PROPERLY LOCKED-OUT AND TAGGED-OUT AS PER THE LOTO PROGRAM.</p>
Escape-ability	Full entry Modified entry	Limited	<p>When conducting a "full" entry, entrant's ability to escape un-aided (while preferred) is not necessary when all support devices, equipment and personnel are present and standing by.</p> <p>Modified entries require that the entrant be capable of escaping without assistance.</p>

Updating Hazard Assessment

The PM must revise and update the hazardous assessment as needed. Should personnel feel that any or additional assessment is needed, they are to contact a supervisor, or any program committee member. The PM or PS will evaluate potential hazards and arrange for additional assistance if necessary. The PM or PS will then communicate the result of that assessment back to the affected personnel.

Air Quality and Respirator Use

It is the policy of the Company that the quality of the air be tested and maintained according to the entry permit. With the exception of a dust particle filter mask (mask which does not require a fitness or seal test), no employee may engage in any CSEP activities with a respirator or mask unless enrolled in the company Respirator Protection Program (RPP). This restriction includes all negative and positive pressure masks or respirators.

Confined Space Entry Procedures

First, determine if the space can be entered using alternate (modified) entry procedures (**See Addendum A. Confined Space Entry Permit.**) Those procedures are listed on the standard A&L Cesspool Confined Space Entry Permit. If not, then full entry procedures are required.

It is the policy of the Company that CSEP procedures be followed according to the procedures outlined in OSHA Publication 3138-01R Permit Required Confined Spaces.

At no time shall any personnel enter a confined space without an Entry Supervisor having approved entry and having properly permitted the space.

The responsibilities of each Confined Space Entry Participant are as follows:

Entry Duty Supervisor

- 1) Verify existence of acceptable entry conditions;
- 2) Determine if alternate entry procedures can be used;
- 3) Remove unauthorized persons from the area;
- 4) Verify the accessibility of rescue and emergency services;
- 5) Check all entry equipment for serviceability;
- 6) Follow steps on Confined Space Entry Permit;
- 7) Authorize entry by signature on the entry permit;
- 8) Continue to monitor entry conditions during operations;

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- 9) If changing Duty Supervisors, then fully brief incoming Supervisor before relinquishing control;
- 10) Terminate entry operations when necessary.

Duty Attendant (May be the Entry Supervisor in alternate entry procedures)

Duty Attendant

- 1) Review the entry permit and self-determine if additional hazards exist;
- 2) Check all entry equipment for serviceability;
- 3) Identify any abnormal behavior of entrants;
- 4) Continuously maintain account of all authorized entrants;
- 5) Continuously remain outside permit space and remain undistracted until properly relieved and replaced;
- 6) Continuously communicate with entrant(s);
- 7) Secure perimeter space outside the entrance;
- 8) If necessary, conduct emergency notification and coordinate rescue.

Authorized Entrant

- 1) Ensure all equipment used for CSEP operations is accounted-for and in serviceable condition;
- 2) Know the hazards found on the permit and self-determine if any other might exist;
- 3) Confirm all signals for danger, emergency and evacuation;
- 4) Test your own escape-ability;
- 5) Always communicate with attendant;
- 6) If with other entrants, ensure proper communication and buddy-system procedures.

Emergency Procedures

It is the policy of the Company that all CSE situations have available the capacity to conduct "Non-Entry" rescue.

It is the policy of the Company that, in the event of emergency, CSE operations shall incorporate the use off-site rescue personnel.

Actions:

- 1) The attendant shall, at all times, remain aware of the comfort of the entrant in the confined space. The attendant "should not" assume that the entrant is capable of signaling for assistance. The attendant shall remain "active" rather than "passive" in communication. In other words, the attendant shall periodically communicate with the entrant as opposed to waiting for the entrant to communicate with him;
- 2) Regardless of the method that the attendant becomes aware of a potential hazard or emergency that has not previously been planned for, the attendant shall immediately extract the entrant using non-entry techniques;
- 3) If necessary, the duty supervisor shall immediately contact off-site emergency medical personnel to assist;
- 4) After medical personnel are contacted, the attendant and supervisor shall assess if the entrant can be extracted with "on-site" "non-entry" techniques successfully. If so, then they shall extract the entrant and provide immediate first-aid measures until emergency medical personnel arrive. If the situation dictates, then immediately contact the "fire" and "police" departments for assistance;
- 5) Secure the area preventing any other person from exposure to the hazard;
- 6) Assist off-site emergency personnel with the rescue attempt;
- 7) Record and report all information.

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Equipment

Lock-out / Tag-out (LOTO)

Personnel that are exposed to machinery or such tools that require other-than-normal maintenance procedures require LOTO training.

Information pertaining to the Company's Lock-Out Tag-Out Program is found in the "Lock-Out Tag-Out (LOTO) Program" located on the safety hub or with the Safety Coordinator.

Equipment Selection

Based on the assessment of the Hazard Level, the nature of the tasks to be performed and the protection of the personnel exposed to these conditions, A & L shall provide the following minimum equipment and PPE:

- 1) Entry Permit;
- 2) Confined Space Entry Checklist;
- 3) Air Sensor;
- 4) Body Harness, D-ring and lowering rope or cable;
- 5) Metallic mechanical Tri-pod lowering device;
- 6) Drop-light;
- 7) Signage and site barricade;
- 8) Fresh air blowing device;
- 9) Alternative pumping device if not part of entry site;
- 10) Carry Bag containing the following PPE: Hard Hat, Safety Glasses (or Face shield), Reflective Vest, Rubber Gloves, Needle Resistant Gloves, Break-away Waders, Illumination, Rubber Boots, Rain Gear, White Suit, and ear protection.

Equipment Inspection

Prior to using any CSE equipment, it is required that all entry personnel perform the following minimum inspection:

- 1) Presence of all equipment;
- 2) Serviceability of all equipment;
- 3) Stress testing of any extraction equipment "BEFORE" use;
- 4) Calibration certification of all atmospheric equipment prior to use.

Equipment Cleaning

Immediately, upon return to the Company and "BEFORE" storing the vehicle, all equipment is required to be inspected and cleaned. Personnel shall consult the manufacturer's maintenance guides for proper maintenance guidelines.

Equipment Parts

All equipment "MUST" be maintained in good working condition. It is the responsibility of the Entrant to maintain his / her equipment in serviceable condition.

Any equipment found to be defective or unserviceable shall "immediately" be reported to a supervisor and the PM.

Equipment Storage

No equipment shall be stored in an unclean or unserviceable state.

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No equipment shall be stored in such a condition, state, or place that may degrade the integrity of the equipment or its fully functional capability.

Other than a safety committee member, no CSE equipment shall be issued by any person not enrolled in the CSEP.

Training and Certification

The PC will arrange the CSEP training for personnel. Training or re-training shall be conducted when hazardous conditions or work assignments change or NLT annually.

Personnel will be trained prior to CSE deployment and supervisors will be trained prior to supervisory assignment.

Training shall cover the following material:

- 1) A & L CSEP;
- 2) OSHA CSEP Standard;
- 3) CSEP hazards and their locations;
- 4) Proper selection and use of CSEP equipment.

Certifications are as follows:

Entrants

Entrants without the OSHA 10 Hr. Construction Course certification may only participate in Entrant training activities for full or alternate entry.

Unless training is being conducted, prior to entering into any confined space, entrants must first obtain the following certifications:

- 1) The A & L CSEP Entrant briefing;
- 2) 10 Hr. Construction OSHA Certified Course;
- 3) Training by an A & L Certified Entry Supervisor.

Duty Attendants and Entry Supervisors

Prior to conducting CSEP Duty Attendant or Entry Supervisor activities personnel must first obtain the following certifications:

- 1) The A & L CSEP and CSEP Supervisor briefing;
- 2) 10 Hr. and 30 Hr. Construction OSHA Certification;
- 3) OSHA Level CSE Supervisor Certification.

Retraining

Covered and affected employees shall receive retraining in proper application of CSEP procedures:

- 1) Yearly Refresher Training for Entry Supervisors;
- 2) There is a change in Job assignment(s) that expose an authorized employee to new CSE hazards; or
- 3) Machines, equipment, or processes that present a new hazard or require modified CSE procedures; or

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- 4) CSEP Procedures or Regulatory Policy changes; or
- 5) It becomes known that an employee incorrectly performs CSE procedures; or
- 6) When a required certification expires; or
- 7) When a new hazard is discovered; or
- 8) When an employee voluntarily requests refresher training.

Any CSEP enrollee that has not performed an entry within a 12-month period "MUST" receive re-training with a "training-entry" session performed and supervised by a certified entry supervisor.

Program Evaluation

The PC will download meter data quarterly and store the data for PM review and regulatory oversight.

The PM will conduct quarterly sampling audits of the CSE Permits to ensure CSEP compliance.

The PM will calibrate all meters when necessary and no less than quarterly.

Problems with CSEP compliance or a material hazardous condition change shall require corrective action and notation. If such action is required, then the PC and PM shall be notified.

Documentation and Record Keeping

A written copy of this program and the OSHA CSEP Standard is kept in the Coordinator's office and the entire program statement is available for instant review from the A & L Safety Hub website page.

The PM or, at the written direction of the PM, the PS, shall maintain all of the Entry Permits issued or used for a period of no less than 1 year from the entry date.

Meter data download shall be kept unless overwritten by device.

ADDENDUM A. A & L CONFINED SPACE ENTRY PERMIT

See next page

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CONFINED SPACE ENTRY PERMIT

38-40 Review Ave, Long Island City, NY 11101
 T: 718-729-3018 F: 718-729-5799
 NYCDOS: 23 NYSDCC: 2-6304-0039/00001 NYSDCCDM: 2A-448
 NYCBC: 775 NYCDEP: C8029806 NYCDEP: 512-12



Date Issued	Start Time	Finish Time
Location of Work	Scope of Work	



FIRST DETERMINE IF ALTERNATE ENTRY PROCEDURES CAN BE EMPLOYED FOR PIT / TANK ONLY

POSSIBLE HAZARD	YES or NO	IF NO THEN	IF YES THEN
Are there 2 working pumps available?	Y or N	STOP employ full entry procedures	May continue alternate procedures
Without pumps on, can the water level rise from the entrant's knee to above the waist in less than 1 minute?	N or Y	May continue alternate procedures	STOP employ full entry procedures
Can both pumps be activated by both the entrant and attendant?	Y or N	STOP employ full entry procedures	May continue alternate procedures
If using waders, are they watertight or break-away capable if filled with water?	Y or N	STOP do not continue at all	May continue alternate procedures
Will LOTO eliminate all electrical hazards?	Y or N	STOP do not continue at all	May continue alternate procedures
I am ventilating the space to ensure Oxygen over 19.5?	Y or N	STOP do not continue at all	May continue alternate procedures
In your opinion, are there any other hazards?	N or Y	May continue alternate procedures	STOP employ full entry procedures
PERSONNEL NEEDED IF:	ALTERNATE ENTRY PROCEDURES OK? THEN:	REQUIRE FULL ENTRY PROCEDURES? THEN:	
Trained Entry Supervisor	Required	Required	
Trained Entry Duty Attendant	Not required if Entry Supervisor doubles as Duty Attendant	Required	
Trained Entrant	Required	Required	

STEPS, EQUIPMENT AND SERVICABILITY	ALTERNATE PROCEDURES OK? THEN:	REQUIRE FULL ENTRY PROCEDURES? THEN:
Local Fire Department Rescue alerted to entry?	NOT NEEDED	NEEDED
Either Supervisor / Attendant certified in first aid and CPR?	NOT NEEDED	NEEDED
Fire Extinguisher	NOT NEEDED	NEEDED
PPE Carry Bag Complete	NEEDED	NEEDED
Conduct all LOTO and Hot Work Permit	NEEDED	NEEDED
Test Atmosphere - Air Sensor Serial #:	NEEDED	NEEDED
Blower injecting fresh air from fresh air source?	NEEDED	NEEDED
Drop light and depth check	NEEDED	NEEDED
Signage and Barricading Equipment (cones, etc)	NEEDED	NEEDED
Entrance and exit(s) identified?	NEEDED	NEEDED
"Constant communication" and "if either pump is inoperable or water rises above the waist" then immediate evacuation is required. Both discussed?	NEEDED	NEEDED
Body Harness / D-Ring / Lowering Rope / Cable	NEEDED	MUST HAVE TRIPOD ALSO
Tripod Mechanical Lowering Device	NEEDED IF NECESSARY	NEEDED

TYPE	LEVELS	PRE-ENTRY READING (Always Required) ENTER READING LEVELS CONSTANT MONITORING REQUIRED	If alarm, then immediate evacuation	
			MUST ENTER METER SERIAL NUMBER	
OXYGEN	<19.5% OR > 23.5% DO NOT ENTER			
LOWER EXPLOSIVE LIMIT	>35 PPM DO NOT ENTER			
TOXIC PELs	PRESENT? DO NOT ENTER			

ENTRY SUPERVISOR NAME	(IF) DUTY ATTENDANT NAME	ENTRANT NAME

ENTRY SUPERVISOR'S SIGNATURE: _____

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ADDENDUM B. BLOOD-BORNE PATHOGENS AND HAZARD COMMUNICATIONS STANDARDS

INTRODUCTION

OSHA'S bloodborne pathogens standard protects employees who work in occupations where they are at risk of exposure to blood or other potentially infectious materials. OSHA's hazard communication standard protects employees who may be exposed to hazardous chemicals. Both standards require employers to develop written documents to explain how they will implement each standard, provide training to employees, and protect the health and safety of their workers.

This Addendum includes a model exposure control plan to meet the requirements of the OSHA bloodborne pathogens standard and a model hazard communication program to meet the requirements of the hazard communication standard. The full text of these two OSHA standards, including the requirement for the written documents, is found in 29 CFR 1910.1030 and 29 CFR 1910.1200, respectively. You can access the full text of these standards through the OSHA website (www.osha.gov) by using the alphabetical index (click on "B" for the bloodborne pathogen standard; click on "H" for the hazard communication standard).

This plan must be accessible to all employees, either on-line or in an area where they are available for review on all shifts. This plan provides general guidance required by OSHA standards. The reader should consult the OSHA bloodborne pathogens and hazard communication standards in their entirety for specific compliance requirements.

POLICY

A & L Cesspool is committed to providing a safe and healthful work environment for our entire staff. In pursuit of this goal, the following exposure control plan (ECP) is provided to eliminate or minimize occupational exposure to bloodborne pathogens in accordance with OSHA standard 29 CFR 1910.1030, "Occupational Exposure to Bloodborne Pathogens."

The ECP is a key document to assist our organization in implementing and ensuring compliance with the standard, thereby protecting our employees. This ECP includes:

- Determination of employee exposure;
- Implementation of various methods of exposure control, including: Universal precautions Engineering and work practice controls Personal protective equipment Housekeeping;
- Hepatitis B vaccination;
- Post-exposure evaluation and follow-up;
- Communication of hazards to employees and training;
- Recordkeeping;
- Procedures for evaluating circumstances surrounding exposure incidents Implementation methods for these elements of the standard are discussed in the subsequent pages of this ECP.

PROGRAM ADMINISTRATION

The CSEP Program Manager (PM) is responsible for implementation of the ECP. The Safety Coordinator (SC) shall maintain, review, and update the ECP at least annually, and whenever necessary to include new or modified tasks and procedures. Questions related to this part can be addressed, to either, in person, located at: 37-88 Review Ave. LIC, NY 11101 or via phone: 718-729-3018 (THE CONTACTS).

Those employees who are determined to have occupational exposure to blood or other potentially infectious materials (OPIM) must comply with the procedures and work practices outlined in this ECP.

The SC will:

- Provide and maintain all necessary personal protective equipment (PPE), engineering controls (e.g., sharps containers), labels, and red bags as required by the standard;

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- Ensure that all medical actions required by the standard are performed and that appropriate employee health and OSHA records are maintained;
- Be responsible for training, documentation of training, and making the written ECP available to employees, OSHA, and NIOSH representatives.

Employee Exposure Determination

The following is a list of all job classifications at our establishment in which these employees have occupational exposure:

Pit & Tank Crewmen: (Includes all) Entrants, Duty Supervisors, and Pit & Tank Managers

METHODS OF IMPLEMENTATION AND CONTROL

Universal Precautions

All affected employees will utilize universal precautions.

Exposure Control Plan

Employees covered by the bloodborne pathogens standard receive an explanation of this ECP during their initial training session. It will also be reviewed in their annual refresher training. All employees can review this plan at any time during their work shifts by contacting THE CONTACTS or on the web at: safety.accesspool.com (THE SITE).

If requested, we will provide an employee with a copy of the ECP free of charge and within 15 days of the request.

THE CONTACTS are responsible for reviewing and updating the ECP annually or more frequently if necessary to reflect any new or modified tasks and procedures that affect occupational exposure and to reflect new or revised employee positions with occupational exposure.

Engineering Controls and Work Practices

Engineering controls and work practice controls will be used to prevent or minimize exposure to bloodborne pathogens. The specific engineering controls and work practice controls used are listed below:

- **Sharps disposal containers** are inspected and maintained or replaced by each user every use or whenever necessary to prevent overfilling
- **We evaluate new procedures and new products** annually at the annual CSEP training.

Personal Protective Equipment (PPE)

Bloodborne PPE (BBPPE) is provided to our CSEP Enrolled or affected employees at no cost to them. Training in the use of the appropriate PPE for specific tasks or procedures is provided by THE CONTACTS.

The types of BBPPE available to employees are as follows:

- Face shield;
- Dust mask or half-face respirator;
- Puncture resistant (needle proof) or thick rubber shoulder gloves;
- Disposable Surgical, Nitrile or Latex gloves;
- Sharp Object-Needle Container

Privately obtained BBPPE or non-A & L issued BBPPE is STRICTLY PROHIBITED. BBPPE is issued upon assignment. BBPPE is issued at no cost. Replacement BBPPE is free on a one-for-one basis. BBPPE may be obtained through THE CONTACTS.

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All employees using BBPPE must observe the following precautions:

- Wash hands immediately or as soon as feasible after removing gloves or other BBPPE;
- Remove BBPPE after it becomes contaminated and before leaving the work area;
- Unserviceable BBPPE may be stored in Black Garbage Bags;
- Wear appropriate gloves when it is reasonably anticipated that there may be hand contact with blood or when handling or touching contaminated items or surfaces; replace gloves if torn, punctured or contaminated, or if their ability to function as a barrier is compromised;
- Non-disposable gloves may be decontaminated for reuse if their integrity is not compromised. Never wash or decontaminate disposable gloves for reuse;
- Discard utility gloves if they show signs of cracking, peeling, tearing, puncturing, or deterioration.
- Wear appropriate face and eye protection when splashes, sprays, spatters, or droplets of blood pose a hazard to the eye, nose, or mouth;
- Remove immediately or as soon as feasible any garment contaminated by blood, in such a way as to avoid contact with the outer surface.

Personal Protective Equipment (PPE), Cleaning, Decontaminating Storage and Disposal

All employees using BBPPE must observe the following:

- All BBPPE is to be cleaned at the EYWASH STATION located in the plant at 38-40 Review Ave;
- If BBPPE is not contaminated, then use warm water and dishwashing liquid, let air dry;
- If BBPPE is contaminated yet serviceable, decontaminate using warm disinfectant soapy water. Let air dry then wipe entire equipment with alcohol wipes and let air dry again;
- If BBPPE is contaminated and not serviceable, clean, disinfect the equipment, isolate the unserviceable BBPPE, wrap in bag and place in garage bag and dispose of as other unserviceable PPE;
- Never store wet BBPPE. Only store dry BBPPE. Only store BBPPE in approved lockers, cages or vehicles.
- Sharp object containers “NEVER” get cleaned. They are to be used as directed and disposed of after filled.
- Prior to disposal, sharp object containers must be fixed shut (unable to be re-opened), sealed with masking tape over the place where the click-in sealing occurred to ensure it does not open, and taken to the nearest hospital or disposed of in the trash.

NOTE: DO NOT THROW CONTAINERS IN RECYCLE BINS

APPROVED SHARP DROP OFF LOCATIONS ARE LOCATED ONLINE AT:

<https://www1.nyc.gov/assets/dsny/site/services/harmful-products/pharmaceutical-drop-off>

Syringe Dropoff

Midway Nursing Home

6995 Queens Midtown Expy Maspeth, NY 11378

Phone Number: 718-429-2200

Everyday 10:00 AM - 11:00 AM

HOUSKEEPING

NA

Laundry

NA

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INFECTION CONTROL

Screening and Vaccinations (TREATMENT CONSENT/DECLARATION FORM)(SEE ADDENDUM D.)

Each program-enrolled (affected) employee is entitled, at no personal financial cost, to the following:

- Pre-exposure Screening: The company will arrange through its outside Medical Contractor (Mobile Health (MH)), pre-screening for:
 - HIV (Human Immunodeficiency Virus);
 - HCV (Hepatitis C)
 - HBV (Hepatitis B)
- HBV Vaccination;
- POST-exposure Screening: If in the unlikely event an employee is exposed, the company offers a post-exposure screening.

Pre-Exposure Screening and HBV Vaccinations are voluntary. If an enrollee refuses either, a waiver must be signed. See Treatment Declination Waiver at the end of the addendum.

Post-Exposure Screening is mandatory. Exposure is defined as any incident whereby, a source of contamination, has, by any means, entered the body.

Hepatitis B Vaccination

The SC and MH will provide training to employees on hepatitis B vaccinations, addressing safety, benefits, efficacy, methods of administration, and availability.

The hepatitis B vaccination series is available at no cost after initial employee training and within 10 days of initial assignment to all employees identified in the exposure determination section of this plan. Vaccination is encouraged unless: 1) documentation exists that the employee has previously received the series; 2) antibody testing reveals that the employee is immune; or 3) medical evaluation shows that vaccination is contraindicated.

IF AN EMPLOYEE DECLINES THE VACCINATION...the employee must sign a declination form. Employees who decline may request and obtain the vaccination at a later date at no cost. Documentation of refusal of the vaccination is kept at the admin office of the company.

Vaccination will be provided by MobileHealth-Queens, 97-77 Queens Blvd, 9th Floor, Rego Park, NY 11374.

Following the medical evaluation, a copy of the health care professional's written opinion will be obtained and provided to the employee within 15 days of the completion of the evaluation. It will be limited to whether the employee requires the hepatitis vaccine and whether the vaccine was administered.

POST-EXPOSURE EVALUATION AND FOLLOW-UP

Should an exposure incident occur, contact the SC at the following number 718-729-3018. An immediately available confidential medical evaluation and follow-up will be conducted by MH.

Following initial first aid (clean the wound, flush eyes or other mucous membrane, etc.), the following activities will be performed:

- Document the routes of exposure and how the exposure occurred;

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- Identify and document the source individual (unless the employer can establish that identification is infeasible or prohibited by state or local law).
- Obtain consent and make arrangements to have the source individual tested as soon as possible to determine HIV, HCV, and HBV infectivity; document that the source individual's test results were conveyed to the employee's health care provider.
- If the source individual is already known to be HIV, HCV and/or HBV positive, new testing need not be performed.
- Assure that the exposed employee is provided with the source individual's test results and with information about applicable disclosure laws and regulations concerning the identity and infectious status of the source individual (e.g., laws protecting confidentiality).
- After obtaining consent, collect exposed employee's blood as soon as feasible after exposure incident, and test blood for HBV and HIV serological status
- If the employee does not give consent for HIV serological testing during collection of blood for baseline testing, preserve the baseline blood sample for at least 90 days; if the exposed employee elects to have the baseline sample tested during this waiting period, perform testing as soon as feasible.

ADMINISTRATION OF POST-EXPOSURE EVALUATION AND FOLLOW-UP

The enrollee ensures that health care professional(s) responsible for employee's hepatitis B vaccination and post-exposure evaluation and follow-up are given a copy of OSHA's bloodborne pathogens standard.

The enrollee ensures that the health care professional evaluating an employee after an exposure incident receives the following:

- a description of the employee's job duties relevant to the exposure incident;
- route(s) of exposure;
- circumstances of exposure;
- if possible, results of the source individual's blood test;
- relevant employee medical records, including vaccination status.

The SC provides the employee with a copy of the evaluating health care professional's written opinion within 15 days after completion of the evaluation.

PROCEDURES FOR EVALUATING THE CIRCUMSTANCES SURROUNDING AN EXPOSURE INCIDENT

The CONTACTS will review the circumstances of all exposure incidents to determine:

- engineering controls in use at the time;
- work practices followed;
- a description of the device being used (including type and brand);
- protective equipment or clothing that was used at the time of the exposure incident (gloves, eye shields, etc.);
- location of the incident (O.R., E.R., patient room, etc.);
- procedure being performed when the incident occurred;
- employee's training.

The CONTACTS will record all percutaneous injuries from contaminated sharps in a Sharps Injury Log (**SEE ADDENDUM C. SHARPS INJURY LOG**).

If revisions to this ECP are necessary, the CONTACTS will ensure that appropriate changes are made. (Changes may include an evaluation of safer devices, adding employees to the exposure determination list, etc.)

LABELING AND SIGNS

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Biohazardous Waste Container. Regulated waste, such as I.V. tubing used to administer blood, contaminated PPE, and needles etc., must be disposed of into appropriately labeled biohazardous waste containers. [29 CFR 1910.1030(g)(1)(i)(A)]

Biohazard Label. Containers that contain regulated waste (contaminated PPE, needles, etc.) as well as refrigerators and freezers containing blood or OPIM, must bear the biohazard symbol [29 CFR 1910.1030(g)(1)(i)(A)]

- Labels should be fluorescent orange or orange-red, with lettering and symbols in a contrasting color. [29 CFR 1910.1030(g)(1)(i)(C)];
- Red bags or red containers may be substituted for labels. [29 CFR 1910.1030(g)(1)(i)(E)];
- Exception for Blood Products. Individual containers of blood, blood components or products that are labeled as to their contents and have been released for transfusion or other clinical use need not be labeled as hazardous. [29 CFR 1910.1030(g)(1)(i)(F)];
- Individual containers of blood or OPIM need not be labeled if placed in a labeled container for storage, transport, shipment or disposal. [29 CFR 1910.1030(g)(1)(i)(G)]

RECORDKEEPING

Establish and maintain both medical and training records [29 CFR 1910.1030(h)(1) and 29 CFR 1910.1020].

NOTE: If an exposure incident occurs, employer should add reports to the medical record to document the incident, including testing results following the incident, follow-up procedures, and the written opinion of the health care professional.

Medical Records must be preserved and maintained for each employee with an occupational exposure to bloodborne pathogens [29 CFR 1910.1030(h)(1)] and for at least the duration of employment plus 30 years. They must be kept confidential (not disclosed without written permission of employee, except by law) and separate from other personnel records and must also include:

The employee's name and social security number, hepatitis B vaccination status, including the dates of vaccination and medical records related to the employee's ability to receive vaccinations.

Training Records must be established and maintained for all exposed employees for 3 years, from the date the training occurred. They must include [29 CFR 1910.1030(h)(2)]:

The names and job titles of all persons attending the training sessions, the dates, and content of the training sessions, and the names and qualifications of all trainers.

Whenever an employer is ceasing to do business and there is no successor employer to receive and maintain the records subject to this standard, the employer must notify affected current employees of their rights of access to records at least three (3) months prior to the cessation of the employer's business. [29 CFR 1910.1020(h)(2)]

Employer must make both medical and training records available upon request to: [29 CFR 1910.1030(h)(3)(ii)]

- Director of NIOSH;
- Assistant Secretary of Labor for the Occupational Safety and Health;
- Employees or employee representatives (someone having written consent of the employee).

Employer must maintain a log of injuries from contaminated sharps [29 CFR 1910.1030(h)(5)] for each injury including:

- Type and brand of device involved. [29 CFR 1910.1030(h)(5)(i)(A)]
- Department or work area of occurrence. [29 CFR 1910.1030(h)(5)(i)(B)]
- Explanation of how the incident occurred. [29 CFR 1910.1030(h)(5)(i)(C)]

NOTE: If an employer is not required to maintain injury/illness log under 1904, then this does not apply. [29 CFR 1910.1030(h)(5)(ii)]

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ADDENDUM C. SHARPS INJURY LOG

Use with Chapter 296-823 WAC, Occupational Exposure to Bloodborne Pathogens

Establishment Name: _____ **Year** _____

The Bloodborne Pathogen rule requires that you establish and maintain a Sharps Injury Log to record all contaminated sharps injuries in a facility. The purpose of this log is to help you evaluate and identify problem devices or procedures that require attention.

The Sharps Injury Log needs to do all of the following:

- Maintain sharps injuries separately from other injuries and illness kept on the Injury and Illness Log required by WAC 296-27, Recordkeeping
 - Include ALL sharps injuries that occur during a calendar year
 - Be retained for 5 years beyond the completion of that calendar year

AND

- Preserves the confidentiality of affected employees.

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ADDENDUM D. TREATMENT CONSENT/DECLINATION CONTROL FORM

FIRST NAME	LAST NAME	DATE

I understand, that as an enrollee in the A & L CSEP-Bloodborne Pathogen Program, I am entitled to, at no cost to me, the specific medical screening and specific treatment listed below. This specific screening and specific treatment is available to me annually (if not exposed) and immediately (if exposed). If exposed, I must report the incident to a supervisor and the company Safety Coordinator and specific screening and specific treatment will be arranged for me immediately.

I have been provided material and counseling explaining the advantages of screening and treatment. I understand that I may decline both screening and treatment and that if I do so decline, I do so by my own personal choice and at my own risk.

I also understand that no matter how many times I decline, I am, if I so choose, immediately eligible for the specific screening and specific treatment below.

PRE-EXPOSURE SCREENING	ACCEPT (SIGN)	DECLINE (SIGN)
HIV (Human Immunodeficiency Virus)		
HCV (Hepatitis C)		
HBV (Hepatitis B)		
POST-EXPOSURE SCREENING	ACCEPT (SIGN)	DECLINE (SIGN)
HIV (Human Immunodeficiency Virus)		
HCV (Hepatitis C)		
HBV (Hepatitis B)		
VACCINATION	ACCEPT (SIGN)	DECLINE (SIGN)
HBV (Hepatitis B)		
WITNESS FIRST NAME	WITNESS LAST NAME	WITNESS SIGNATURE