

SAFETY REVIEW PLAN



Owner:	Date:
Signature:	Initial
This Plan has been reviewed by Safety Health Administrator :	Date:
Signature:	Initial

By signing below, all employees declare that they have read and reviewed the all plan in this Safety Manual, and that they were given opportunity to ask questions of management to ensure a complete understanding of the employer's plan.

Print Name	Title	Signature	Date

This form must be updated annually

OUR SAFETY & HEALTH ADMINISTRATOR



Safety Administrator/Coordinator:

Direct Phone No:

Emergency Contact No:

Contact Email:

ACCESS TO MEDICAL AND EXPOSURE RECORDS

BY CAL/OSHA REGULATION GENERAL INDUSTRY SAFETY ORDER 3204

YOU HAVE THE RIGHT TO SEE AND COPY:

- ❖ Your medical records and records of exposure to toxic substances or harmful physical agents
- ❖ Records of exposure to toxic substances or harmful physical agents of other employees with work conditions similar to yours
- ❖ Safety Data Sheets (SDS) or other information that exists for chemical or substances used in the workplace, or to which employees may be exposed



(LOCATION)

THESE RECORDS ARE AVAILABLE AT:

FROM: (Person Responsible)

A COPY OF GENERAL INDUSTRY SAFETY ORDER 3204 IS AVAILABLE FROM:

OSHA Safety Manual, Section: IIPP, Appendix A

The above information satisfies the requirements of GISO 3204 (g), which may be done by posting this placard in the workplace or by any similar method the employer chooses.



EMERGENCY PHONE NUMBERS AMBULANCE:

FIRE — RESCUE:

HOSPITAL:

PHYSICIAN:

ALTERNATE:

POLICE:

CAL/OSHA: (510) 794-2521

Compliance Consultant: 415-786-3864

Posting is required by Title 8 Section 1512 (e), California Code of Regulations