The following sample is designed to provide a general overview of the initial phase of the FrameSAFE program.

For more details or to subscribe, contact NFC staff at 608.310.6777.

**Contents of Sample**

**Cover:** (pg. 1) The cover will have space to include your company’s name and logo, customizing the FrameSAFE program specifically for your business.

**Title page:** (pg. 3) The title page connects the FrameSAFE program to the National Framers Council, lending credibility to the program and communicating the use of the program as a national standard for framers.

**Custom info:** (pg. 4-5) These pages are a fillable pdf form that allows further customization for your company, featuring a place to include policies specific to your company.

**TOC:** (pg. 6-7) The Table of Contents doubles as an Employee Training Acknowledgment Form for OSHA mandated record-keeping.

**Jobsite Accident Report:** (pg. 8-10) Sample of reporting forms included in Section 2 of FrameSAFE. Also included are forms for Automobile Accidents, General Liability Accidents and Witness Statements.

**Section 3 of FrameSAFE:** (pg. 11-17) The full section on Personal Safety is a good example of the pictorial nature of the manual in general.

**Initial pages from Section 6:** (pg. 18-20) These pages give an example of how other specific jobsite topics are addressed in the manual.

**Glossary:** (pg. 21) The FrameSAFE Glossary includes a number of OSHA definitions pertaining to jobsite safety.

**Toolbox Talks:** (pg. 22-24) The initial set of Toolbox Talks will tie to topics from the manual. They will be in English and Spanish and will include an Employee Training Acknowledgment Form.

**Pricing:** (pg. 25) Learn more about subscription pricing for the program and how it can be bundled with your dues payment.
SAFETY MANUAL

A Guide for Safety on the Jobsite

Published - August 2014

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National Framers Council and Structural Building Components Association

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The Structural Building Components Association (SBCA) and the National Framers Council (NFC) make no representations as to the effectiveness of any of the techniques and recommendations discussed in this manual. THE INFORMATION IS INTENDED AS A GENERAL GUIDE TO SAFETY PRACTICES ONLY AND IS NOT INTENDED TO PROVIDE SPECIFIC GUIDANCE OR OPINION, LEGAL OR OTHERWISE. The publication of these materials furthermore does not constitute an explicit or implicit endorsement by SBCA or the NFC.
Company Information

Complete the fields below to customize this Safety Manual Template. If a section does not apply, simply leave it blank.

Company Name:

Street Address:
City, State, Zip Code:
Phone:
Fax:
General Email:
Website:

President/CEO/Owner:

Name:
Phone:
Email:

Safety Coordinator:

Name:
Phone:
Email:
Complete the fields below to customize this Safety Manual Template. If a section does not apply, simply leave it blank.

Disciplinary Action Policy:

Additional Policies:

Attach an additional page if necessary. See Employee Handbook for complete details.
This table of contents is a form used to verify the sections of the safety manual in which an Employee receives training. By initialing and dating next to a given section, you are certifying that you have read the material in that section of the safety manual and have no questions. You understand that if you have questions regarding the safety manual, or your personal safety, it is your responsibility to contact your supervisor for an explanation and additional information.

### Section 1: General Job Safety

<table>
<thead>
<tr>
<th>1.1 Introduction</th>
<th>Initial: _____ Date: _____</th>
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<tbody>
<tr>
<td>1.2 Jobsite &amp; Emergency Contact Information</td>
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<td>1.3 General Safety Rules</td>
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<td>1.4 Drug &amp; Alcohol Policy</td>
<td>Initial: _____ Date: _____</td>
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<tr>
<td>1.5 First Aid Procedures</td>
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<tr>
<td>1.6 Hazardous Communication (HAZCOM) Training</td>
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<td>1.7 Heat Illness Prevention Plan</td>
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<tr>
<td>1.8 Hypothermia/Frostbite Prevention Plan</td>
<td>Initial: _____ Date: _____</td>
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<tr>
<td>1.9 Fire Prevention &amp; Protection</td>
<td>Initial: _____ Date: _____</td>
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<tr>
<td>1.10 Weather/Storm Procedures</td>
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<td>1.11 Automobile Driving Procedures</td>
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</tbody>
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### Section 2: Accident Investigation & Reporting

| 2.1 Accident Flow Chart     | Initial: _____ Date: _____ |
|                             |                            |
| 2.2 Automobile Accident Investigation & Reporting Procedures | Initial: _____ Date: _____ |
| 2.3 Automobile Accident Report | Initial: _____ Date: _____ |
| 2.4 Jobsite Accident Investigation & Reporting Procedures | Initial: _____ Date: _____ |
| 2.5 Jobsite Accident Report | Initial: _____ Date: _____ |
| 2.6 General Liability Accident Investigation & Reporting Procedures | Initial: _____ Date: _____ |
| 2.7 General Liability Accident Report | Initial: _____ Date: _____ |
| 2.8 Witness Statement       | Initial: _____ Date: _____ |

### Section 3: Personal Safety

| 3.1 Personal Protective Equipment (PPE)     | Initial: _____ Date: _____ |
|                                           |                            |
| • Eye Protection                          | Initial: _____ Date: _____ |
| • Ear Protection                          | Initial: _____ Date: _____ |
• Head Protection
  Initial: _____ Date: _____
• Gloves
  Initial: _____ Date: _____
• Clothing
  Initial: _____ Date: _____
• Dust Protection
  Initial: _____ Date: _____

3.2 Proper Body Mechanics

Section 4: Fall Protection

4.1 General Guidelines
  Initial: _____ Date: _____
4.2 Ladders
  Initial: _____ Date: _____
4.3 Protection from Falling Objects
  Initial: _____ Date: _____
4.4 Guardrails
  Initial: _____ Date: _____
4.5 Scaffolding
  Initial: _____ Date: _____
4.6 Personal Fall Arrest Systems (PFAS)
  Initial: _____ Date: _____
4.7 Positioning Device Systems
  Initial: _____ Date: _____

Section 5: Jobsite Equipment

5.1 Aerial Lift
  Initial: _____ Date: _____
5.2 Forklift
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5.3 Lockout/Tagout
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Section 6: Power-Operated Hand Tools

6.1 General Guidelines
  Initial: _____ Date: _____
6.2 Air Compressors
  Initial: _____ Date: _____
6.3 Portable Generators
  Initial: _____ Date: _____
6.4 Pneumatic Nail Guns
  Initial: _____ Date: _____
6.5 Powder-Actuated Tools
  Initial: _____ Date: _____

My signature below certifies and verifies that I have received an orientation and have read the material mentioned in [The Company] Safety Manual pertaining to the sections initialed above. I understand the manual completely and have no questions with regard to [The Company] safety policy. I fully understand and am aware that, if I have questions regarding the [The Company’s] Safety Manual or my personal safety, I may contact my supervisor for additional information and explanation.

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<th>Employee (Print Name)</th>
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Complete immediately and submit within 24 hours of the accident.
(Completar inmediatamente y presentarlo dentro de 24 horas del accidente.)

**PROJECT INFORMATION (INFORMACIÓN DEL PROYECTO)**

- **Date of Report (Fecha del Informe):** __________________________
- **Report Prepared By (Informe Preparado por):** ________________________
- **Jobsite Name (Nombre del Trabajo):** ______________________________
- **Street (Calle):** ________________________________________________
- **City (Cuidad):** ____________________ State (Estado): ______ Zip Code (Código Postal): ____________
- **Subcontractor:** _____________________________ **Sub Foreman:** ___________________________
- **Sub Superintendent:** __________________________________________

**EMPLOYEE (INJURED WORKER) INFORMATION (EMPELADO [TRABAJADOR LESIONADO] INFORMACIÓN)**

- **Name (Nombre del Empleado):** ________________________________________
- **Street (Calle):** __________________________________________________
- **City (Cuidad):** ____________________ State (Estado): ______ Zip Code (Código Postal): ____________
- **Phone Number (Número de Teléfono):** ________________________________
- **Email Address (Dirección de Correo Electrónico):** _________________________
- **Date of Hire (Fecha de Contratado):** ________________________________
- **Total Years of Occupation (Número de Años en la Ocupación):** ____________
- **Exact Activity & Location of Incident (Actividad y Localidad Exacta del Incidente):** ____________________________

**INJURY/ILLNESS INFORMATION (INFORMACIÓN DEL LESIÓN/ENFERMEDAD)**

- **Date of Accident (Fecha del Accidente):** ____________________________
- **Day of Week (Día de la Semana):** __________________ Time of Day (Hora del Día): ______
- **Date Reported (Fecha Reportado):** __________________ Time Reported (Hora Reportado): ______
- **Reported to (Reportado a):** ______________________________________
- **Employee’s Supervisor (Supervisor del Empleado):**_______________________
- **Nature of injury, injury type, part of body affected (Cuál fue la lesión):** ________________

**Was on-site First Aid given? (¿Fueron dados Primeros Auxilios?)** □ Yes (Sí) □ No
**Transported to hospital? (¿Transportado al hospital?)** □ Yes (Sí) □ No
**Name & location of hospital (Nombre y lugar del hospital):** ____________________________
### DESCRIPTION OF THE INCIDENT (DESCRIPCIÓN DEL INCIDENTE)

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

Photos taken? (¿Fotos tomadas?) □ Yes (Sí) □ No
Include photos with report submission. (Incluye fotos con la sumisión del informe.)

### ADDITIONAL INFORMATION (INFORMACIÓN ADICIONAL)

Object, substance, equipment involved in incident (Equipo y cosas que estaban implicadas en el incidente):
____________________________________________________________________________________

List PPE worn at time of incident (lista del PPE usado cuando el accidente ocurrió):
____________________________________________________________________________________

Were standard work procedures followed? (¿Fueron seguidos los procedimientos estándar del trabajo?):
□ Yes (Sí) □ No  If not, why? (¿Si no, porqué?)

Was a safety rule or specific instructions violated? (¿Fueron violadas las reglas de seguridad?) □ Yes (Sí) □ No
□ Yes (Sí) □ No
If yes, what? (¿Si una regla fue violada, cuál regla?)

Had safety training been provided to the injured? (¿Ha sido entrenado el lesionado?) □ Yes (Sí) □ No
□ Yes (Sí) □ No
If not, why? (¿Si no, porqué?)

### ACTIONS TO PREVENT RECURRENCE (ACCIONES PARA PREVENIR LA RECURRENCIA)

Corrective action recommended to prevent recurrence (Medidas de corrección para que no suceda jamás):
____________________________________________________________________________________

____________________________________________________________________________________

Should employee be retrained? (¿Empleado necesita ser entrenado de nuevo?) □ Yes (Sí) □ No
If so, in what safety rules? (¿En qué reglas?)
____________________________________________________________________________________

### INJURED WORKER’S STATEMENT (DECLARACIÓN DEL TRABAJADOR LESIÓNADO)

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________
In addition to your statement, please answer the following questions (Además):

Where were you when the incident took place? (¿Dónde estaba usted cuando ocurrió el incidente?)
____________________________________________________________________________________

What activity were you performing prior to the event? (¿Qué actividad estaba realizando usted antes del incidente?) ____________________________________________________________

Were others in the immediate area? (¿Habían otros trabajadores en las áreas cercanas?) □ Yes (Sí) □ No
If Yes, who? (¿Quiénes eran?) ____________________________________________________________

What did you do immediately after the incident/event? (¿Qué hizo usted inmediatamente después del incidente?)
____________________________________________________________________________________

Have you ever injured this body part before? (¿Ha sufrido alguna vez antes una lesión en esta parte del cuerpo?) □ Yes (Sí) □ No

WITNESS INFORMATION (INFORMACIÓN DEL TESTIGO)

Use Witness Statement form, or on a separate sheet, collect the name, phone number and email address for each witness. Have each witness write a short statement that includes his or her signature and the date. (Use la declaración de testigo ó en una hoja separada, recoge el nombre, número de teléfono y correo electrónico para cada testigo. Cada testigo tiene que escribir una breve declaración que incluya la fecha y su firma.)

SIGNATURES (FIRMAS)

Worker (Empleado) (Print) Signature (Firma) Date (Fecha)

Supervisor (Print) Signature Date

For office use only:

Company Safety Officer (Print) Signature Date
All Employees are required to wear personal protective equipment (PPE) while on the jobsite. When non-typical work places or tasks are encountered, the new situation should be assessed by a competent person to determine what PPE is required.

### Eye Protection:
Safety glasses must always be worn on the jobsite pursuant to OSHA guidelines. All safety glasses are required to conform to American National Standards Institute (ANSI) Z87.1-1968. Eyeglasses can be worn as safety glasses if they meet the ANSI standard. If not, then safety glasses must be worn over the eyeglasses.

### Head Protection:
Hard hats must always be worn on the jobsite. This is especially important where overhead work is taking place. All hard hats are required to conform to ANSI Z89.1-1969.

⚠️ **WARNING** Always use and wear a hard hat according to manufacturer’s recommendations. Do not drill holes in the hat.

### Gloves:
Work gloves must be worn when engaged in work activity that could cause a laceration or puncture wound of the wrists or hands on the jobsite.

### Clothing:
Proper work attire must be worn to protect the body and limbs from lacerations and puncture wounds. Clothing must also be worn to protect the body given jobsite climate conditions. Loose and/or ripped clothing should not be worn to minimize the risk of accident or injury caused by clothing getting caught on the jobsite. Proper work attire is defined as long pants and shirts with sleeves.
Always wear the proper PPE for the specific task you are doing.

This is a summary depiction, please see complete rules in this section.
Ear Protection:

Ear plugs must be worn on the jobsite when an Employee’s decibel exposure exceeds 85 decibels. Typical symptoms of exposure to sounds over 85 decibels include:
- Shouting above noise to make one’s voice heard.
- Ringing in the ears.
- Difficulty hearing sounds that the employee could hear prior to the noisy activity.

⚠️ CAUTION Ear plugs must be worn correctly to be effective.

For proper ear protection, ear plugs should be worn in the following manner:
1. Roll ear plug until it is compressed.
2. Insert the compressed ear plug well into the ear canal.
3. Gently hold each plug in place with fingertip until expansion is complete and ear plug fits snugly.

Footwear:

Work shoes with slip-resistant and puncture-resistant soles must be worn on the jobsite at all times. Keep shoes free of oil, mud and other slippery substances.

Exception: Tennis/sneaker-type shoes can be worn while working on roofs.

⚠️ WARNING Be aware of ice, dirt and other slip hazards on the jobsite.
Dust Protection:

A properly fitted, National Institute for Occupational Safety and Health (NIOSH) approved dust mask must be worn on the jobsite according to the recommendations specified in the Safety Data Sheets (SDS) of the material from the manufacturer. Employees are responsible for checking the condition of the dust mask before each use. If deemed damaged, ask the supervisor for a replacement. Cut materials in a well-ventilated area (outdoors) whenever possible.

⚠️ CAUTION Dusk masks must be worn correctly to be effective.
Proper Body Mechanics

Body mechanics can be described as the efficient use of one’s body to produce motion that is safe, energy conserving, and anatomically and physiologically efficient, and that leads to the maintenance of a person’s body balance and control. Proper use of body mechanics will conserve energy, reduce stress and strain on body structures, reduce the possibility of personal injury, and produce movements that are safe.

**Employees** are not required to lift heavy or bulky objects that overtax their physical condition or capability. Mechanical devices must replace lifting and moving objects by manual effort whenever practical, and the devices must be appropriate for the lifting or moving task. Employees operating equipment designed to lift or move objects must be appropriately trained and authorized to operate such equipment. When manual effort is appropriate for lifting and moving tasks, the following guidelines should be observed.

### Lifting:
- ✓ Grasp the object firmly and as close to the center as possible.
- ✓ Get set for lifting load, demonstrating good timing.
- ✓ Lift by pushing with the legs; straighten the ankles, knees and hips to an upright position.
- ✓ Do not use your back.
- ✓ Keep the load as close to the body as possible while lifting.
- ✓ Do not twist the body.
- ✓ Change direction when lifting by moving the feet.

### Carrying:
- ✓ Keep the back as straight as possible.
- ✓ Keep weight load close to the body and centered over the pelvis.
- ✓ Counterbalance the load by shifting part of the body in the opposite direction from the load.
- ✓ Put down the load by bending the hips and knees with the back straight and the load close to the body.
If the load is too heavy, get help.

When the load is carried by more than one person, identify a leader to ensure good timing and coordination.

**Pushing:**
- Stand close to the object to be moved.
- Crouch down with feet apart.
- Bend the elbows and put the hands on the load at chest level.
- Lean forward with the chest or shoulder against the object.
- Do not push with arms or shoulders.
- Keep the back straight. Crouch and push with the legs.

**Pulling:**
- Place the feet apart, one foot in the back of the other, keeping close to the object to be moved.
- Grasp object firmly as close to its center of gravity as possible.
- Pull by straightening the legs. Keep the back straight.
- Walk backward with crouching strides, so the legs do all the work.

**Reaching:**
- Stand close to the object. Keep center of gravity over the base of support.
- Place the feet wide apart, one in front of the other, to ensure freedom of movement—forward and backward—as arms are raised and lowered.
- Maintain good body alignment. Move close to object.
- Do not reach outward to the point of straightening.
- When reaching for an object above the head, grip it with palms up and lower it. Keep it close to the body on the way down.
**Stooping:**

☑ Stand close to the object.

☑ Place feet apart, with one foot in front of the other, for a firm footing for the task to be done.

☑ Bend the hips and knees, lower the body, keep the back in good alignment, and bring the hands down to the object.
SECTION 6: POWER-OPERATED HAND TOOLS

6.1 General Guidelines:

☑ Only trained Employees may operate power-operated hand tools.

☑ Read and follow all manufacturer’s instructions and recommendations.

☒ Do not alter the power-operated hand tool. Using the power-operated tool in a different manner than intended can result in serious injury or death.

☑ Always inspect the tool before each use. All guards/shields must be properly attached. Ensuring all safety mechanisms are in place reduces the chance of an accident.

☒ Avoid contact with water.

☑ Appropriate PPE must be worn: safety glasses, hard hat and ear protection (if applicable). Personal safety rules must be followed (e.g., no loose or baggy clothing). See SECTION 3: PERSONAL SAFETY.

☒ “Horseplay” is not permitted.

☒ Never carry the equipment by the cord or yank the cord to disconnect it from a receptacle (if applicable).

☑ If damaged, remove the tool from service and notify your supervisor.

Specific Power-Operated Hand Tool Guidelines:

The following modules will review safety rules specifically for the use of:

6.2 AIR COMPRESSORS
6.3 PORTABLE GENERATORS
6.4 PNEUMATIC NAIL GUNS
6.5 POWDER-ACTUATED TOOLS

A power-operated hand tool is defined as any hand-held tool that requires an additional power source and/ or mechanism other than manual labor. All power-operated hand tools, whether purchased or rented, must conform to the specifications set forth in the Federal Occupational Safety and Health Regulations for Construction, 29 CFR 1926.302.
Air Compressors

6.2

Use:

✓ Only trained Employees may operate an air compressor.

✓ Read and follow all manufacturer’s instructions and recommendations.

✗ Do not alter the air compressor.

✓ Appropriate PPE must be worn: safety glasses, hard hat and ear protection (if applicable). Personal safety rules must be followed (e.g., no loose or baggy clothing). See SECTION 3: PERSONAL SAFETY.

✗ Do not use an air compressor hose to blow dust or dirt from your clothes, hair or hands.

⚠️ CAUTION Never point the air hose toward anyone’s face or body. The compressed air jet causes particles to become airborne, which can result in injury.

✗ Avoid contact with water.

Maintenance:

✓ Always inspect the air compressor before each use. All guards/shields must be properly attached. Ensuring all safety mechanisms are in place reduces the chance of an accident.

✓ The inlet of air receivers and piping systems shall be kept free of accumulated oil and carbonaceous materials. This requires the moisture and oil to be periodically drained.

All air compressors, whether purchased or rented, must conform to the specifications set forth in the Federal Occupational Safety and Health Regulations for Construction, 29 CFR 1926.302.
Keep all hoses clean of dirt and debris.

Ensure that all hose fittings are tight. Loose fittings cannot only hamper the performance of the air compressor, but can also cause equipment damage and/or personal injury.

Never add or change the oil or refuel when the air compressor is running or has just recently been used. This will help prevent smoke and fire.

If damaged, remove the compressor from service and notify your supervisor.

**Electric Air Compressors:**

Ensure the compressor is plugged into a properly grounded outlet.

Do not use electrical tools or appliances with frayed cords, missing grounding prongs, or damaged/cracked housings.

Use **ground-fault circuit interrupters (GFCI)** per the manufacturer’s directions to minimize the risk of electrocution or electric shock.

**Gas Air Compressors:**

⚠️ **WARNING** Never use a gas air compressor indoors. Inhaled engine exhaust fumes may cause serious injury or death.

Do not place near doors, windows or vents.

Fire extinguishers shall be a minimum of 10 ft. (3.1 m) away from the air compressor.

Gas cans shall be a minimum of 10 ft. (3.1 m) away from the air compressor.

Shut down the gas air compressor prior to refueling. Never store fuel indoors.

When transporting the gas air compressor, make sure the gas shut-off valve is in the off position.
**Accident**: Any unplanned occurrence that could have caused injury or damage.

**Aerial Lift**: Any vehicle-mounted device used to elevate Employees.

**Anchorage**: A secure point of attachment for lifelines, lanyards or deceleration devices.

**Adequate Anchorage Point**: Anchorages used for attachment of personal fall arrest equipment shall be independent of any anchorage being used to support or suspend platforms and capable of supporting at least 5,000 pounds (22.2 kN) per employee attached, or shall be designed, installed and used:
- As part of a complete personal fall arrest system which maintains a safety factor of at least two and
- Under the supervision of a qualified person.

**Authorized Person**: A person approved or assigned by the employer to perform a specific type of duty or duties or to be at a specific location or locations on the jobsite.

**Bloodborne Pathogens**: Pathogenic microorganisms that are present in human blood and can cause disease in humans. These pathogens include, but are not limited to, hepatitis B virus (HBV) and human immunodeficiency virus (HIV).

**Body Belt (Safety Belt)**: A strap with means both for securing it about the waist and for attaching it to a lanyard, lifeline or deceleration device. Body belts cannot be used as a personal fall arrest system; they can only be used as a positioning device system.

**Body Harness**: A design of straps that may be secured about the employee in a manner to distribute the fall arrest forces over at least the thighs, pelvis, waist, chest and shoulders, with means for attaching it to other components of a personal fall arrest system.

**Brace**: A rigid connection that holds one scaffold member in a fixed position with respect to another member, or to a building or structure.

**Buckle**: Any device for holding the body belt or body harness closed around the employee’s body.

**CAUTION**: Indicates a hazardous situation which, if not avoided, could result in minor or moderate injury.

**Circuit Breaker**: A device designed to open and close a circuit by nonautomatic means and to open the circuit automatically on a predetermined overcurrent without damage to itself when properly applied within its rating.

**Closed Container**: A container so sealed by means of a lid or other device that neither liquid nor vapor will escape from it at ordinary temperatures.

**Competent Person**: One who is capable of identifying existing and predictable hazards in the surroundings or working conditions that are unsanitary, hazardous or dangerous to employees, and who has authorization to take prompt corrective measures to eliminate them.

**Connector**: A device that is used to couple (connect) parts of a personal fall arrest system or positioning device system together. It may be an independent component of the system (such as a carabiner) or an integral component of the system (such as a buckle or D-ring sewn into a body belt or body harness, or a snap-hook spliced or sewn to a lanyard or self-retracting lanyard).
PERSONAL SAFETY: Proper Personal Protective Equipment (PPE) Use

- Inspect PPE prior to each use
- Always wear safety glasses and a hard hat on the jobsite
- Use the right PPE for the task

- Keep work boots clean and clear of excessive dirt or slippery substances
- Do not use damaged PPE
- Do not wear sunglasses instead of safety glasses unless they are ANSI approved

Spanish translation
Inspect the ladder before each use

No colocar la escalera en objetos inestables

Do not use damaged ladders

Inspeccionar la escalera antes de usarla

Follow manufacturer recommendations

No usar escaleras dañadas

Do not place ladder on unstable objects

No usar la escalera de mano si está parcialmente cerrada

Do not use a step ladder in a partially closed position

Seguir las recomendaciones del fabricante

Do not sit or stand on the top of a step ladder

No sentarse ni pararse en la punta de una escalera de mano
Jobsite Name: ________________________________________________ Date: ___________
Jobsite Address: _______________________________________________________________
General Contractor: ____________________________________________________________
Sub-Contractor: _______________________________________________________________
Trainer (Print Name): ________________________ Signature: __________________________

My signature below certifies that I attended this Toolbox Talk. I understand the material presented and have no questions. I fully understand and am aware that if I have any questions regarding this training or my personal safety, I may ask my supervisor and/or employer for additional information and explanation.

Con mi firma certifico que he atendido a este entrenamiento de Toolbox Talk. Entiendo el material presentado y no tengo preguntas. Entiendo completamente y estoy conciente de que si tengo algunas preguntas en cuanto a este entrenamiento ó mi seguridad personal, le puedo preguntar a mi supervisor y/o empleador información ó explicación adicional.

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# Subscription Pricing

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<th>Member Class (Framer)</th>
<th>Annual Units Framed</th>
<th>Annual NFC Membership Dues ($)</th>
<th>FrameSAFE* Subscription Annual ($)</th>
<th>Annual Dues plus FrameSAFE** ($)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Individual (Framer, Student)</td>
<td>N/A</td>
<td>$50</td>
<td>$150</td>
<td>$200</td>
</tr>
<tr>
<td>Level 1</td>
<td>1-300</td>
<td>$375</td>
<td>$225</td>
<td>$600</td>
</tr>
<tr>
<td>Level 2</td>
<td>301-600</td>
<td>$750</td>
<td>$600</td>
<td>$1,350</td>
</tr>
<tr>
<td>Level 3</td>
<td>601-1000</td>
<td>$1,500</td>
<td>$875</td>
<td>$2,375</td>
</tr>
<tr>
<td>Level 4</td>
<td>1001+</td>
<td>$3,000</td>
<td>$1,100</td>
<td>$4,100</td>
</tr>
</tbody>
</table>

*FrameSAFE subscription is for template documents only. Additional costs required for customization through NFC.

**Payment plans available. Dues plus FrameSAFE bundles Membership Dues, Safety Manual Template as sections become available and ongoing framer-focused Toolbox Talks.