

Safety Meeting Agenda

Review 911 :-

June 10, 2022

Attendance

Review of Work comp Injuries

1. Irv at Winnebago ACE

No Liability Claims

Last Month we discussed Hazardous Chemicals in the Work Place. We asked that you and store Manager walk the store and see what chemicals you found that are being used that are not ECHO Lab products. Did you remove those products? If found that these are essential products that staff are using, do you or did you get a Safety Data Sheet in the MSDS book?

Safety Courses – continue to push all associates to do the safety courses assigned. New Employees should be taking safety courses upon hire. They should be completed within a week of hire.

Grocery Store Employee Safety Manuel – has a lot of good and concise information. We will review some of these policies each month. Will try to review according to season and recent events.

This meeting we will review ; Page 8, 8, 11,12 and 13. - General Emergency guidelines, Evacuation, fire Safety , Sexual Harrassment, Physical Treat Control Procedures and Robberies.

10:00 meeting
Attendance
Heldi - Tuesday - Aug 2 - Marengo -
Kayve H. Wednesday Aug. 3 - Winnebago -
Ryan -
Kris/Rodney Tuesday Aug 9 - Mt. Morris -
Francis Wednesday Aug 10 - Palmer Park
Jack Tuesday Aug 16 - Freeport Krape Park.
Jerry Wednesday Aug 17 - Arena -
Mike/Jack Tuesday Aug 23 - Stockton - Reserved 1 - Stockton Park House
Carol/Virgil Wed Aug. 24 - Kenazee (Mike H. gone) Virgil go.
- Thurs. Aug. 25 - Morrison -
Jason/Carl Tue Aug. 30 - Savana -
Steve - Wed Aug. 31 - Mendota - Purple Park (Staus Park).
Princeton - (Steve) -

Luncheon Times:
1) 10:00 - Noon
Noon - 1:30 Serve Lunch
(Noon - 1:00 Lunch 1st group)
- Program 12:30 - 12:30 - 1:30 Lunch
2) 1:30 - 3:30 - 2nd meeting

Next meeting Friday July 8 - 10:00 Am

10:51 a.m.

* LOSS time
 * Restrictions 5/24/22 - 5/31/22
 * X-Ray Normal 5/24/22? IF Longer
 Employee ph# [REDACTED]

Employee SS# [REDACTED]

ILLINOIS FORM 45: EMPLOYER'S FIRST REPORT OF INJURY

Please type or print.

Employer's FEIN 36-2868476	Date of report 5-24-22	Case or File #	Is this a lost workday case? Yes <input type="radio"/> No <input checked="" type="radio"/>
Employer's name J.B. Sullivan Inc.	Doing business as Sullivan's Foods		
Employer's mailing address PO Box 387, Savanna, IL 61074	Employer's email address KChristensen@Sullivan'sFoods.net		
Nature of business or service Supermarket	SIC code		
Name of workers' compensation carrier/admin.	Policy/Contract #	Self-insured? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Employee's full name Irv [REDACTED]	Birthdate		
Employee's mailing address 504 S Elida St	Employee's e-mail address		
Gender Male <input checked="" type="radio"/> Female <input type="radio"/>	Marital status Married <input checked="" type="radio"/> Single <input type="radio"/>	# Dependents	Employee's average weekly wage
Job title or occupation Acc ASS manager	Date hired		
Time employee began work 8:50	Date and time of accident 5/23/22 10:51 a.m.	Last day employee worked 5/23/22	
If the employee died as a result of the accident, give the date of death. n/a	Did the accident occur on the employer's premises? Yes <input checked="" type="radio"/> No <input type="radio"/>		
Address of accident * 703 N. Elida St Winnebago IL 61088			
What was the employee doing when the accident occurred? Stepping off the skid loader			
How did the accident occur? stumbled toe, fell down			
What was the injury or illness? List the part of body affected and explain how it was affected. Right shoulder, elbow (distance from seat)			
What object or substance, if any, directly harmed the employee? uses multiple time - skid loader			
Name and address of physician/health care professional 1842A S West Ave Freeport			
If treatment was given away from the worksite, list the name and address of the place it was given.			
Was the employee treated in an emergency room? Yes <input type="radio"/> No <input checked="" type="radio"/>	Was the employee hospitalized overnight as an inpatient? Yes <input type="radio"/> No <input checked="" type="radio"/>		
Report prepared by [Signature]	Signature Karyette [Signature]	Title and telephone # Ass store 815-325-2111 manager	Email address

Please send this form to: ILLINOIS WORKERS' COMPENSATION COMMISSION 4500 S. SIXTH ST. FRONTAGE RD SPRINGFIELD, IL 62703
 By law, employers must keep accurate records of all work-related injuries and illness (except for certain minor injuries). Employers shall report to the Commission all injuries resulting in the loss of more than three scheduled workdays. Filing this form does not affect liability under the Workers' Compensation Act and is not incriminatory in any way. This information is confidential. IC45 8/12

* To be emailed to Kathy Christensen

KChristensen@Sullivan'sFoods.net

Within 48^h of Accident.

Who
What
Where
When
Why

Next day
Shoulder -
Restrictions
till Next
Appt



Supervisor's Report of Work Injury

When was the accident reported to you? (Date & Time) 5/24/22 1 p.m.

What was the nature and extent of the injury? hurt right arm, shoulder, elbow

Extent: Superficial, Minor, Serious, Fatal. **Injury Type:** Burn, Laceration, Sprain, Amputation, Fracture.
Body Part: Left/Right Hand, Left/Right Foot, Lower Back, Etc.

What first aid was administered (if any)? n/a

By whom was first aid administered (if any)? n/a

Was physician seen? (Please list Doctor's Name and Clinic/Hospital) health occupational

What was the employee wearing (clothing and shoes)? yes

Cause of accident? stubbed toe and Fell

Behavioral Causes:

Performing without adequate training/Equipment
Working beyond physical ability
Disregarding policy/procedure
Disregarding safety equipment

Conditional Causes:

Poor guarding/house keeping
Defective equipment/tools
Inadequate PPE
Hazardous workplace

Supervisor's Corrective Action Plan:

Was this a violation of company policy? Yes ☒ No ☐ n/a

Was the employee reprimanded? no

Consider:

Hiring Procedures/Orientation Procedures
Specific job instructions/Applicable work rules
Rule enforcement (Discipline)
Adequacy of staff
Environmental conditionals

Equipment/Tool/Material selection
Equipment repair/Maintenance schedule
Guarding adequacy
Personal protective equipment
Workplace arrangement

Which corrections have already taken place? watching work area

Supervisor's Signature: Kaynelle [Signature] Date: 5/24/22

Injury Review process

(Additional comments/recommendations of upper management or safety committee)



Employee Job Description

Employee Name: Irvin [REDACTED]

Job Title: Acc. Ass. Manager Employer: SULLIVAN'S FOODS

Description of Duties: stocking department, loading trucks, haul

Physical Requirements:

General	Never	Partly	Occasionally	Frequently	Continual
Bend/Stoop				+	
Crouch				+	
Twist				+	
Crawl				+	
Climb				+	
Reach-Shldr Ht				+	
Grasp				+	
Kneel				+	
Push/Pull				+	
Finger Use				+	
Wrist Use				+	
Band Use				+	
Finger Manip				+	
Foot Control				X	
Lifting	Never	Partly	Occasionally	Frequently	Continual
Up to 10lbs					+
11-24 lbs					+
25-34 lbs			+		
35-49 lbs	+				
50-74 lbs	X				
75-100 lbs	X				
Carry	Never	Partly	Occasionally	Frequently	Continual
Up to 10lbs					+
11-24 lbs					+
25-34 lbs	+				
35-49 lbs	+				
50-74 lbs	+				
75-100 lbs	+				

Special Notes: _____

Sullivan's Foods will accommodate any light duty work that can be offered.



Employee's Report of Injury

Information About The Accident

Place of Accident? Winnebago ACE parking lot 05/23/22 10:50

What were you doing before the accident? Loading bulk mulch
for customer

How did the accident occur? After exiting loader, tripped
on edge of bucket

Witness, If Any? ON Camera

Who did you report the injury to? Management

What date did you report it? 05/24/22

Was Personal Protective Equipment (PPE) Provided? (If applicable) N/A

What part of your body was injured? Right shoulder

What doctor/Clinic/Hospital is treating you? (Name, Address & Phone #) Freeport PIC

What treatment are you getting? (Medications, Physical Therapy, Rest, Etc.) Ice, Ibuprofen

Have you ever injured the same part of your body before? (If yes, please explain) _____

Do you have any serious illnesses? (Diabetes, High Blood Pressure, Etc) _____

What could have been done to prevent this accident from happening? Watch your step

Have you understood the questions you've answered? yes

Were you wearing shoes from Shoes For Crews at the time of the incident? No

Signature of Employee [Signature] Date: 05/24/22

Emergency Action Plan

General Emergency Guidelines

- Stay calm and think through your actions.
- Know the emergency numbers:
 - o Fire/Police/Ambulance 911
 - o Internal Emergency Number (**Insert number, if applicable**)
 - o Human Resources (**Insert number or extension**)
 - o Page (**Insert number and instructions, if applicable**)
 - o Operator "0"

If indoors, know where the exits are located.

- In the event of any emergency, do not take elevators; use the stairs.
- Do not hesitate to call or alert others if you believe that an emergency is occurring; you will not be reprimanded if you act in good faith and it turns out to be a false alarm.
- First aid supplies and emergency equipment are located (**insert location**) for use by those who are authorized and properly trained. 1st Aid - Perishable Dept and Service Desk.

Walk thru
✓ on intercom
use

Evacuation Code Red

- Employees will be notified of a possible fire, either by the fire alarm system or by a paged announcement.
- Upon becoming aware of a potential fire, employees should immediately evacuate the job site. Do not delay evacuation to get personal belongings or to wait for co-workers.
- Supervisors should be the last persons to leave the area after checking the job site to be sure that all personnel has evacuated.
- Any employee having a mobility, visual, hearing or other condition which may hinder them from becoming aware of an emergency or evacuating, should request special assistance through Human Resources.
- Upon exiting the affected area, all personnel should report for a head count. (End of Parking Lots) vary
- If any employee is missing, an immediate report should be made to the incident commander who will in turn report to the first available fire department officer.
- Employees should stay together in a group so that periodic updates on the situation can be issued.
- The order to re-occupy a job site or building will be issued by the incident commander.
- In the event of inclement weather, the incident commander will make arrangements for all personnel to move to shelter.

Reviewed
6/10/22
Safety meeting
Store conf. call

Fire Safety

- Alert other persons in the immediate hazard area.
- Activate a fire alarm or call (**insert name**) to page an emergency announcement.
- If you have been trained, you can decide to use a fire extinguisher following these instructions:
 - P=Pull the safety pin
 - A=Aim the nozzle at the base of the fire
 - S=Squeeze the operating lever
 - S=Sweep side to side covering the base of the fire

* When using a fire extinguisher, always stay between the fire and an exit; stay low and back away when the fire is extinguished.
* Never feel that using a fire extinguisher is required. If the fire is too hot, too smoky or you are frightened, evacuate immediately.

- Have someone notify the incident commander of where the fire is located. They will relay this information to the fire department.

Staff use

Reviewed
6/10/22
Safety meeting
Store conf. call

Emergency Action Plan

Medical Emergency

- Upon discovering a medical emergency, call 911.
- Notify the supervisor and report the nature of the medical emergency and location.
- Stay with the person involved and careful not to come in contact with any bodily fluids.
- Send two persons (greeters) to receive emergency responders. Often two fire department units will arrive, so the second greeter should wait at the entrance to receive the second unit while the first greeter escorts the fire department personnel to the scene.
- Employees in the immediate vicinity of the emergency, but not directly involved, should leave the area.
- Human Resources will make any necessary notifications to family members of the person suffering the medical emergency.

Severe Weather

- Facility management will monitor a weather alert radio. If a severe weather report is issued, they will immediately page the following announcement: **(insert announcement)**.

Employees will be instructed where to go for safety and should proceed there after all equipment has been shut down and secured. When the severe weather warning is cancelled, management will notify employees that it is safe to return to work areas.

Bathrooms - / Produce coolers

Sexual Harassment Policy

does not tolerate harassment of our job applicants, employees, clients, guests, vendors, customers or persons doing business with . Any form of harassment related to an employee's race, color, sex, religion, national origin, age, citizenship status, veteran status or handicap is a violation of this policy and will be treated as a disciplinary matter. For these purposes, the term harassment includes, but is not limited to, slurs, jokes, or other verbal, graphic or physical conduct relating to an individual's race, color, sex, religion or national origin; sexual advances; requests for sexual favors and other verbal, graphic or physical conduct of a sexual nature.

Violation of this policy by an employee shall subject that employee to disciplinary action, up to and including immediate discharge.

Sexual harassment, one type of prohibited harassment, has been defined according to guidelines as:

- Unwelcome sexual advances, requests for sexual favors and other verbal or physical conduct of a sexual nature when:
 - Submission to such conduct is made a term or condition, either explicitly or implicitly, of an individual's employment;
 - Submission to or rejection of such conduct by an individual is used as a factor in decisions affecting that individual's employment; or
 - *Such conduct has the purpose or effect of substantially interfering with an individual's work performance or creates an intimidating, hostile or offensive working environment.*

Examples of conduct prohibited by this policy include but are not limited to:

- Unwelcome sexual flirtation, advances or propositions;
- Verbal comments related to an individual's age, race, gender, color, religion, national origin, disability or sexual orientation;
- Explicit or degrading verbal comments about another individual or their appearance;
- The display of sexually suggestive pictures or objects in any workplace location including transmission or display via computer;
- Any sexually offensive or abusive physical conduct;
- The taking of or the refusal to take any personnel action based on an employee's submission to or referral of sexual overtures;
- Displaying cartoons or telling jokes that relate to an individual's age, race, gender, color, religion, national origin, disability or sexual orientation.

Harassment of our employees in connection with their work by non-employees may also be a violation of this policy. Any employee who becomes aware of any harassment of an employee by a non-employee should report such harassment to their supervisor. Appropriate action will be taken with respect to violation of this policy by any non-employee.

If you believe that you are being subjected to workplace harassment, you should:

1. Tell the harasser that their actions are not welcome and they must stop, if you feel comfortable enough to do so.
2. Report the incident immediately to your supervisor/manager, the site Human Resources representative, or the Employee Relations Department.
3. Report any additional incidents that may occur to one of the above resources.

Any reported incident will be investigated. Complaints and actions taken to resolve complaints will be handled as confidentially as possible, given 's obligation to investigate and act upon reports of such harassment.

Retaliation of any kind against an employee who reports a suspected incident of sexual harassment is prohibited. An employee who violates this policy or retaliates against an employee in any way will be subject to disciplinary action up to and including termination.

*Reviewed Staff Conference
Call Safety meeting
6/10/22*

Workplace Violence

has a zero-tolerance policy for violence in the workplace. Employees that engage in threatening or violent behavior will face disciplinary action, up to and including termination.

- Any employee who feels that they have been threatened should immediately report their concern to their supervisor and to Human Resources.
- If any person is observed exhibiting threatening behavior or making threatening statements, the person discovering the situation should warn others in the area and immediately notify Human Resources. Always stay away from the person exhibiting threatening behavior.
- Depending upon the level of concern, the police department (911) should be called immediately.
- Never attempt to confront any person exhibiting threatening behavior.

If you have reason to believe that events in your personal life could result in acts of violence occurring at work, you are urged to confidentially discuss the issue with Human Resources so that a prevention plan can be developed.

Job-Specific Safety Precautions

Physical Threat Control Procedures

1. If you perceive the possibility of a physical threat, use the emergency telephone number listed near the telephone.
2. If you perceive no immediate physical threat:
 - a. Notify other staff members and have a stand-by to render assistance.
 - b. State clearly who you are and what you can do to help.
3. If you perceive the possibility of severe physical injury:
 - a. Assume a non threatening physical posture and voice tone.
 - b. State in clear concise terms what you want the individual to do.
 - c. State what you can do to help.
 - d. Speak with authority.
 - e. Make direct commands.
 - f. Set a time limit. At the end of set time, seek assistance from a staff member.
4. If you are assaulted:
 - a. Leave the area.
 - b. Report assault to appropriate party(ies).
 - c. Do not return alone. Bring assistance with you.

Robberies

1. Greet all customers that come into the store.
2. If an argument or fight breaks out on the premises, call the police and do not use physical force.
3. Do not be drawn outside the store for any reason.
4. Do not try to physically stop a shoplifter.
5. Keep the robbery as short as possible. Do not resist or argue with a robber.
6. Keep your hands visible at all times.
7. Warn the robber of the movements you are going to make such as reaching for a bag or opening the cash register.
8. Do not chase or follow the robber as he leaves; call the police.
9. Do not pull a weapon if you are being held up.

Slicers

1. Turn off slicers before making measurements, adjustments or repairs.
2. Do not stop looking at what you are slicing, while you are using a slicer.
3. Do not place your hand on top of the blade guard while you are operating the slicer.
4. Wear a wire mesh or Kevlar glove when cleaning the exposed edge of the slicer knife.
5. Do not remove the safe operating instruction labels from the slicer
6. Place meat on the slicer.
7. Slide the guard over the end of the meat opposite the blade.
8. Set the machine to the desired slicing width.
9. Turn the switch to the 'on' position.
10. Grip the handle on the chassis guard with your right hand and the handle on the machine with your left hand.
11. Slide the chassis back and forth to achieve the desired amount of sliced meat.