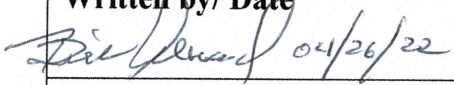
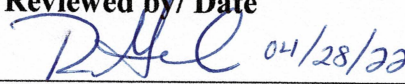

	<b>Standard Operating Procedure</b>	<b>SOP Number</b> A-107	<b>Revision</b> 5
	<b>Workplace Safety Procedure</b>	<b>Effective Date</b> 10/14/22	<b>Page</b> Page 1 of 7
<b>Written by/ Date</b>  04/26/22	<b>Reviewed by/ Date</b>  04/28/22	<b>Approved by/ Date</b>  05/23/22	
<b>Title: Safety Director</b>	<b>Title: HR Director</b>	<b>Title: QA Manager</b>	

## 1.0 Purpose

The purpose of this procedure is to describe workplace safety rules and procedures and to outline the procedure for reporting and investigating accidents and injuries in Ion Labs, Inc.

## 2.0 Scope

The procedure provides guidelines for general safety working habits and practices for all employees at Ion Labs, Inc.

## 3.0 Responsibility

- 3.1 It is the responsibility of all employees to follow this procedure, to notify immediately their supervisor/manager in case of any safety issue, incident, or injury.
- 3.2 It is the responsibility of the department supervisor/manager to fill out a Safety Violation Form, Incident/Near Miss Investigation Form, or Injury Investigation Form, to monitor that this procedure is being followed, and to assure compliance by all personnel with the requirements of this procedure.
- 3.3 It is the responsibility of the HR Director to investigate all reports/claims, and authorize any medical treatment or test for affected employees.
- 3.4 It is the responsibility of the department heads to monitor that this procedure is being followed and to assure compliance by all personnel with the requirements of this procedure.

## 4.0 Definitions

- 4.1 **HR** – Human Resources
- 4.2 **PPE** – Personal Protective Equipment
- 4.3 **SDS** – Safety Data Sheet
- 4.4 **QC** – Quality Control

## 5.0 References

- 5.1 A-107-F1, Form, Injury Investigation Form
- 5.2 A-107-F2, Form, Safety Violation Form
- 5.3 G-104, SOP, Lock Out / Tag Out Procedure

## 6.0 Procedure

### 6.1 Minor First-Aid Treatment

6.1.1 First-aid kits are kept in the front office and in the lunch room, and the AED is kept in the production hall breezeway. If a minor injury is sustained or one is involved in an accident requiring minor first-aid treatment:

6.1.1.1 Immediately inform your Supervisor.

6.1.1.2 Administer first-aid treatment to the injury or wound.

**Note:** Access to a first-aid kit is not intended to be a substitute for medical attention.

6.1.1.3 Provide details to your supervisor/manager so he/she can properly fill out A-107-F1 Injury Investigation Form and submit to HR.

6.1.1.4 Form A-107-F1 Injury Investigation Form can only be given out by the HR Director or the Safety Coordinator and must be filled out with either or both present.

**Note:** Form A-107-F1 must be submitted to HR immediately after the Injury.

6.2 Non-emergency Medical Treatment – For non-emergency work-related injuries requiring professional medical assistance, HR must first authorize treatment. If any injury is sustained requiring treatment other than first-aid:

6.2.1 Immediately inform your Supervisor.

6.2.2 Supervisors will bring you to HR to fill out a First Report of Injury form for workers comp. You will also receive a Medical Authorization form and Drug Test form.

6.2.3 Provide details to your Supervisor so he/she can properly fill out Form A-107-F1 Injury investigation form and submit to HR.

6.2.4 Proceed to the recommended medical facility. Your employer will assist with arranging transportation, if necessary.

6.3 Emergency Medical Treatment – If a severe injury has been sustained requiring emergency treatment:

6.3.1 Call 911 and seek assistance from a coworker/supervisor.

6.3.2 Inform your Supervisor to request assistance and arrange transportation to the local hospital emergency room.

6.3.3 If possible, provide details for the completion of the Injury Investigation Form.

**Note:** In all cases requiring emergency medical treatment, immediately notify your Supervisor and HR, or have a co-worker call to request emergency medical assistance.

6.4 Off-Shift Injury Reporting Process and General Procedures

6.4.1 Injured employee must immediately report an injury to the Night Production Supervisor.

6.4.2 The injured employee and Night Production Supervisor will fill out the Injury Investigation Form A-107-F1. The Night Production Supervisor will immediately put the forms under the HR Director's door and contact the HR Director.

6.4.3 If the employee does not want medical attention, the employee will sign a Refusal of Medical Treatment Form and go to LabCorp the following day, before their shift, for a post-injury/incident drug test. The employee will take with him/her the provided Collection Authorization Form and Chain of Custody Form. This test must be done within 24 hours of injury.

6.4.4 If medical attention is required, the employee will receive a Medical Authorization Form and Chain of Custody Form for post-accident drug testing.

6.4.5 If the injury occurs before 7am or after 7pm, the injured employee will drive or be driven to the closest emergency room.

6.4.6 The employee must follow up with all post-accident appointments and adhere to all restrictions as directed by the doctor.

6.5 First Aid Recommendations

6.5.1 Wounds:

6.5.1.1 Minor wounds as cuts, lacerations, abrasions or punctures have to be washed using soap and water; rinse it well. Cover the wound using clean dressing.

6.5.1.2 Major wounds (large, deep and bleeding) – Stop the bleeding by pressing directly on the wound, using a bandage or cloth. Keep pressure on the wound until medical help arrives.

6.5.2 Burns:

6.5.2.1 Thermal (heat) – Rinse the burned area, without scrubbing it and immerse it in cold water; do not use ice water.

6.5.2.2 Chemical – Flush the exposed area with cool water immediately for 15 to 20 minutes.

6.5.3 Eye Injury:

6.5.3.1 When eyes need to be flushed from small particles or chemical irritation, go to the nearest eye wash station and flush your eyes for 15 minutes. If irritation continues after 15 minutes seek medical attention immediately.

6.5.3.2 Small particles – Do not rub your eyes; use the corner of a soft, clean cloth to draw particles out or hold the eyelids open and flush the eyes continuously with water at an eye wash station.

6.5.3.3 Chemical – Immediately irrigate the eyes and under the eyelids, with water, for 15 minutes at an eye wash station and consult SDS instructions.

6.5.3.4 Large or stuck particles – If a particle is stuck in the eye, do not attempt to remove it; cover both eyes with bandage.

6.5.4 Neck and Spine Injury – If the victim appears to have injured his/her neck or spine, or is unable to move his or her arm or leg, do not attempt to move the victim unless it is absolutely necessary.

6.6 Safe Lifting Procedure:

6.6.1 Size up the load – Never attempt to lift a load that is heavier than your comfort level. Do not lift alone if you estimate that the load is too heavy, awkward, bulky or will obscure your vision. If necessary use lifting and carrying aids such as pallet jacks and carts, or get assistance from a co-worker.

- 6.6.2 Secure your footing – Align your body with the load. Face the load straight on. Assure your footing and balance by placing one foot forward of the other.
  - 6.6.3 Bend your knees – Bend your knees and squat. Keep your head up, back straight. Spread your knees or lower one knee to get closer to the object.
  - 6.6.4 Lift the load – Push up with your legs to utilize your strongest set of muscles. Keep the load close to your body as you come up.
  - 6.6.5 Carry the load – Lift the object to the carrying position. If it is necessary to change your direction when in the upright position, do not twist your body. Turn your body by changing the position of your feet.
  - 6.6.6 Lower the load – Bend your knees while lowering the load to the floor from a waist high carrying position. Keep your back natural with the load close to the body, lowering the load with the arm and leg muscles.
- 6.7 Ladder Safety:
- 6.7.1 Do not use ladders with cracked or broken steps, rungs or cleats.
  - 6.7.2 Do not place a ladder at a blind corner or doorway. If set up is necessary in these areas, block or place a sign in the area.
  - 6.7.3 Face the ladder and use both hands when climbing up or down it.
  - 6.7.4 Do not jump down from the ladder at any height.
  - 6.7.5 Clean all foreign objects or any substance off of your shoes that could cause a slip or fall while using a ladder.
  - 6.7.6 Only one person is allowed on a ladder at a time.
- Note:** Use only ladders and step stools for climbing. Do not use boxes, chairs or pallets. Use a spotter when using a ladder.
- 6.8 Other Safety Procedures
- 6.8.1 Do not obstruct or block hallways, aisles, exits or access to safety and emergency equipment such as fire extinguishers, fire alarms, etc.
  - 6.8.2 Do not run electrical or other cords across aisles, between desks or across entrances and exits.
  - 6.8.3 Cut away from your body when using knives, or any cutting utensil.

- 6.8.4 Use caution signs/cones to barricade slippery areas and trip hazards.
  - 6.8.5 Employees taking prescribed medications or having medical conditions, which may impair their ability to perform any tasks must report this to their Supervisor prior to beginning work, and supervisors must report this to HR.
  - 6.8.6 Do not remove, bypass or tamper with electrical safeguards (fuses, interlocks, etc.)
  - 6.8.7 Turn off and lock out/tag out electrical equipment before attempting repairs or service work to prevent accidental start-up. Reference SOP G-104 for more information.
  - 6.8.8 Use the appropriate PPE when handling chemicals. PPE may include but is not limited to gloves, safety glasses, safety goggles, lab coats, protective aprons, and/or half mask respirators with the appropriate filter.
  - 6.8.9 Do not operate the forklift without prior training and then only as assigned or directed by your Supervisor. Do not permit passengers to ride on a forklift.
  - 6.8.10 Do not ride the freight elevators, they are for product only.
  - 6.8.11 Obey all additional safety instructions, warnings, signs, procedures and rules as written, posted or communicated.
- 6.9 Preventive Safety Measures
- 6.9.1 Material Safety Data Sheets
    - 6.9.1.1 The SDS contains important information about the kinds of hazards a chemical presents. Knowing and understanding the hazards is important to the health and safety of those potentially exposed.
    - 6.9.1.2 The QC Laboratory will maintain a list of all chemicals used in the facility.
    - 6.9.1.3 SDS information for most chemicals is also readily available outside of the Ion Labs breakroom and the QC laboratory. Any SDS not found in the books can be referenced online.
    - 6.9.1.4 Supervisors are responsible for reading the SDS and insuring that appropriate PPE for the chemicals of materials is in use.
  - 6.9.2 Personal Protective Equipment

6.9.2.1 The following PPE is available and sufficient for most chemicals in the QC laboratory, production, and the warehouse. Requirements for use are found on the SDS and often on the chemical containers.

- Lab coats and frocks provide skin and clothing protection to the arms and upper body.
- Disposable arm covers are available if skin is exposed.
- Chemical aprons are available as needed in the clean room.
- Gloves protect the hands from exposure.
- Half mask respirators with the appropriate filter to protect against dust particulate or organic vapors.
- Fume hoods remove dust, fumes, and smoke from the laboratory environment.
- Safety glasses protect the eyes from splashes, projectiles, and dust. Reading glasses are not an adequate substitution as they offer no protection from the sides.
- Face shields protect the face from splashes, projectiles, and dust.

### 6.9.3 Unlabeled Chemicals and Solutions

6.9.3.1 It is the policy of the facility that all chemicals are labeled and identifiable. Should a chemical be found unlabeled or unidentified, it is to be handled with extreme caution.

6.9.3.2 Unknown chemicals are to be taken to the QC laboratory fume hood.

## 7.0 Revision History

Revision	Date	Description of Changes	CCR #	By
0	03/31/11	New	-	-
1	02/13/13	Changed the SOP format, updated the SOP	-	-
2	08/08/13	Changes in section 4.4 & 5.1.1	13-682	V. Iltcheva
3	12/02/15	Biennial review: Updated SOP format. Added contents of SOP D-601 to SOP. Updated Form format. Added off-shift injury reporting.	15-0932	K. Burris
4	06/20/19	Changed procedures and added procedures for attached forms.	19-0393	A. Gastelu
5	08/11/21	Removed near miss reporting from SOP and split into stand-alone procedure.	CC-21-0325	B. Almand

**Injured Employee's Personal Information**

Name:	Gender:	DOB:
Phone number:	Department:	Shift:
Job title:	Hire date:	Supervisor:

**Injury Information**

Address (select one):		
<input type="checkbox"/> 8031 114 <sup>th</sup> Avenue <input type="checkbox"/> 10950 Belcher Road		
Exact location of injury event	Time of injury event:	Date of injury:
What part of the body was injured? Describe in detail:		

**Shade or mark the affected area(s) on the diagram below:**

Select all that apply: <input type="checkbox"/> Abrasion/scrape <input type="checkbox"/> Amputation <input type="checkbox"/> Broken Bone <input type="checkbox"/> Bruise <input type="checkbox"/> Burn <input type="checkbox"/> Concussion (Head) <input type="checkbox"/> Crushing Injury <input type="checkbox"/> Personal Illness <input type="checkbox"/> Sprain/Strain <input type="checkbox"/> Other: _____		Select all that apply: <input type="checkbox"/> Refused Treatment <input type="checkbox"/> Minor Injury <input type="checkbox"/> First Aid <input type="checkbox"/> Urgent Care <input type="checkbox"/> Ambulance <input type="checkbox"/> Hospital <input type="checkbox"/> Other: _____
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**If the employee went to the hospital or urgent care for treatment, list the location below:**

Hospital:	Location:
Clinic:	Location:
Did an employee accompany the injured employee? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of accompanying employee:



### Injury Investigation Form

Form: A-107-F1

CCR No. CC-21-0325

Revision: 1

#### Investigation (just the facts)

Describe the injury event fully step-by-step (who, what, when, where, why, how)

Name of all witnesses:

Witness statement:

What can be done to prevent the injury from happening again in the future?

Supervisor (print):		Safety Director (print):	
Signature:		Signature:	
Date:		Date:	
Sr. Operations:		Human Resources:	
Signature:		Signature:	
Date:		Date:	



Safety Violation Form

Form: A-107-F2

CCR No. CC-21-0325

Revision: 1

Injured Employee's Personal Information

Name:	Date:	Shift:
Job title:	Department:	Supervisor:

Violations (select all that apply)

<input type="checkbox"/> Improper PPE <input type="checkbox"/> Improper Use of Machinery/Equipment <input type="checkbox"/> Improper Use of Safety Guards <input type="checkbox"/> Tampering with Safety Equipment	<input type="checkbox"/> Improper Safety Equipment <input type="checkbox"/> Improper Use of Vehicle <input type="checkbox"/> In a Restricted Area <input type="checkbox"/> Other/OSHA Violation
---	--

Violation Details

Describe the in detail the violation:

Corrective Action:

Recommended disciplinary action (HR must approve all suspensions and terminations):

<input type="checkbox"/> Warning <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	<input type="checkbox"/> Suspension HR-DoP: _____	<input type="checkbox"/> Termination CEO: _____
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For HR Only – Effective Date of Suspension or Termination:

Employee:		Supervisor:	
Signature:		Signature:	
Date:		Date:	
Safety Director:		Human Resources:	
Signature:		Signature:	
Date:		Date:	



Safety Violation Form

Form: A-107-F2

CCR No. CC-21-0325

Revision: 2

Injured Employee's Personal Information

Name:	Date:	Shift:
Job title:	Department:	Supervisor:

Violations (select all that apply)

<input type="checkbox"/> Improper PPE <input type="checkbox"/> Improper Use of Machinery/Equipment <input type="checkbox"/> Improper Use of Safety Guards <input type="checkbox"/> Tampering with Safety Equipment	<input type="checkbox"/> Improper Safety Equipment <input type="checkbox"/> Improper Use of Vehicle <input type="checkbox"/> In a Restricted Area <input type="checkbox"/> Other/OSHA Violation
---	--

Violation Details

Describe the in detail the violation:

Corrective Action:

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<input type="checkbox"/> Warning <input type="checkbox"/> 1st <input type="checkbox"/> 2nd <input type="checkbox"/> 3rd	<input type="checkbox"/> Suspension HR-DoP: _____	<input type="checkbox"/> Termination CEO: _____
--	--	--

For HR Only – Effective Date of Suspension or Termination:

Employee:	Supervisor:
Signature:	Signature:
Date:	Date:
Safety Director:	Human Resources:
Signature:	Signature:
Date:	Date: