

**THE WAKEFIELD CORPORATION
10646 DUTCHTOWN ROAD
KNOXVILLE, TN 37932
865-675-1550**



SAFETY MANUAL

TABLE OF CONTENTS

- ❖ MANAGEMENT COMMITMENT & INVOLVEMENT POLICY STATEMENT
- ❖ SAFETY COORDINATOR
- ❖ FIELD SUPERINTENDENT
- ❖ JOB FOREMAN
- ❖ EMPLOYEES
- ❖ ACCIDENT REPORTING
- ❖ OSHA RECORD KEEPING
- ❖ THE WAKEFIELD CORPORATION SAFETY BINDER
- ❖ OSHA COMPLIANCE REVIEW
- ❖ GENERAL SECTION
- ❖ SCAFFOLDING/GENERAL
- ❖ MANUALLY PROPELLED MOBILE SCAFFOLD
- ❖ WELDING & CUTTING
- ❖ ELECTRICAL
- ❖ FALL PROTECTION
- ❖ TRAINING
- ❖ DISCIPLINARY PROCEDURES

EXHIBIT A-Weekly Safety Report

EXHIBIT B-

- PAGES 1- Accident Reporting and Follow Up
- 2- Medical Treatment Instructions
- 3- Medical Refusal Form
- 4- Employer's First Report of Work Injury or Illness Form
- 5- Employee's Choice of Physician Form

EXHIBIT C-Statewide TOSHA Office listings

EXHIBIT D-Table of Contents for The Wakefield Corporation Safety Binder

MANAGEMENT COMMITMENT AND INVOLVEMENT

POLICY STATEMENT

The management of the Wakefield Corporation is committed to providing employees with a safe and healthful workplace. It is the policy of this organization that employees report unsafe conditions and do not perform work tasks if the work is considered unsafe. Employees must report all accidents, injuries, and unsafe conditions to their supervisors. No such report will result in retaliation, penalty, or other disincentive.

Employee recommendations to improve safety and health conditions will be given thorough consideration by our management team. Management will give top priority to and provide the financial resources for the correction of unsafe conditions. Similarly, management will take disciplinary action against any employee who willfully or repeatedly violates workplace safety rules. This action may include verbal or written reprimands and may ultimately result in termination of employment.

The primary responsibility for the coordination, implementation, and maintenance of our workplace safety program has been assigned to:

NAME: Greg Bell
TITLE: Safety Coordinator
MOBILE: 865-389-6208
PHONE: 865-675-1550

Management will be actively involved with employees in establishing and maintaining an effective safety program. Our safety program coordinator, myself, or other members

of our management team will participate with you in ongoing safety and health program activities, which include:

- ✓ Promoting safety committee participation
- ✓ Providing safety and health education and training
- ✓ Reviewing and updating workplace safety rules

This policy statement serves to express management's commitment to and involvement in providing our employees a safe and healthful workplace. This workplace safety program will be incorporated as the standard of practice for this organization. Compliance with the safety rules will be required of all employees as a condition of employment.

Signature of CEO/President

Date

FIELD SUPERINTENDENT

- Knowledge of OSHA Regulations for Construction
- See that the job sites are maintained for safe conditions
- See that all safety rules are enforced
- Take prompt action on all safety matters
- See that all new employees are instructed on safety and company policies
- Conduct accident investigation at site of accident
- See that personal protection is available and being used properly
- Instruct Job Foreman of safety requirements

JOB FOREMAN

- Knowledge of OSHA regulations and company policies
- Carry out safety program at work level
- Plan all work to be done in a safe manner
- Instruct all new and existing employees on safe work practices
- Correct all unsafe conditions and unsafe actions
- Use personal protective equipment as needed
- Conduct weekly toolbox safety meeting and document. Use toolbox safety form (***Exhibit A***) and turn into the office.
- Notify office of all safety violations
- Notify office of all accidents and document. (***See Accident Reporting***)
- Have ready to use First Aid Kit
- Be trained in First Aid, CPR, Right to Know and have documentation on job
- Know location of nearest telephone, doctor and hospital

EMPLOYEES

- Become involved in the Safety Program and give it their total cooperation
- Be familiar with safety program and its contents
- Report all hazardous conditions to their supervisors immediately
- Report all accidents, no matter how minor, to their supervisor
- Comply with safety program, state, local and federal regulations or those set forth by job foreman
- Shall use personal protective equipment in a proper manner and where needed or directed by Job Foreman
- All prescription medication used shall be reported to Foreman

ACCIDENT REPORTING

- An accident that requires medical attention or results in lost work time must be reported to the office immediately
- Follow instructions and use forms accordingly
(*Exhibit B Pages 1-2-3-4-5*)
- In case of accident, which results in death or hospitalization of three or more employees, the Area Director of the local office of OSHA must be notified within (8) eight hours of the accident. (*Exhibit C*)
- If recordable (see instructions on OSHA 300 forms) accident must be posted to OSHA 300 within (7) six working days after learning of accident
 - The OSHA 300 summary for the previous year must be posted February 1 thru April 30
- Auto, equipment or property damage caused by accident must be reported to the office immediately.
- Any incident or accident involving an outside party (third party) or contractor shall be reported immediately.
- Take pictures of accident scene, use camera furnished by The Wakefield Corporation.

OSHA RECORD KEEPING

- A permanent record of occupational injuries and illnesses must be maintained and retained at the office for (5) five years.
- Post-recordable accidents to OSHA 300 within (7) six working days after learning of accident.
- Reverse side of OSHA 300 gives instructions for recording accidents or illness
- Annual summary of OSHA 300 must be posted February 1 thru April 30.
- All medical records will be maintained at the office and are available upon request.

THE WAKEFIELD CORPORATION SAFETY BINDER

- Any large and/or medium size job where a gang toolbox is used, “The Wakefield Corporation” Safety Binder will be located in each gang box with the contents listed on (***Exhibit D***)
- Each employee must be informed of this information and have access to it.

OSHA COMPLIANCE REVIEW

- Check credentials and photo of inspector
- Do not refuse an inspection
- OSHA 300 is in The Wakefield Corporation Safety Binder
- Employers have a right to representation during an inspection
- Employer has (15) fifteen days to contest a citation
- Employees have the right to file a formal complaint to Department of Labor, which may cause an inspection
- Employees have a right to refuse to do work they consider to be hazardous.
- Take notes
- Take pictures (if possible)

GENERAL SECTION

- Superintendent and Foreman will have CPR, First Aid, Right to Know and Bloodborne Pathogen training as required.
- Superintendent and Foreman will attend meetings and/or training sessions as directed.
- Check First Aid and Medical Facilities, be sure a First Aid Kit is available and someone trained knows location of hospital, etc.
- Use approved ear, eye protection where needed.
- Hard hats, work boots, work clothes will be worn correctly at all times.
- Safety glasses, face shields, earplugs, dust mask, respirators, and safety harness worn when needed or instructed to use.
 - Check job for Fire Protection, housekeeping, lighting, drinking water, and toilets.
- Post danger signs where hazards exist.
- Store material in a safe manner.
- No radios are allowed on any job at any time.
- All tools and equipment shall be kept in a safe condition.
- Employee must be qualified to use tools and equipment
- Ladders must be used in a safe manner
- Anyone under the influence of intoxicating liquor or drugs, including prescription medication, which might impair one's ability to perform his/her job and judgment, shall not be allowed on the job.
- No employee shall be knowingly permitted or required to work while his/her ability or alertness is so impaired by fatigue, illness, or other causes that might unnecessarily expose the employee or others to injury.
- Gasoline shall not be used for cleaning purposes and shall be properly stored.

- Firearms are not allowed on job sites.
- Horseplay, scuffling, and other acts that tend to have adverse influence on the safety and well being of employees shall be prohibited
- Foul, aggressive, provocative, or abusive language is not permitted.

SCAFFOLDING / GENERAL

- The footing or anchorage for scaffolds should be sound, rigid and capable of carrying the maximum intended load without settling or displacement. Unstable objects such as barrels, boxes, loose brick or concrete blocks, shall not be used to support scaffolds or planks. Level jacks and mudsills should be used.
- No scaffold shall be erected, moved, dismantled or altered except under the supervision of “competent person”.
- Guardrails and toe boards shall be installed on all open sides and ends of platform more than 10 feet in height, having a minimum horizontal dimension in either direction of less than 45 inches, shall have standard guardrails installed on all open sides and ends of the platform (**Exhibit E-6**).
- Guardrails shall be 2 x 4 inches, or the equivalent, approximately 42 inches high, capable of withstanding, without failure, a force applied in any downwards and or horizontal direction at any point along its top, of at least 200 pounds, with a mid rail, capable of withstanding, without failure, a force applied in any downwards and or horizontal direction at any point along its top, of at least 150 pounds. Supports shall be at intervals not to exceed 8 feet. Toe boards shall be a minimum of 4 inches in height (**Exhibit E-6**).
- Where persons are required to work or pass under the scaffold, scaffolds shall be provided with a screen between the toe board and the guardrail, extending along the entire opening, consisting of No. 18 gauge U.S. Standard wire 1/2 inch mesh or the equivalent.
- Scaffolds and their components should be capable of supporting without failure at least 4 times the maximum intended load.

- All planking shall be scaffold grades, or equivalent, as recognized by approved grading rules for the species of wood used (**Exhibit E-6**). The maximum permissible span for 2 X 10 inch or wider planks shall be as shown in the following:

	<u>FULL THICKNESS UNDRESSED LUMBER</u>			<u>NORMAL THICKNESS LUMBER</u>	
WORKING LOAD (p.s.f.)	25	50	75	25	50
PERMISSIBLE SPAN (ft)	10	8	6	8	6

- All planking of platform shall be overlapped (minimum 12 inches) or secured from movement
- An access ladder or equivalent safe access shall be provided (***Exhibit E-9***)
- Scaffold planks shall extend over their end supports not less than 6 inches or more than 12 inches.
- Overlaps shall occur only over supports
- The poles, legs, or uprights of scaffolds shall be plumb, and securely and rigidly braced to prevent swaying and displacement
- Overhead protection shall be provided for men on a scaffold exposed to overhead hazards
- Slippery conditions on scaffolds should be eliminated as soon as possible after they occur.
- Each platform on all working levels of scaffold shall be fully planked or decked between the front uprights and the guardrail supports. Each platform shall be installed so that the space between adjacent units and the space between the platform and the uprights is no more than (1) one inch. To fit around uprights when side brackets are used, the space shall not exceed 9 1/2 inches (***Exhibit E-1***).

- “Open sides and ends” means the edges of a platform that are more than 14 inches away horizontally from a sturdy, continuous, vertical surface (such as a building wall) or a sturdy, continuous horizontal surface (such as a floor) or a point of access. Exception: For plastering and lathing operations the horizontal threshold distance is 18 inches.
- Supported scaffolds with a height to base width (including outrigger supports, if used) ratio of more than four to one (4:1) shall be restrained from tipping by guying, tying, bracing, or equivalent means, as follows:
 - Guys, ties, braces shall be installed at locations where horizontal members support both inter and outer legs.
 - Guys, ties, and braces shall be installed according to the scaffold manufacturer’s recommendations or at the closest horizontal member to the 4:1 height and be repeated vertically at locations of horizontal members every 20 feet or less thereafter for scaffolds 3 feet wide or less, (**Exhibit E-3**) and every 26 feet or less thereafter for scaffolds greater than 3 feet wide (**Exhibit E-2**). The top guy, tie or brace of completed scaffolds shall be placed no further than the 4:1 height from the top. Such guys, ties and braces shall be installed at each end of the scaffold and at horizontal intervals not to exceed 30 feet measured from one end (not both) toward the other.
- When scaffold platforms are more than 2 feet above or below a point of access, a ramp or ladder must be used. Cross braces shall not be used as means of access.
- A rest platform must be provided at maximum of 35 feet vertical intervals (* **Exhibit E-4**)
- The employer shall provide safe means of access for each employee erecting or dismantling a scaffold where the provision of safe access is feasible and does not create a greater hazard.
- Cross bracing is acceptable in place of a mid rail when the crossing point of two braces is between 20 and 30 inches above the work platform or as a top rail between 38 and 48 inches. The end points of each upright shall be no more than 48 inches apart.
- Do not use the guardrails for added working height.

- Enter and exit all scaffolds at ladder. Ladder must extend 36” above platform and be secured.
- Be sure the 3 each 2x6 and plywood is in proper place before each use.
- The “Competent person” must inspect the scaffold before each use.
- Tag “do not use” and remove damaged scaffold parts from jobsite.
- Use top and mid guardrails on all scaffolds above 10’ and toe boards when equipment or material is on scaffold.
- All levels that you work on must be floored solid, even below 10’.
- Pass scaffold parts up and down when erecting and dismantling – do not throw.
- Set up one scaffold section high, floor it solid with 3 2x6 and plywood, then set up another section. Reverse when you dismantle.
- Do not use ladders, buckets, blocks and etc. on scaffolds for added light.

MANUALLY PROPELLED MOBILE SCAFFOLD

- The height shall not exceed four (4) times the minimum base dimension
- Casters should support four (4) times the maximum intended load
- All casters must have a positive locking device
- Scaffolds shall be braced by cross and horizontal bracing
- Platforms shall be full width of scaffold
- A ladder or stairway shall be provided for proper access and egress
- Manual force used to move the scaffold shall be applied as close to the base as practical, but not more than 5 feet above the supporting surface
- Employees shall not be allowed to ride on scaffolds unless the following conditions exist:
 - The surface is within 3 degrees of level, and free of pits, holes and obstruction
 - The width is 1/2 the height (Example: Scaffold is 30" wide, you can only ride up to 60" high)
 - If outrigger is used they must be on both sides
 - Tools and material removed before moving
 - Fall protection must be applied above 10'
 - If exposed to leading edge, openings etc., fall protection must be applied at all heights

WELDING AND CUTTING

- Use proper eye protection when welding, cutting or clipping
- When moving cylinder, protection caps must be in place
- Secure in vertical position when transporting
- When not in use, electrodes shall be removed from the holder
- Never weld in wet conditions
- Fire extinguishers shall be present
- Welding shall be in properly ventilated areas only
- All cylinders shall be secured or on cart
- Flashback arrestors shall be on all oxygen and acetylene welding hoses
- Welding hoses shall not be laid across hallways, through windows and doorways unless properly protected
- Welding hoses shall be protected from vehicle and equipment traffic

ELECTRICAL

- All temporary wiring shall have approved Ground Fault Circuit Interrupters
- If there is no Ground Fault Circuit Interrupters (G.F.C.I.) an Assured Equipment Grounding Conductor Program must be used.
- Check all electrical cords and tools before each use
- Protect extension cord from damage by traffic, sharp items, etc.
- Extension cords must not be fastened with staples, hung from nails or suspended by wires
- Check all coated tool handles, plastic could be cracked
- Extension cords must be proper size and free of defects
- All extension cords must be 3 wire with ground plug

FALL PROTECTION

- Unprotected sides and edges, leading edges, hoist areas and holes shall be protected from falling by guardrail system, safety net system or personal fall arrest system, as determined for each job.
- Covers for holes in floor must support twice the maximum intended load, secured in place and clearly marked.
- Warning line system, controlled access zone and safety monitoring system can be used in certain situations.
- Safety belts shall not be used as fall protection devices.
- Safety harness with impact reducing lanyards and connectors (when needed) shall be used.
- Scissor lifts (straight up) do not use guardrails for added working heights. You do not have to be tied off (unless General Contractor has policy to tie off).
- All lifts (except scissor) a safety harness shall be worn and a lanyard attached to the boom or bucket.

TRAINING

- Training of each employee must be effective
- Training must be documented
- Some training topics:
 - Company Policy Procedures
 - Specific Job Hazard/Safe Work Practices
 - Hazard Communications
 - Bloodborne Pathogen
 - Personal Protective Equipment
 - Fall Protection
 - First Aid
 - C P R
 - Employees Right to Know
 - Power Operated Tools and Equipment
 - Ladders and Scaffolding
 - Electrical Hazards
 - Respiratory Protection
 - Powder Actuated Tools
 - Lasers
 - Lifting
 - Fork Lift
 - Material Handling

DISCIPLINARY PROCEDURES

- Verbal Warning:
 - Employee will be given counseling and/or training to ensure clear understanding of the infraction and the proper conduct under company guidelines.

- Written Warning:
 - Outlining the nature of the offense and necessary corrective action shall be documented in personnel file.

- Unpaid disciplinary leave:
 - Time off without pay.

- Discharge:
 - No longer employed by the company.

Employee termination may occur at any time for willful safety violations by employees.

ACCIDENT REPORTING AND FOLLOW UP

- When an accident happens, the Job Foreman must notify the office within 30 minutes.
- The office will notify the Safety Coordinator and Construction Manager.
- Job Foreman must fill out an Employee's First Report of Injury for ALL accidents:
- An Employee's Choice of Physician form must be filled out and signed.
 - Do when you first learn of accident.
 - Fill in all blanks you can answer.
 - Print or be sure it can be read.
 - Turn in to office by Foreman by end of workday.
 - Fill out Tennessee First Report of Work Injury and Employee's Choice of Physicians forms
- Set up a "Master File" per year.
 - Safety Coordinator will post to OSHA #300 (if recordable) within 7 days.
 - As medical information release to return to work, etc., is received, a copy to the Construction Manager and Safety Coordinator putting the original with First Report in file.

MEDICAL TREATMENT INSTRUCTIONS

“NO EMPLOYEE” will return to work without a written release from Doctor and approval of Construction Manager.

“ALL EMPLOYEE’S” involved in an accident must go to the Doctor that work day or sign a “REFUSAL FORM”.

“POST ACCIDENT TESTING” (Drug and Alcohol Program) will be done after an accident that caused or could have caused damage or injury, by end of that workday.

All accidents will be investigated and reviewed.

THE WAKEFIELD CORPORATION
MEDICAL TREATMENT REFUSAL

I, _____, DO HEREBY
(Employee Print Name)

REFUSE MEDICAL ATTENTION AND/OR TREATMENT AT THE
TIME OF THIS INJURY.

I THEREFORE DO RELEASE THE WAKEFIELD CORPORATION OF
ANY FUTURE LIABILITY.

NAME _____
(EMPLOYEE SIGNATURE)

DATE _____

FOREMAN _____
(PRINT)

(SIGNATURE)

Please fill out shaded information.

TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE DEVELOPMENT
EMPLOYER'S FIRST REPORT OF WORK INJURY OR ILLNESS

C20

CLAIMS ADM/CARRIER	JURISDICTION CLAIM # (STATE FILE #)		CLAIM TYPE CODE <input type="checkbox"/> MED ONLY <input type="checkbox"/> INDEMNITY <input type="checkbox"/> BECAME LOST TIME <input type="checkbox"/> BECAME MED ONLY <input type="checkbox"/> NOTIFY ONLY <input type="checkbox"/> TRANSFER		The use of this form is required under the provisions of the Tennessee Workers' Compensation Law and must be completed and filed with your insurance carrier immediately after notice of injury. It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits. If you have questions, the state now has a benefit review system where a Workers' Compensation Specialist can provide assistance. Call 1-800-332-2667 (TDD).	
	CLAMS ADM CLAIM # (INSURER CLAIM #)		CARRIER FEIN			
	OSHA LOG CASE #		FEIN OF CLMS ADM			
	NAME OF INSURANCE CARRIER		CLMS ADJ PHONE #			
	CLAIMS ADMIN FIRM NAME (if different from carrier)		CITY			
	CLAIMS ADJUSTER NAME		STATE			
	CLAIM HANDLING OFFICE ADDRESS LINE 1 AND LINE 2		ZIP			
EMPLOYER	EMPLOYER NAME		EMPLOYER FEIN		SIC CODE	PHONE NUMBER
	EMPLOYER ADDRESS LINE 1 AND LINE 2				NATURE OF BUSINESS	
	CITY		STATE	ZIP	INSURED REPORT NUMBER	EMPLOYER LOCATION #
POLICY	INSURED NAME (parent co. if different than employer)		POLICY NUMBER		EFF DATE	EMPLOYMENT STATUS CODE <input type="checkbox"/> FULL TIME/REGULAR <input type="checkbox"/> PART TIME <input type="checkbox"/> PIECE WORKER <input type="checkbox"/> SEASONAL <input type="checkbox"/> VOLUNTEER <input type="checkbox"/> APPRENTICE FULL TIME <input type="checkbox"/> APPRENTICE PART TIME
	SELF INSURED? <input type="checkbox"/> YES <input type="checkbox"/> NO		EXP DATE			
EMPLOYEE	EMPLOYEE LAST NAME		PHONE INCL AREA CODE		GENDER <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> UNKNOWN	
	FIRST	MI	DEPARTMENT REGULARLY WORKED			
	ADDRESS LINE 1 & 2				OCCUPATION DESCRIPTION	
	CITY		STATE	ZIP	MARRITAL STATUS <input type="checkbox"/> UNMARRIED, SINGLE, DIVORCED <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> UNKNOWN	
	SSN	DATE OF BIRTH	DATE OF HIRE		NCCI CLASS CODE	
	WAGE \$	PERIOD <input type="checkbox"/> WEEKLY <input type="checkbox"/> HOURLY <input type="checkbox"/> BI-WEEKLY <input type="checkbox"/> DAILY <input type="checkbox"/> MONTHLY	NUMBER OF DAYS WORKED PER WEEK		SALARY CONTINUED IN LIEU OF COMPENSATION <input type="checkbox"/> YES <input type="checkbox"/> NO FULL WAGES PAID FOR DATE OF INJURY <input type="checkbox"/> YES <input type="checkbox"/> NO	
ACCIDENT/INJURY	DATE OF INJURY		TIME OF INJURY <input type="checkbox"/> AM <input type="checkbox"/> PM <input type="checkbox"/> COULD NOT BE DETERMINED		TIME EMPLOYEE BEGAN WORK ON INJURY DATE <input type="checkbox"/> AM <input type="checkbox"/> PM	
	DATE EMPLOYER NOTIFIED OF INJURY		BODY PART AFFECTED CODE		NATURE OF INJURY CODE	
	DATE CLAIM ADM NOTIFIED OF INJURY		CAUSE OF INJURY CODE			
	DATE LAST DAY WORKED		How injury or illness occurred. Describe the incident including what the employee was doing just before the part of the body affected and how, and object or substance that directly harmed the employee.			
	DATE DISABILITY BEGAN					
	RETURN TO WORK DATE (IF APPLICABLE)					
	DATE OF DEATH (IF APPLICABLE)		IF DEATH CLAIM, GIVE # DEPENDENTS FOR EACH RELATIONSHIP <input type="checkbox"/> WIDOW <input type="checkbox"/> WIDOWER <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> DAUGHTER <input type="checkbox"/> SON <input type="checkbox"/> SISTER <input type="checkbox"/> BROTHER <input type="checkbox"/> HANDICAPPED CHILD TOTAL # DEPENDENTS			
	DID INJURY/ILLNESS OCCUR ON EMPLOYER'S PREMISES? <input type="checkbox"/> YES <input type="checkbox"/> NO		ADDRESS WHERE INJURY OCCURRED (if other than employer's premises) CITY STATE ZIP COUNTY OF INJURY			
TREATMENT	PHYSICIAN NAME		HOSPITAL OR OFF SITE TREATMENT NAME			
	ADDRESS LINE 1 AND 2		ADDRESS LINE 1 AND 2			
	CITY		STATE	ZIP	CITY STATE ZIP	
	INITIAL TREATMENT <input type="checkbox"/> NO MEDICAL TREATMENT		<input type="checkbox"/> MINOR BY EMPLOYER <input type="checkbox"/> MINOR BY CLINIC/HOSPITAL		<input type="checkbox"/> HOSPITALIZED > 24 HRS <input type="checkbox"/> EMERGENCY CARE <input type="checkbox"/> FUTURE MAJOR MEDICAL/LOST TIME ANTICIPATED	
OTHER	DATE PREPARED	PREPARER NAME & TITLE		PREPARER'S COMPANY NAME	PHONE NUMBER	

LB-0021 (REV 12-01)

Note: Foreman fill out shaded information only **EXHIBIT B-4**

**TENNESSEE DEPARTMENT OF LABOR AND WORKFORCE
DEVELOPMENT**

**Division of Workers' Compensation
Nashville, Tennessee 37243-0661**

**Website: www.state.tn.us/labor-wfd/wcomp.html
Telephone: 1-800-332-2667**

***Please fill
out shaded
information.***

EMPLOYEE'S CHOICE OF PHYSICIAN

It is a crime to knowingly provide false, incomplete or misleading information to any party to a workers' compensation transaction for the purpose of committing fraud. Penalties include imprisonment, fines and denial of insurance benefits.

State File Number: _____

Date of Injury: _____

Employee: _____

SSN: _____

Address: _____

City: _____ State: _____ Zip: _____

Employer: The Wakefield Corporation FEIN: 62-1265039

Address: 10646 Dutchtown Road City: Knoxville State: TN Zip: 37932

PANEL OF PHYSICIANS

A panel of three physicians is required. If the injury is a back injury the panel must be expanded to four, one of whom must be a chiropractor. Chiropractor visits may be authorized for up to twelve (12) visits per back injury. More than twelve (12) visits to such doctor of chiropractic must be specifically approved by the employer or insurance carrier. The injured employee must select a physician (or chiropractor) from the panel.

Physicians Name: **DOCTOR'S CARE OF TN** Phone: 865-675-3304
Address: 101 Glenleigh Court City: Knoxville State: TN Zip: 37922
Is Physician a Specialist? Yes___ No X If yes, give specialty: Ortho, Neuro, Chiro, etc. _____

Physicians Name: **MEDCARE/FAMILYCARE SPECIALIST** Phone: 865-584-2146
Address: 1300 Old Weisgarber Road City: Knoxville State: TN Zip: 37909
Is Physician a Specialist? Yes___ No X If yes, give specialty: Ortho, Neuro, Chiro, etc. _____

Physicians Name: **PIGEON FORGE MEDICAL CLINIC** Phone: 865-453-1924
Address: 3342 Parkway City: Pigeon Forge State: TN Zip: 37863
Is Physician a Specialist? Yes___ No X If yes, give specialty: Ortho, Neuro, Chiro, etc. _____

Physicians Name: **FARRAGUT WALK IN CLINIC** Phone: 865-671-6026
Address: 11408 Kingston Pike, Suite 400 City: Knoxville State: TN Zip: 37922
Is Physician a Specialist? Yes___ No X If yes, give specialty: Ortho, Neuro, Chiro, etc. _____

I hereby have selected the following physician from the list provided to me by my employer:

Physician Chosen: _____

Employee Signature: _____ Date Selected: _____

A copy of this form must be provided to the employee. The employer must keep the original form on file and upon request provide a copy to the Division of Workers' Compensation.

This form is required to be in compliance with Tennessee Code Annotated §50-6-204. LB-0382 (rev. 8/05)

STATEWIDE TOSHA OFFICES

CHATTANOOGA	423-634-6424
JACKSON	901-423-5640
KINGSPORT	423-224-2042
KNOXVILLE	865-594-6180
MEMPHIS	901-543-7259
NASHVILLE	615-741-2793
CONSULTATION RESOURCES	615-741-7036
ACCIDENT REPORTING	1-800-249-8510

PROPERTY OF:
THE WAKEFIELD CORPORATION
10646 DUTCHTOWN ROAD
KNOXVILLE, TENNESSEE 37932
(865) 675-1550

CONTENTS OF SAFETY BINDER:

- THE WAKEFIELD CORPORATION POLICY & PROCEDURE MANUAL
- THE WAKEFIELD CORPORATION DRUG & ALCOHOL MANUAL
- THE WAKEFIELD CORPORATION ACCIDENT REPORTING & FOLLOW UP
- EMPLOYER'S FIRST REPORT OF WORK INJURY
- OSHA #300 FORM (PREVIOUS YEAR)
- MEDICAL FACILITY INFORMATION
- EQUAL EMPLOYMENT OPPORTUNITY
- JOB SAFETY & HEALTH PROTECTION
- EMPLOYEE POLYGRAPH PROTECTION ACT
- YOUR RIGHTS UNDER THE FAMILY & MEDICAL LEAVE ACT OF 1993
- DRYWALL FRAMER/HANGER AND FINISHER TOOL LIST
- HILTI SIGN – POWER ACTUATED TOOLS
- CAUTION – LASER RADIATION AREA
- THE WRITTEN HAZARD COMMUNICATION PROGRAM
- EXPOSURE CONTROL PLAN
- MSDS'S
- OCCUPATIONAL SAFETY & HEALTH STANDARDS FOR THE CONSTRUCTION INDUSTRY
- FIRST AID & CPR MANUAL

EXHIBIT D

BRACING - TUBE & COUPLER SCAFFOLDS

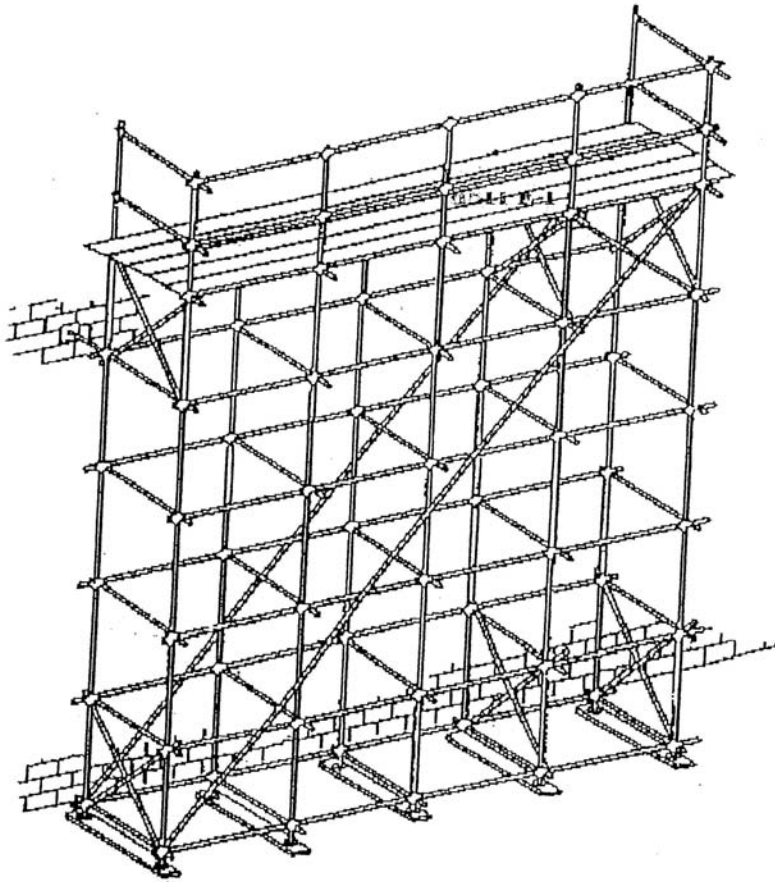


EXHIBIT E-1

MAXIMUM VERTICAL TIE SPACING WIDER THAN 3'-0" BASES

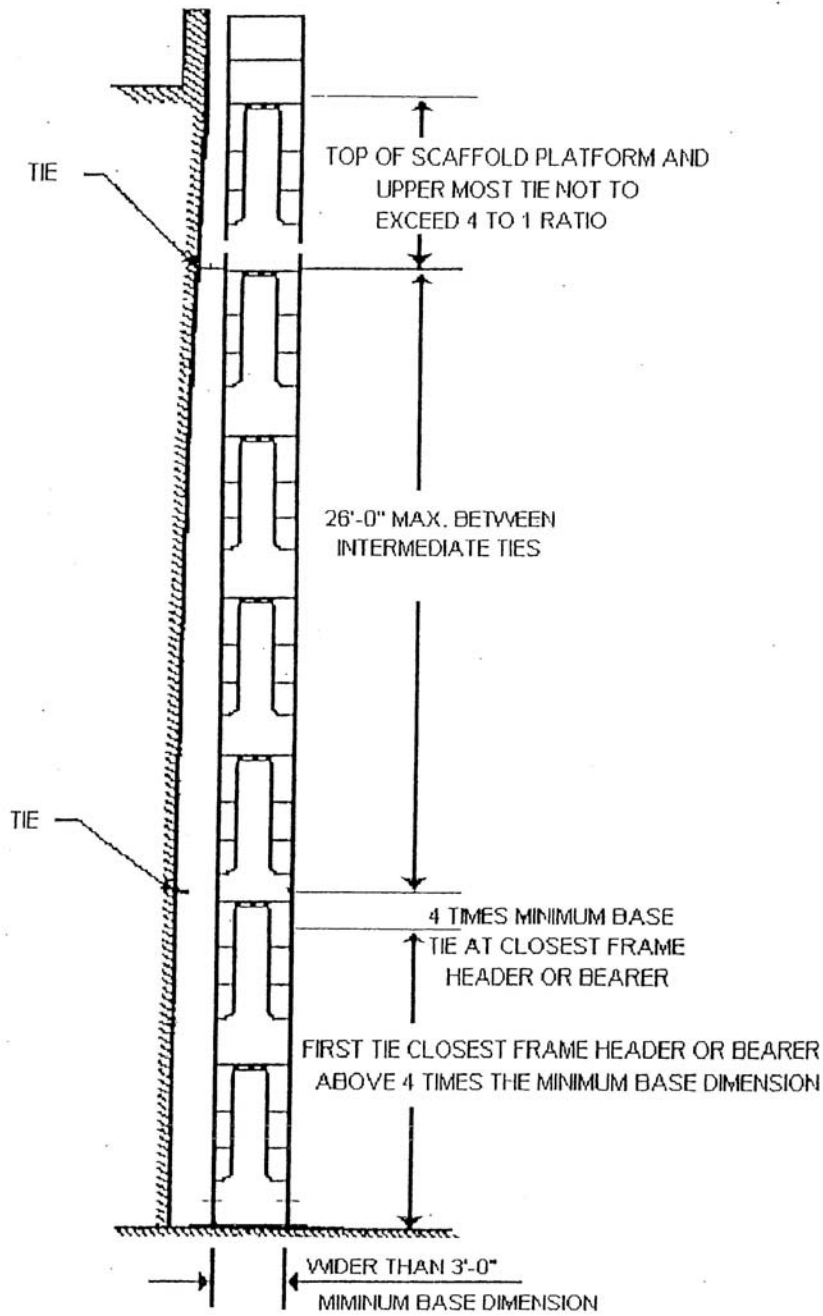


EXHIBIT E-2

MAXIMUM VERTICAL TIE SPACING 3'-0" AND NARROWER BASES

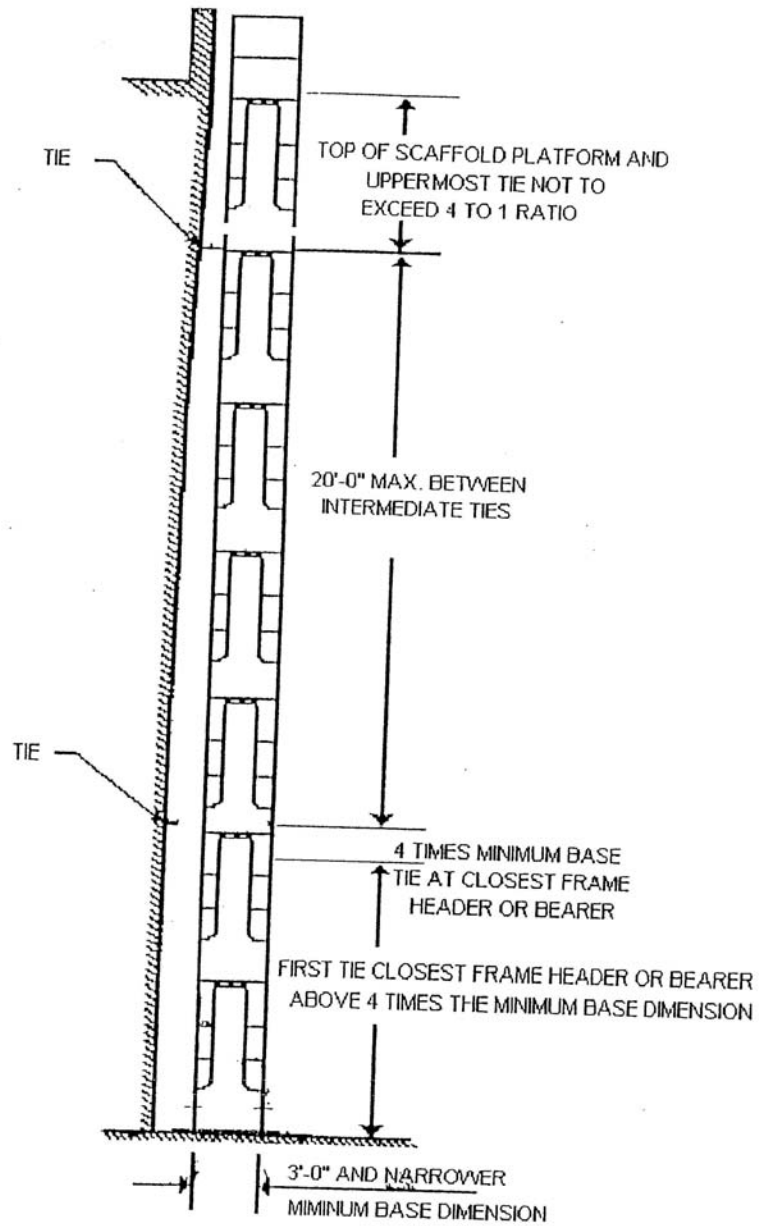
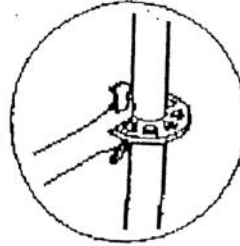
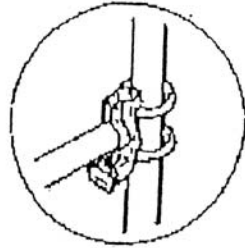


EXHIBIT E-3

SYSTEM SCAFFOLD



JOINT CONNECTIONS
VARY ACCORDING
TO MANUFACTURER

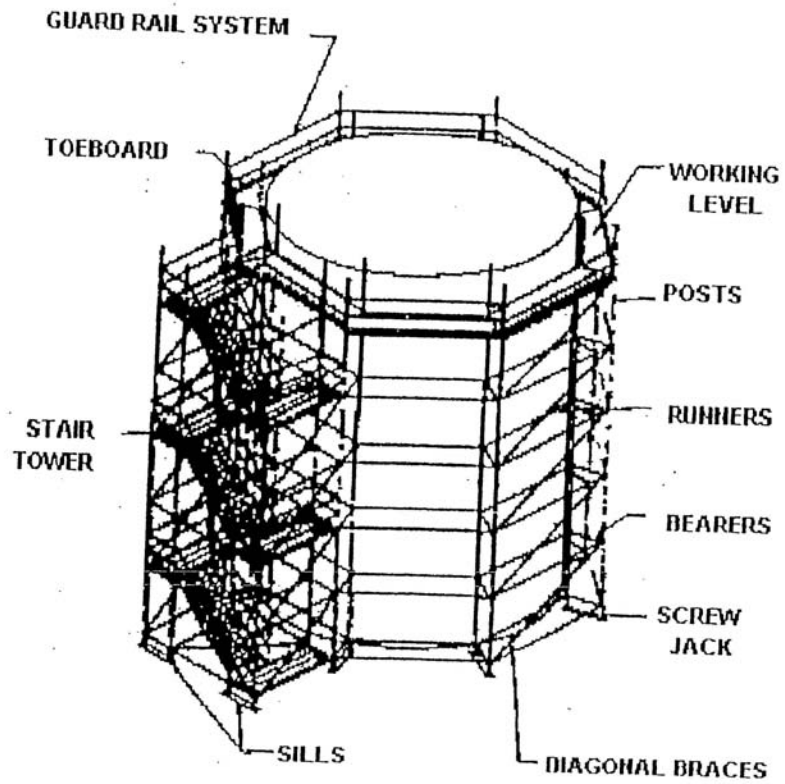
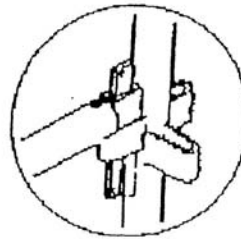
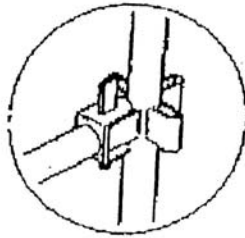


EXHIBIT E-4

SPIB[®] DNS IND 65
KD19 5-DRY (7)

SCAFFOLD PLANK

Grade stamp courtesy of Southern Pine Inspection Bureau

MILL 10



SEL STR

SCAF PLK
D. FIR S. DRY

Grade stamp courtesy of West Coast Lumber Inspection Bureau

TUBE and COUPLER SCAFFOLD

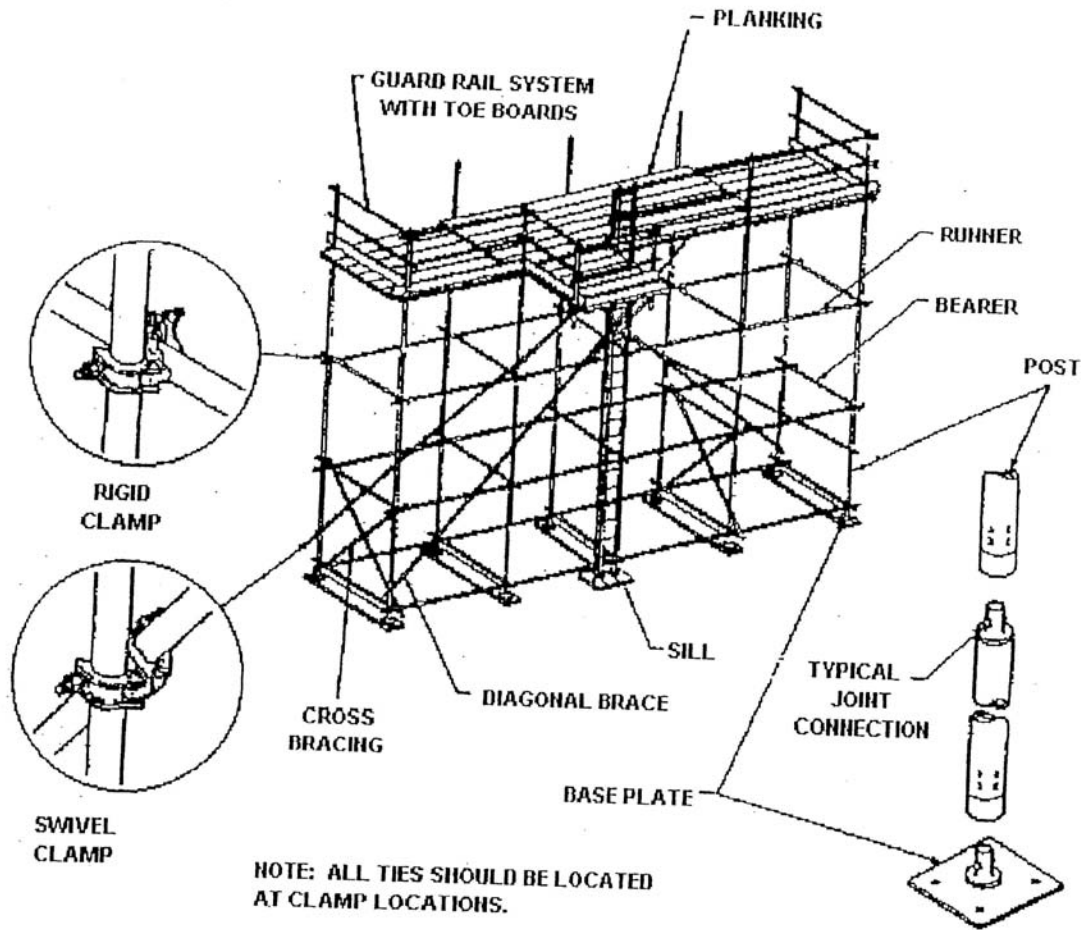
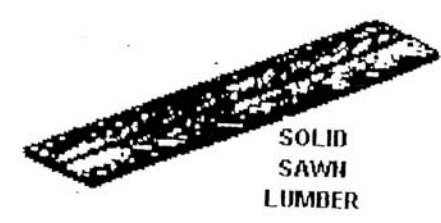
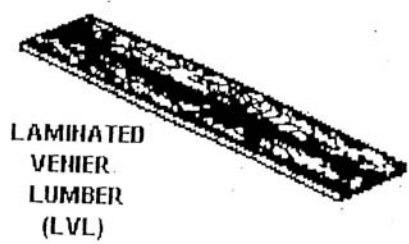
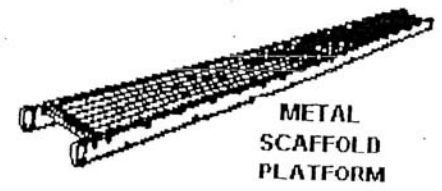
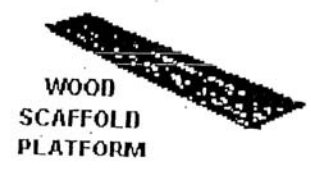
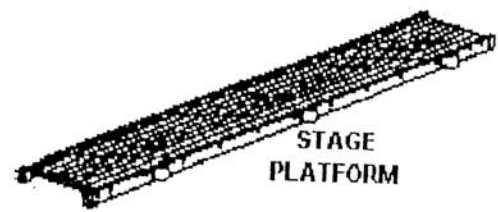
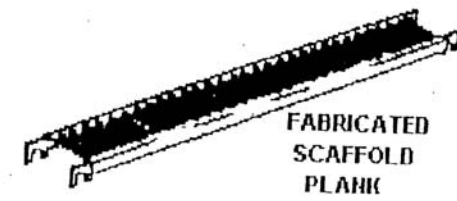
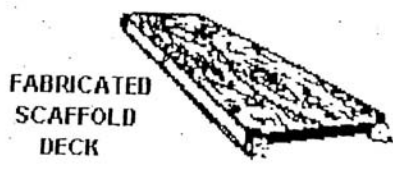


EXHIBIT E-6

SCAFFOLDING WORK SURFACES



SCAFFOLD PLANKS



OUTRIGGER SCAFFOLD

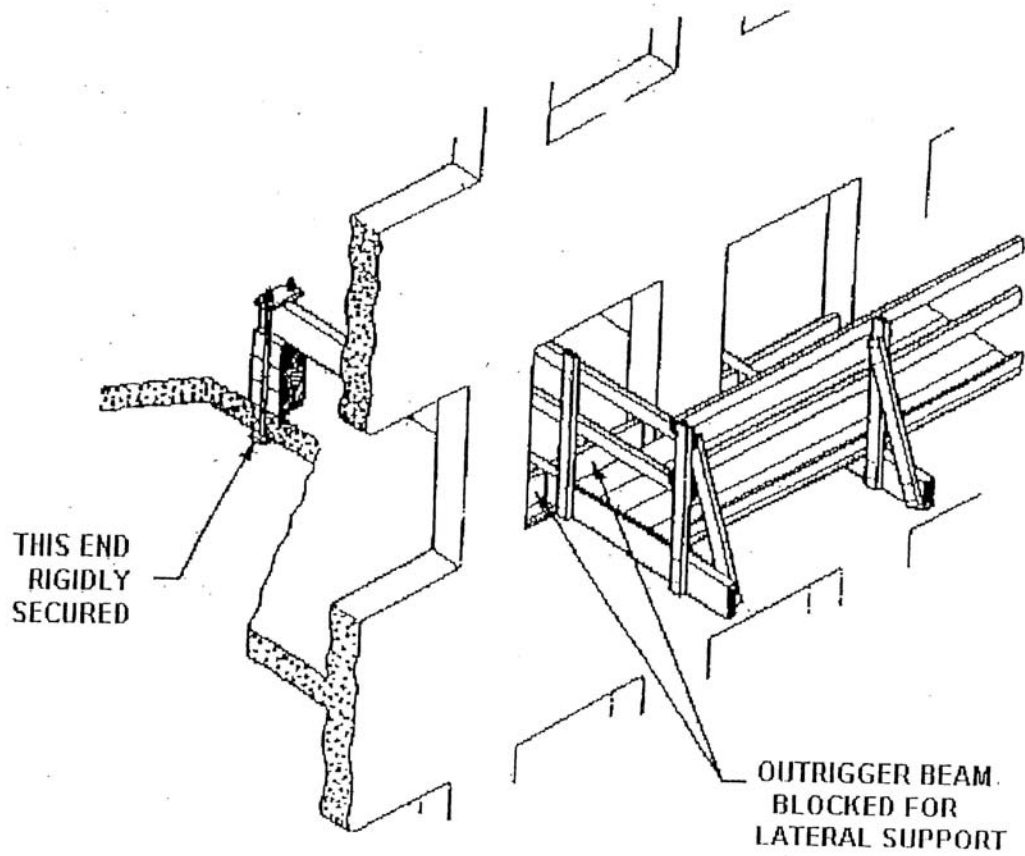
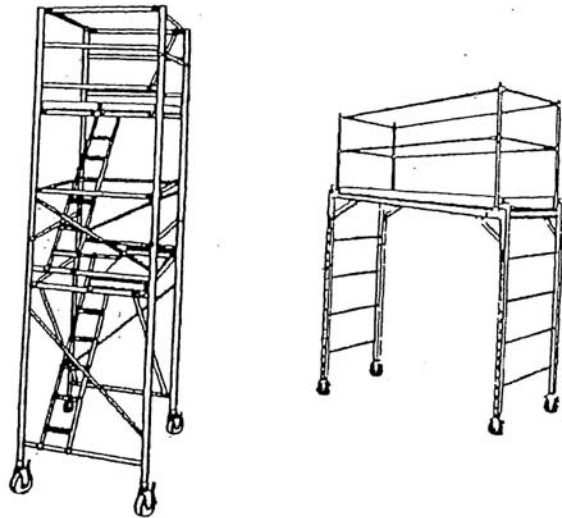


EXHIBIT E-8



PREFABRICATED MOBILE TOWER UNIT

MASON'S MULTI POINT SUSPENDED SCAFFOLD

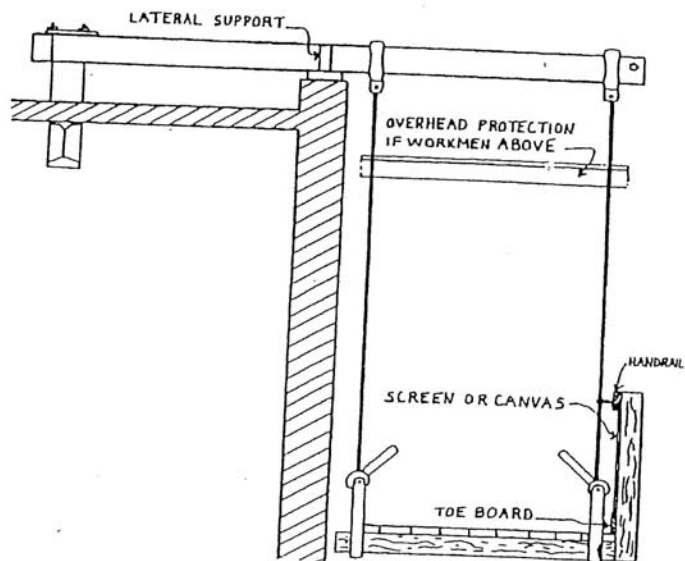


EXHIBIT E-9