#

Parcel Delivery Safety Program



Company name here

Parcel Delivery Safety Program

Our organization, <Business Name>, has established a commitment to managing health and safety in the workplace by involving our most important assets, our employees. This program intends to assist employees, supervisors and managers in safety efforts by providing information and training. We encourage input from all employees to keep safe and prevent injuries. We regularly train employees, supervisors and managers to recognize hazards, encourage reporting of hazards and apply swift remedies to eliminate risks.

The success of our safety program requires the earnest cooperation of each employee.

The following directives are guidelines for keeping employees injury-free and conforming with Cal/OSHA’s Injury and Illness Prevention Program (IIPP) requirements.

I. DESIGNATE A COMPANY SAFETY COORDINATOR

 <Designated Person> has been assigned the responsibility and authority to manage the company safety program for <Business Name>. The coordinator’s name and phone number should be made available to all employees. Encourage employees to communicate with the coordinator regarding safety questions, concerns or suggestions.

It’s important to understand that the workplace’s ultimate responsibility for safety and health still rests with each employee.

**Safety begins at the top and should be introduced on day one!** Your business’ commitment to workplace safety should start with management and be evident throughout the organization. The new hire process is critical to introducing safety-related policies, procedures and expectations.

II. PROVIDE FORMAL SAFETY TRAINING TO EACH NEW-HIRE EMPLOYEE

All new hires will undergo safety orientation prior to beginning their assignment. The new hire training checklist should be modified to include job-specific instructions, then reviewed and signed by each new hire.

When new machinery, equipment or processes are introduced to an employee, training will be documented using the attached training checklist or similar means.

III. SCHEDULE REGULAR SAFETY COMMUNICATIONS

Effective safety communication between management/supervisors and employees is paramount to the company’s success. All safety communication efforts will be documented. The following (checked) methods will be used:

* Employee safety meetings conducted <monthly, quarterly, semi-annually, annually> and recorded with interim meetings as needed
* New employee safety orientation
* Employee bulletin boards with safety messages posted regularly
* New hire training checklist
* Workplace hazardsidentification and correction
* Safety inspection checklist
* Accident investigation

IV. EVALUATE HAZARDS/SAFETY INSPECTIONS

Various hazards can lead to serious injuries while making parcel deliveries. These include slips, trips and falls, lifting strains, automobile accidents and heat exhaustion –to name a few. Refer to the example and the pages that follow for a general list of hazards and safe work practices. This is not intended to be an all-inclusive list, but a list of some common hazards and control measures.

Informal safety inspections, to include evaluation of the distribution center, dock, vehicles and processes will be completed by any/all personnel or by the safety coordinator on an ongoing basis.

Employees are encouraged to report unsafe conditions or practices by informing their supervisor or safety coordinator in person, with a note in the safety suggestion box or <specific company ways to communicate>.

Formal safety inspections will be conducted on a <monthly, quarterly, semi-annual, annual> basis using the attached safety inspection checklist. Any deficiencies identified on the checklist will be immediately addressed with documented corrective action.

V. METHODS OF CORRECTIVE ACTION

Any safety deficiency identified during formal inspections will be flagged for maintenance and addressed as soon as possible. Employee suggestions will be taken into account at this time with any action items included in this list and prioritized.

VI. ENFORCE SAFETY POLICIES

The safety coordinator or other representative(s) should randomly and regularly evaluate employee/driver safety practices. This opportunity should be used to recognize good safety behaviors and correct unsafe actions. Ensure employees are following established safety policies. Refer to your disciplinary procedures to address safety violators.

VII. ACCIDENT INVESTIGATION

One of the most critical elements of an effective safety program is the thoughtful completion of an accident investigation.

Encourage employees to report any/all accidents, regardless of if an injury was sustained. Related activities, actions and conditions will provide critical clues to prevent the same accident from happening again.

Use a formal accident investigation (example included) to record accident details and explanations. Take photos, check surveillance cameras and interview witnesses. Use fact-finding questions when conducting the interviews. Use open-ended questions such as:

* **When** did the accident occur? Date? Time?
* **Where** in the workplace did the accident occur?
* **Who** was present at the time of the incident?
* **What** are the details of the activity/task involved?
* **Why** do you think the accident occurred?
* **What** could have been done to prevent this accident?

Develop a corrective action to prevent the reoccurrence of another incident. Follow up to ensure the corrective action is effectively implemented.

Safety Meeting Record

##### Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

##### Topic: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 **Employees in Attendance:**

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**Suggestions:**

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**Suggestion Follow-up:**

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New Hire Orientation – Sample Checklist

**1. Slips/Trips/Falls**

Slip, Trip and Fall accidents are prevalent for delivery drivers, especially with non-routine routes. To reduce the potential for such incidents, follow the following precautionary measures:

* Wear slip-resistant, closed-toe footwear.
* Walk, not run, especially on wet surfaces.
* Stay on walkways. Avoid walking through grass or flower beds.
* Observe extra caution to walking surfaces during inclement weather.
* Park as close to the delivery site as possible. Stay in well-lit areas.
* Use a flashlight or vehicle headlamp to illuminate dark areas.
* Resist jumping down from trucks or platforms.

**2. Sprains and Strains**

Parcel delivery can involve awkward postures when loading, unloading, lifting or carrying. To reduce these risks, workers should be encouraged to employ good ergonomic practices, such as:

* Perform simple stretches before, during and after work.
* Read weight labels on packages.
* Use cart or hand truck for heavy loads.
* Use proper lifting techniques:
	+ Bend knees and keep weight close to the body. Lift with legs.
	+ Avoid twisting or turning the body while lifting or carrying a load.
	+ Use handholds when available. Resist pinch grips.
	+ Lift smoothly and slowly.
	+ Do not overreach to perform tasks and avoiding awkward postures.

**3. Driving**

Vehicle accidents are the number one cause of occupational injuries and fatalities. All drivers should undergo a motor vehicle record (MVR) check, receive defensive driver instruction and understand vehicle maintenance/inspection expectations. The following are critical components of safe delivery driving:

* Obey all traffic laws.
* Always wear a seat belt.
* Be courteous to other drivers and pedestrians.
* Maintain a safe distance from other cars.
* Drivers should use defensive driving techniques at all times.
* Do not drive distracted – refrain from using cell phones, tablets, computers or any handheld devices.
* Plan your route before departure.
* Pay attention to weather and road conditions.
* Keep vehicle cab clean and orderly. Keep parcels neatly arranged without obstructing mirrors or windows.
* Take adequate breaks when driving for long periods.
* Do not drive if you are under the influence of alcohol or drugs, including prescription and over-the-counter medications.
* Do not drive if you are not both physically and mentally able to operate a vehicle.
* Maintain and inspect your vehicle.
* Report all accidents to your supervisor.

4**. Heat Exposures**

High temperatures and potentially heavy physical labor in direct sunlight can lead to heat illness unless workers take proper safety precautions. The following are suggested safety tips:

* Keep vehicle air conditioning at a comfortable setting during summer months.
* Know the signs and symptoms of heat illness, such as headaches, dizziness, fainting and weakness.
* Monitor yourself and co-workers for signs and symptoms of heat illness.
* Drink plenty of water, even before you get thirsty.
* Avoid drinks with caffeine.
* Wear lightweight, light-colored, loose-fitting clothing.
* Call your supervisor for help. In the event of an emergency, call 911.

**5. Security Exposures**

To assure driver security in dark or unfamiliar areas, the following precautions are advised:

* Restrict the amount of cash carried and keep valuables hidden from sight.
* Secure parcels in the vehicle. Lock doors if leaving the vehicle unattended.
* Park as close as possible to the delivery address.
* Be aware of your surroundings.
* Only deliver to valid addresses. Look for signs of vacancy.
* Never enter a customer residence.
* Do not deliver to individual hotel rooms; Deliver to the reception desk.
* Encourage customers with animals to restrain them.
	+ Watch for negative body language from dogs and do not approach if an animal appears confrontational.
	+ Keep something between you and the animal.
	+ Don’t assume the dog won’t bite.

I have been trained and instructed on the topics and understand all related company policies and procedures.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Supervisor/manager signature Date**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Employee signature Date**

Vehicle Safety Inspection Checklist

|  |  |  |  |
| --- | --- | --- | --- |
|  | **Yes** | **No** | **Corrective Action** |
| **Headlights:** Both high and low beams operational? |  |  |  |
| **Break lights and taillights:** Operational with lenses intact? |  |  |  |
| **Turn signals and parking lights:** Front & rear operational? |  |  |  |
| **Four-way emergency flashers:** Front & rear operational? |  |  |  |
| **Backup lights:** Operational? **License plate light:** Operational? |  |  |  |
| **Tires:** At least 1 mm of tread over traction surface? Free of breaks and cuts? Properly inflated? Spare tire, jack and lug wrench available? |  |  |  |
| **Windshield and Windows:** Not cracked to the degree that impairs vision? |  |  |  |
| **Windshield wipers:** Both wipers present with blades in good repair? Adequate cleaning fluid level? |  |  |  |
| **Mirrors:** Outside and inside not cracked? |  |  |  |
| **Seat belts:** Adequate number of seat belts for passengers? |  |  |  |
| **Brakes:** Foot pedal can’t travel more than half-way to the floor? |  |  |  |
| **Brake fluid:** Filled to an appropriate level? |  |  |  |
| **Defroster:** Operational? |  |  |  |
| **Horn:** Functional? |  |  |  |
| **Emergency equipment:** First aid kit, triangles, fire extinguisher available |  |  |  |
| **Housekeeping:** Windshields clean? No excessive clutter in the cab? Parcels organized.  |  |  |  |

**Inspection Completed By:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date:\_\_\_\_\_\_\_\_\_\_\_ Vehicle:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Motor Vehicle Accident Investigation

Personal Information

|  |  |
| --- | --- |
| **Date & Time of Accident:** |  |
| **Employee’s Name:** |  |
| **Department & Job Title:** |  |
| **Supervisor:** |  |

Other Driver/Vehicle Information

|  |  |
| --- | --- |
| **Driver’s Name:** |  |
| **Driver’s Address:** |  |
| **Driver’s Phone Number:** |  |
| **Vehicle Make, Model, Color & Year:** |  |
| **License Plate Number:** |  |
| **Insurance Carrier & Policy Number:**  |  |

Incident Details

|  |
| --- |
| **Include as many possible details of the events leading up to the accident:** |
|  |

Vehicle Damage Descriptions

|  |  |
| --- | --- |
| **Your Vehicle:** | **Other Vehicle Involved:** |
|  |  |

Passenger/Injury Details

|  |  |
| --- | --- |
| **Employee Vehicle** |  |
| **Employee Injuries:** |  |
|  |  |
| **Other Vehicle Involved** |  |
| **Driver Injuries:** |  |
| **Total # of Passengers:** |  |
| **Passenger #1 Injuries:** |  |
| **Passenger #2 Injuries:** |  |
| **Passenger #3 Injuries:** |  |
| **Additional Passenger Injuries:** |  |

Witness Information

|  |  |
| --- | --- |
| **Witness #1:** |  |
| **Name:**  |  |
| **Address:**  |  |
| **Phone Number:**  |  |
|  |  |
| **Witness #2:** |  |
| **Name:**  |  |
| **Address:**  |  |
| **Phone Number:** |  |

**Attach photos taken of the scene and affected vehicle(s) at all angles:**

|  |  |
| --- | --- |
|  |  |
| **Employee Signature** | **Date** |