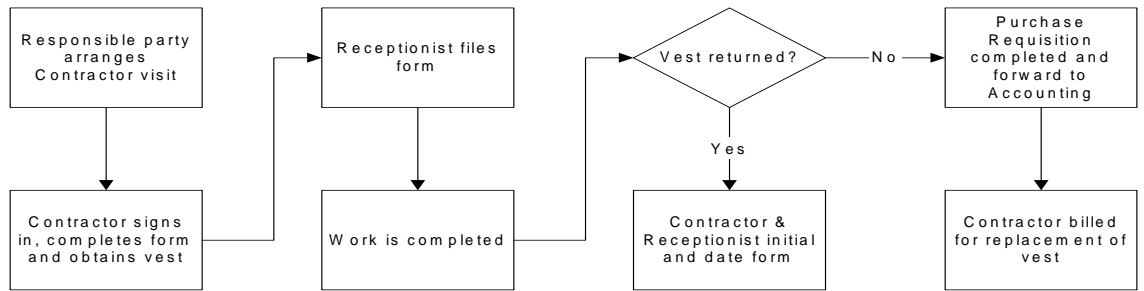


DESK TOP INSTRUCTION

Instruction title <p style="text-align: center; font-size: 1.2em;">Safety Vests</p>	Instruction # <p style="text-align: center; font-size: 1.2em;">24A-DI01</p>
---	---

Business System Approval:	Revision Date <p style="text-align: center;">8/8/05</p>	Rev. Level <p style="text-align: center;">B</p>	Process Owner Approval:
----------------------------------	---	---	--------------------------------

PROCESS MAP HERE



1.0 PURPOSE

To ensure that all Contractors working in this Operating Division are identified on the floor. To help ensure the security and safety of the organization, employees and contractors in this operating division.

This Operating Division utilizes the term “contractor” to include suppliers, vendors and customers who are performing work and/or a service on the facility.

2.0 SCOPE & RESPONSIBILITY

The Receptionist will provide a vest to each contractor who will be working on the floor. Each contractor will be required to sign the Safety Equipment Form and wear the vest while in the facility.

3.0 METHOD

- 3.1 Prior to a contractor coming on site the “responsible party” shall notify the Receptionists with the name of the contractor. (Company name)
- 3.2 The contractor should be notified by the person requesting the contractor’s services regarding the vest, prior to the contractor arriving.
- 3.3 When the contractor enters the front lobby and signs in, the Receptionist will provide the contractor with the Safety Equipment Form and a vest for each person.
- 3.4 Each contractor will be responsible for returning the vest to the Receptionist upon leaving the facility. If the contractor will be working on site over a period of time, the responsible party should notify the receptionist. The contractor may retain the vest for the duration of the work period.
Note: The work period should be noted on the Safety Equipment Form.
- 3.5 Any contractor that does not return a vest will be charged a replacement fee. By signing the Safety Equipment Form the contractor authorizes the Operating Division to charge the replacement cost back.

AFTER HOURS / WEEKENDS

- 3.6 For after hour’s or weekend work at this Operating Division it shall be the “responsible party” requiring the work to ensure that the contractor is provided a vest and the Safety Equipment form

DESK TOP INSTRUCTION

Instruction title	Safety Vests	Instruction #	24A-DI01
-------------------	--------------	---------------	----------

Business System Approval:	Revision Date	Rev. Level	Process Owner Approval:
	8/8/05	B	

is completed.

3.7 The "responsible party" should leave the completed form in the Receptionist area for filing.

3.8 All the above is applicable.

RETURNING

3.9 Upon return, the Contractor will initial & date the previously completed Safety Equipment form. The forms are maintained by the Receptionist.

3.10 The Receptionist will be responsible for storage of the unused vests.

3.11 Damaged vests will be noted, however unintentionally damaged vests not subject to a charge back.

REPLACEMENT

3.12 The Receptionist will be responsible to complete the Purchase Requisition Form when a vest was not returned and needs to be replaced.

3.13 A copy of the Safety Equipment form needs to be submitted to Accounting for billing on the unreturned vest. Accounting will issue a debit or invoice accordingly.

4.0 SUPPORT PROCESS / FORMS

Safety Equipment form
Purchase Requisition form

5.0 REVISION HISTORY

8/2/04 – Initial release of the instruction.

8/6/04 – Updated to clarify Accounting debit responsibilities per request from Human Resources. SV

8/8/05 – Updated Contractor Vest Form to Safety Equipment Form to align instruction with approved form change (form # 24A-F001) - SV

6.0 ENVIRONMENTAL IMPACTS AND BENEFITS

None

7.0 RECOMMENDED TRAINING AREAS

Receptionist
Accounting

8.0 DEVIATION PROCESS

Not applicable