

Form W-4 (2013)

Purpose. Complete Form W-4 so that your employer can withhold the correct federal income tax from your pay. Consider completing a new Form W-4 each year and when your personal or financial situation changes.

Exemption from withholding. If you are exempt, complete **only** lines 1, 2, 3, 4, and 7 and sign the form to validate it. Your exemption for 2013 expires February 17, 2014. See Pub. 505, Tax Withholding and Estimated Tax.

Note. If another person can claim you as a dependent on his or her tax return, you cannot claim exemption from withholding if your income exceeds \$1,000 and includes more than \$350 of unearned income (for example, interest and dividends).

Basic instructions. If you are not exempt, complete the **Personal Allowances Worksheet** below. The worksheets on page 2 further adjust your withholding allowances based on itemized deductions, certain credits, adjustments to income, or two-earners/multiple jobs situations.

Complete all worksheets that apply. However, you may claim fewer (or zero) allowances. For regular wages, withholding must be based on allowances you claimed and may not be a flat amount or percentage of wages.

Head of household. Generally, you can claim head of household filing status on your tax return only if you are unmarried and pay more than 50% of the costs of keeping up a home for yourself and your dependent(s) or other qualifying individuals. See Pub. 501, Exemptions, Standard Deduction, and Filing Information, for information.

Tax credits. You can take projected tax credits into account in figuring your allowable number of withholding allowances. Credits for child or dependent care expenses and the child tax credit may be claimed using the **Personal Allowances Worksheet** below. See Pub. 505 for information on converting your other credits into withholding allowances.

Nonwage income. If you have a large amount of nonwage income, such as interest or dividends, consider making estimated tax payments using Form 1040-ES, Estimated Tax for Individuals. Otherwise, you may owe additional tax. If you have pension or annuity

income, see Pub. 505 to find out if you should adjust your withholding on Form W-4 or W-4P.

Two earners or multiple jobs. If you have a working spouse or more than one job, figure the total number of allowances you are entitled to claim on all jobs using worksheets from only one Form W-4. Your withholding usually will be most accurate when all allowances are claimed on the Form W-4 for the highest paying job and zero allowances are claimed on the others. See Pub. 505 for details.

Nonresident alien. If you are a nonresident alien, see Notice 1392, Supplemental Form W-4 Instructions for Nonresident Aliens, before completing this form.

Check your withholding. After your Form W-4 takes effect, use Pub. 505 to see how the amount you are having withheld compares to your projected total tax for 2013. See Pub. 505, especially if your earnings exceed \$130,000 (Single) or \$160,000 (Married).

Future developments. Information about any future developments affecting Form W-4 (such as legislation enacted after we release it) will be posted at www.irs.gov/w4.

Personal Allowances Worksheet (Keep for your records.)

A	Enter "1" for yourself if no one else can claim you as a dependent	A	<u> </u>		
B	Enter "1" if: <table border="0" style="display: inline-table; vertical-align: middle;"> <tr> <td style="font-size: 3em; vertical-align: middle;">{</td> <td style="padding-left: 5px;"> <ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. </td> </tr> </table>	{	<ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 	B	<u> </u>
{	<ul style="list-style-type: none"> • You are single and have only one job; or • You are married, have only one job, and your spouse does not work; or • Your wages from a second job or your spouse's wages (or the total of both) are \$1,500 or less. 				
C	Enter "1" for your spouse . But, you may choose to enter "-0-" if you are married and have either a working spouse or more than one job. (Entering "-0-" may help you avoid having too little tax withheld.)	C	<u> </u>		
D	Enter number of dependents (other than your spouse or yourself) you will claim on your tax return	D	<u> </u>		
E	Enter "1" if you will file as head of household on your tax return (see conditions under Head of household above)	E	<u> </u>		
F	Enter "1" if you have at least \$1,900 of child or dependent care expenses for which you plan to claim a credit (Note. Do not include child support payments. See Pub. 503, Child and Dependent Care Expenses, for details.)	F	<u> </u>		
G	Child Tax Credit (including additional child tax credit). See Pub. 972, Child Tax Credit, for more information. • If your total income will be less than \$65,000 (\$95,000 if married), enter "2" for each eligible child; then less "1" if you have three to six eligible children or less "2" if you have seven or more eligible children. • If your total income will be between \$65,000 and \$84,000 (\$95,000 and \$119,000 if married), enter "1" for each eligible child	G	<u> </u>		
H	Add lines A through G and enter total here. (Note. This may be different from the number of exemptions you claim on your tax return.) ▶	H	<u> </u>		

For accuracy, complete all worksheets that apply.

{	<ul style="list-style-type: none"> • If you plan to itemize or claim adjustments to income and want to reduce your withholding, see the Deductions and Adjustments Worksheet on page 2. • If you are single and have more than one job or are married and you and your spouse both work and the combined earnings from all jobs exceed \$40,000 (\$10,000 if married), see the Two-Earners/Multiple Jobs Worksheet on page 2 to avoid having too little tax withheld. • If neither of the above situations applies, stop here and enter the number from line H on line 5 of Form W-4 below.
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----- Separate here and give Form W-4 to your employer. Keep the top part for your records. -----

Form W-4 Department of the Treasury Internal Revenue Service	<h2 style="margin: 0;">Employee's Withholding Allowance Certificate</h2> <p style="margin: 0;">▶ Whether you are entitled to claim a certain number of allowances or exemption from withholding is subject to review by the IRS. Your employer may be required to send a copy of this form to the IRS.</p>	OMB No. 1545-0074 <div style="font-size: 2em; font-weight: bold; text-align: center;">2013</div>				
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">1 Your first name and middle initial</td> <td style="width: 50%; padding: 2px;">Last name</td> </tr> </table>		1 Your first name and middle initial	Last name	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">2 Your social security number</td> </tr> </table>	2 Your social security number	
1 Your first name and middle initial	Last name					
2 Your social security number						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">Home address (number and street or rural route)</td> <td style="width: 50%; padding: 2px;"> 3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box. </td> </tr> </table>		Home address (number and street or rural route)	3 <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Married, but withhold at higher Single rate. Note. If married, but legally separated, or spouse is a nonresident alien, check the "Single" box.			
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; padding: 2px;">City or town, state, and ZIP code</td> <td style="width: 50%; padding: 2px;"> 4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/> </td> </tr> </table>		City or town, state, and ZIP code	4 If your last name differs from that shown on your social security card, check here. You must call 1-800-772-1213 for a replacement card. ▶ <input type="checkbox"/>			
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 80%; padding: 2px;"> 7 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. • Last year I had a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶ </td> <td style="width: 20%; padding: 2px;">7 <u> </u></td> </tr> </table>		7 I claim exemption from withholding for 2013, and I certify that I meet both of the following conditions for exemption. • Last year I had a refund of all federal income tax withheld because I had no tax liability, and • This year I expect a refund of all federal income tax withheld because I expect to have no tax liability. If you meet both conditions, write "Exempt" here ▶	7 <u> </u>			
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<p>Under penalties of perjury, I declare that I have examined this certificate and, to the best of my knowledge and belief, it is true, correct, and complete.</p>						
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 70%; padding: 2px;">Employee's signature (This form is not valid unless you sign it.) ▶</td> <td style="width: 30%; padding: 2px;">Date ▶</td> </tr> </table>		Employee's signature (This form is not valid unless you sign it.) ▶	Date ▶			
Employee's signature (This form is not valid unless you sign it.) ▶	Date ▶					
<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 60%; padding: 2px;">8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)</td> <td style="width: 20%; padding: 2px;">9 Office code (optional)</td> <td style="width: 20%; padding: 2px;">10 Employer identification number (EIN)</td> </tr> </table>		8 Employer's name and address (Employer: Complete lines 8 and 10 only if sending to the IRS.)	9 Office code (optional)	10 Employer identification number (EIN)		
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Department of Homeland Security
U.S. Citizenship and Immigration Services

Form I-9, Employment Eligibility Verification

Read instructions carefully before completing this form. The instructions must be available during completion of this form.

ANTI-DISCRIMINATION NOTICE: It is illegal to discriminate against work-authorized individuals. Employers CANNOT specify which document(s) they will accept from an employee. The refusal to hire an individual because the documents have a future expiration date may also constitute illegal discrimination.

Section 1. Employee Information and Verification *(To be completed and signed by employee at the time employment begins.)*

Print Name: Last	First	Middle Initial	Maiden Name
Address <i>(Street Name and Number)</i>		Apt. #	Date of Birth <i>(month/day/year)</i>
City	State	Zip Code	Social Security #

I am aware that federal law provides for imprisonment and/or fines for false statements or use of false documents in connection with the completion of this form.

I attest, under penalty of perjury, that I am (check one of the following):

- A citizen of the United States
- A noncitizen national of the United States (see instructions)
- A lawful permanent resident (Alien #) _____
- An alien authorized to work (Alien # or Admission #) _____ until (expiration date, if applicable - month/day/year)

Employee's Signature	Date <i>(month/day/year)</i>
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Preparer and/or Translator Certification *(To be completed and signed if Section 1 is prepared by a person other than the employee.) I attest, under penalty of perjury, that I have assisted in the completion of this form and that to the best of my knowledge the information is true and correct.*

Preparer's/Translator's Signature	Print Name
Address <i>(Street Name and Number, City, State, Zip Code)</i>	
Date <i>(month/day/year)</i>	

Section 2. Employer Review and Verification *(To be completed and signed by employer. Examine one document from List A OR examine one document from List B and one from List C, as listed on the reverse of this form, and record the title, number, and expiration date, if any, of the document(s).)*

List A	OR	List B	AND	List C
Document title: _____		_____		_____
Issuing authority: _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____
Document #: _____		_____		_____
Expiration Date <i>(if any)</i> : _____		_____		_____

CERTIFICATION: I attest, under penalty of perjury, that I have examined the document(s) presented by the above-named employee, that the above-listed document(s) appear to be genuine and to relate to the employee named, that the employee began employment on *(month/day/year)* _____ and that to the best of my knowledge the employee is authorized to work in the United States. (State employment agencies may omit the date the employee began employment.)

Signature of Employer or Authorized Representative	Print Name	Title
Business or Organization Name and Address <i>(Street Name and Number, City, State, Zip Code)</i>		Date <i>(month/day/year)</i>

Section 3. Updating and Reverification *(To be completed and signed by employer.)*

A. New Name <i>(if applicable)</i>	B. Date of Rehire <i>(month/day/year)</i> <i>(if applicable)</i>
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C. If employee's previous grant of work authorization has expired, provide the information below for the document that establishes current employment authorization.

Document Title: _____ Document #: _____ Expiration Date *(if any)*: _____

I attest, under penalty of perjury, that to the best of my knowledge, this employee is authorized to work in the United States, and if the employee presented document(s), the document(s) I have examined appear to be genuine and to relate to the individual.

Signature of Employer or Authorized Representative	Date <i>(month/day/year)</i>
----------------------------------------------------	------------------------------



California
Environmental Systems, Inc.
Control Your Environment

Phone: 530-282-1752 Fax: 530-210-2698
Address: 12265 Locksley Lane, Auburn, CA 95602
Email: cpiercejr@calenvirosystems.com

License #: 964556

PLUMBING PIPING SHEET METAL HVAC DDC CONTROLS

Employee Acknowledgement of Workers' Compensation

I have received information that tells me how to get health care under my employer's workers' compensation insurance.

If I am hurt on the job and live in a service area described in this information, I understand that:

1. I must choose a treating doctor from the list of doctors in the MPN (Medical Provider Network).
2. I must go to my treating doctor for all health care for my injury. If I need a specialist, my treating doctor will refer me.
3. The insurance carrier will pay the treating doctor and other MPN providers.
4. I might have to pay the bill if I receive care from someone other than a MPN doctor without network approval.
5. Making a false or fraudulent workers' compensation claim is a crime that may result in fines and or imprisonment.

Signature

Date

Printed Name

Please indicate whether this is the:

- Initial Employee Notification
 Injury Notification (Date of Injury: __/__/__).



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License #: 964556

PLUMBING PIPING SHEET METAL HVAC DDC CONTROLS

EMPLOYEE ACKNOWLEDGMENT

I state that I have read and received a copy of the **California Environmental Systems, Inc.** *Safety, Injury and Illness Prevention Plan.*

I further state that I understand these rules and acknowledge that compliance with the *Safety, Injury and Illness Prevention Plan* is a condition of employment. If I violate the safety rules or fail to report an injury to my supervisor immediately, I understand that I am subject to suspension, and possibly termination, in accordance with company policy.

EMPLOYEE SIGNATURE

DATE

MANAGER SIGNATURE

DATE



NEW EMPLOYEE SAFETY ACKNOWLEDGEMENT FORM

Safety Services Company - Safety Meeting Division, PO Box 6408, Yuma, AZ 85366 Toll Free (877) 251-3622



It is the responsibility of each and every employee to know the safety rules, and conduct his/her work in compliance with these rules. Disregard of the *safety and health rules* shall be grounds for disciplinary action up to and including termination. It is also the duty of each employee to make full use of the safeguards provided for their protection. Every employee will receive a copy of the Company Safety and Health Program. Employee responsibilities include the following:

I understand I must:

Employee Initials (Mark N/A if Not Applicable)

- _____ **Read, understand, and follow** company safety and health rules and procedures.
- _____ **Attend any and all** required safety and health meetings.
- _____ **Recognize** that any workplace violence is expressly prohibited. I agree to never bring any weapons onto company property, including carried inside company vehicles.
- _____ **Refrain from** any workplace harassment that is against company policy and immediately report instances of harassment to my supervisor. All instances of harassment are subject to disciplinary action.
- _____ **Demonstrate** that I am properly licensed and trained to operate a company vehicle assigned to me. I agree to immediately notify management if my license is suspended or revoked for any reason and to report any incidents which involve my assigned vehicle to supervision.
- _____ **Be informed** as to the location of MSDS sheets and acknowledge that I have easy access to them.
- _____ **Wear Personal Protective Equipment (PPE)** at all times in areas where hazards are present.
- _____ **Never remove** any tools, equipment, materials, supplies, or product from company property without permission or disciplinary action may result.
- _____ **Wear suitable work clothes** and not wear jewelry as determined by the supervisor/foreman.
- _____ **Perform all tasks safely** as directed by the supervisor/foreman.
- _____ **Report ALL injuries** to the supervisor/foreman immediately, and seek treatment promptly.
- _____ **Know the location** of emergency exits, first aid equipment, fire fighting equipment, and other safety devices.
- _____ **Not perform** potentially hazardous tasks, or use any hazardous material until properly trained, and follow all safety procedures when performing those tasks.
- _____ **STOP AND ASK QUESTIONS IF EVER IN DOUBT ABOUT THE SAFETY OF ANY OPERATION.**
- _____ **Never undertake** a job until I have received adequate training.
- _____ **Be trained** on every potential hazard that I could be exposed to and how to protect myself.
- _____ **Never work** under conditions which are unsanitary, dangerous, or hazardous to my health.
- _____ **Be trained and qualified** before operating machinery or equipment.
- _____ **Adhere to manufacturer's** instructions, specifications, and limitations for tools, equipment, and machinery.
- _____ **Inspect** machine guards and insure they are in place and secure. I will not remove, disable, or modify any safety guards and will immediately notify management of broken or missing guards.
- _____ **Know the location of** and review emergency numbers and postings at all workplaces.
- _____ **Maintain** in a safe condition all hand tools, power tools, and similar equipment whether furnished by my employer or myself.
- _____ **Comply** with all policies to ensure that all electrical equipment is maintained free from hazards.
- _____ **Utilize** correct fall-protection equipment when working at heights.
- _____ **Assure** that my work area be kept clean and free from hazards including protruding nails, rubble, scrap, trash, splinters, loose boards, etc.
- _____ **Adhere** to all safe work practices and report any hazards immediately.

I have read and understand these company safety policies and procedures and agree to abide by them. I further understand this is a general list of safety guidelines and is not a comprehensive or all-inclusive list of safety requirements. I have also had the duties of the position which I have accepted explained to me, and I understand the requirements of the position. I understand that any violation of the above policies is reason for disciplinary action up to and including termination.

Employee Signature

Date

Supervisor Signature

Date

Company Name



PROVIDER DIRECTORY - June 2012

This Provider Directory is provided by Coventry Workers' Comp Services to present to you information on hospitals, physicians and other providers who have agreed to provide their usual services to you at specially contracted rates of payment. All decisions about the type of care you receive are the responsibility of you and the physician whom you select. The quality and results of the care provided are the responsibility of the physician. Some health services may be provided by resident physicians under the supervision of the listed physicians. While Coventry Workers' Comp Services make every effort to maintain accurate and up-to-date information, we cannot be responsible for any omissions or errors after publication. Please confirm provider participation prior to your visit.


EVEREST.

PROVIDER DIRECTORY

Prepared For

sacramento
Sacramento, CA, CA

IF EMERGENCY MEDICAL CARE IS NEEDED: Call 911, fire or police whenever emergency medical care is needed. This directory is **NOT** intended to identify emergency medical providers.

If you need assistance locating a network Provider, please contact Coventry Workers' Compensation Services at (800) 342-5888 or (800) 937-6824, or via e-mail at WCClientServices@cvty.com.

The following pages are a directory of physicians and medical facilities for your use in obtaining workers' compensation medical care. The physicians and medical facilities listed in this directory are independent contractors and are not the agents or employees of Coventry. The information identifying physicians and medical facilities is intended to assist you in directing the medical care of employees who have injuries or illnesses covered by the workers' compensation system in accordance with state law.

We have endeavored to make the following information complete and accurate as of the date this directory is published. However, the status of providers changes, and new providers join our network. Accordingly, the information contained herein is subject to change without notice, and Coventry does not warrant the completeness or accuracy of the information.

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First Health ® and the heart logo are registered service marks of First Health Group Corp.
The torch logo is a registered service mark of Coventry Health Care, Inc.

The information herein is protected proprietary information of Coventry Health Care Workers Compensation, Inc. Use of this information for any purpose other than for which it is provided is prohibited.

Sacramento, CA**Sacramento****Occupational Medicine**

Bugola, Michael R.
Kaiser On-the-Job
Occupational Health Center
2016 Morse Ave
Sacramento, CA 95825
916-973-5499

Hashimoto, Wesley K.
Kaiser On-the-Job
Occupational Health Center
6600 Bruceville Rd Bldg 3 -
2nd Flr
Sacramento, CA 95823
916-688-2005

Jarvis, Jordan, MD
US Healthworks Medical Group
PC
4700 Northgate Blvd Ste 100
Sacramento, CA 95834
916-929-6161

Lin, George C.
Kaiser On-the-Job
Occupational Health Center
6600 Bruceville Rd Bldg 3 -
2nd Flr
Sacramento, CA 95823
916-688-2005

Merrill, Douglas B.
Kaiser On-the-Job
Occupational Health Center
2016 Morse Ave
Sacramento, CA 95825
916-973-5499

Myint, Yi Y.
Kaiser On-the-Job
Occupational Health Center
6600 Bruceville Rd Bldg 3 -
2nd Flr
Sacramento, CA 95823
916-688-2005

Osuga, Joanna M.
Kaiser On-the-Job
Occupational Health Center
2016 Morse Ave
Sacramento, CA 95823
916-688-2535

Rutchik, Johnathan S., MD
Rutchik, Jonathan S., MD
25 Cadillac Dr Ste 120
Sacramento, CA 95825
415-381-3133

Scholey, Susan E.
Kaiser On-the-Job
Occupational Health Center
6600 Bruceville Rd Bldg 3 -
2nd Flr
Sacramento, CA 95823
916-688-2005

Seto, Steven L.
Kaiser On-the-Job
Occupational Health Center
6600 Bruceville Rd Bldg 3 -
2nd Flr
Sacramento, CA 95823
916-688-2005

Telep, Gerald, MD
US Healthworks Medical Group
PC
1675 Alhambra Blvd Ste B
Sacramento, CA 95816
916-451-4580

Whitmore, Ronald T.
Kaiser On-the-Job
Occupational Health Center
6600 Bruceville Rd Bldg 3 -
2nd Flr
Sacramento, CA 95823
916-688-2005

Yip, Peter W.
Kaiser On-the-Job
Occupational Health Center
2016 Morse Ave
Sacramento, CA 95825
916-973-5499

(cont)
6600 Bruceville Rd Bldg 3 -
2nd Flr
Sacramento, CA 95823
916-688-2005

Kaiser On-the-Job
Occupational Health Center
2016 Morse Ave
Sacramento, CA 95825
916-973-5499

Us Healthworks Medical Group
Sacramento-North
4700 Northgate Blvd Ste 100
Sacramento, CA 95834
916-929-6161

US Healthworks Medical Group
Sacramento Downtown
1675 Alhambra Blvd Ste B
Sacramento, CA 95816
916-451-4580

Us Healthworks Medical Group
Rancho Cordova/Folsom
9261 Folsom Blvd Ste 200
Sacramento, CA 95826
916-364-1733

Urgent Care Clinic

Us Healthworks Medical Group
Sacramento-North
4700 Northgate Blvd Ste 100
Sacramento, CA 95834
916-929-6161

US Healthworks Medical Group
Sacramento Downtown
1675 Alhambra Blvd Ste B
Sacramento, CA 95816
916-451-4580

Us Healthworks Medical Group
Rancho Cordova/Folsom
9261 Folsom Blvd Ste 200
Sacramento, CA 95826
916-364-1733

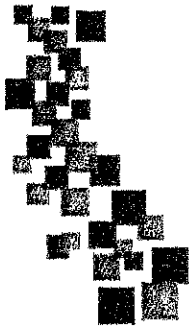
Occupational Medicine Clinic

Kaiser On-the-Job
Occupational Health Center

THIS LIST IS SUBJECT TO CHANGE.

The information herein is protected proprietary information of Coventry. Use of this information for any purpose other than for which it is provided is prohibited.

Page 1: Sacramento / Sacramento



California

Environmental Systems, Inc.

Control Your Environment

Safety, Injury, and Illness Prevention Program

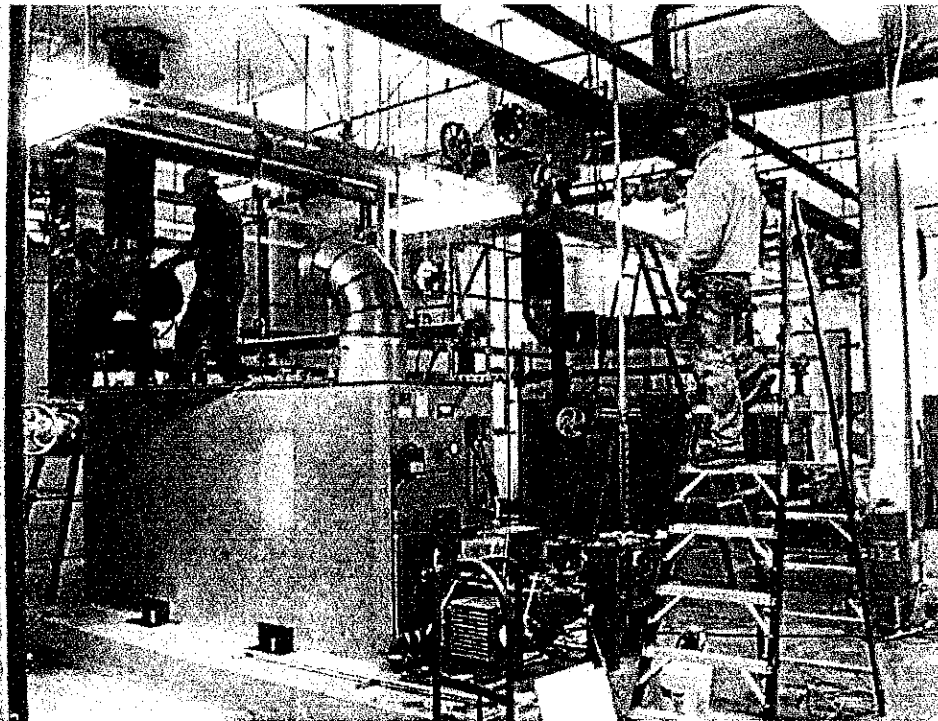


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SAFETY AND HEALTH OBJECTIVES

California Environmental Systems, Inc. plans to achieve worker safety and health through the following:

1. Designate a qualified safety person to coordinate the program.
2. Plan for safety before each job and each new task, using a written Job Safety Analysis.
3. Make regular job site safety inspections and conduct health monitoring.
4. Follow safety procedures and rules.
5. Provide on-going safety training.
6. Enforce safety rules and use appropriate discipline.

DESIGNATED SAFETY COORDINATOR

California Environmental Systems, Inc. has designated Jeanette Pierce to coordinate, implement, and administer the safety and health system. Responsibilities include:

1. Understand potential job hazards and how to eliminate them.
2. Conduct or assist with Job Safety Analysis.
3. Assure compliance with OSHA construction safety and health standard requirements.
4. Conduct regular job site safety and health inspections.
5. Establish safety and health procedures.
6. Coordinate regular safety and health training and retraining.
7. Conduct or assist with Tool Box Talks or Five Minute Safety Talks, establishing a way to communicate with employees and encourage feedback.
8. Maintain documentation of training, inspections, injuries and illnesses, and other safety records.
9. Participate in accident investigations and implementation of corrective actions.
10. Involve employees in the implementation of the SHMS.
11. Develop an enforcement and disciplinary system to ensure employees knowledge of California Environmental Systems, Inc. safety program.

EMPLOYEE INVOLVEMENT

SAFETY AND HEALTH COMMITTEE

The purpose of our safety and health committee is to participate in the implementation of the safety and health system at California Environmental Systems, Inc.

Our committee will be comprised of management and employee representatives. Our committee will meet quarterly.

The committee will:

- Have defined goals and objectives.
- Address safety and health issues.
- Record and post minutes of the meetings.
- Involve employees in problem solving.
- Document action taken and post on the bulletin boards for all employees to read and-or comment.
- Have a formal agenda.

Committee members are: Carter Pierce, Jeanette Pierce, Don Bieneman, Steven Silva

SAFETY INSPECTIONS

Our employees will participate in regular safety and health inspections quarterly to help identify potentially hazardous conditions and unsafe actions and initiate corrections. Findings will be presented to CES Safety for review. Corrective action will be implemented under the direction of Carter Pierce, CEO in a timely manner.

SUGGESTION SYSTEM

Our employees are encouraged to make safety and health suggestions to help improve a process, prevent an accident, or to make any improvement in the safety and health system. The suggestion system will be implemented by Jeanette Pierce, Secretary who will be responsible for determining priority and the proper means of implementation. Safety suggestions will be shared with the safety and health committee for input. Suggestion forms can be placed in suggestion boxes at 12265 Locksley Lane, Auburn, CA 95602 or given directly to Jeanette Pierce.

EMPLOYEE PARTICIPATION

Our employees will be given an opportunity to provide input regarding recommendations on safety and health products, procedures, and training as it pertains to daily work operations. For example, employees may be given some responsibility to test out products or conduct research to substantiate recommendations. Employee input may be provided through the suggestion system, report of hazard, or through actions the safety and health committee initiates. Employees may participate in a variety of ways such as; a trainer, inspector, or problem solver.

JOB SAFETY ANALYSIS

California Environmental Systems, Inc. will utilize job safety analysis to determine potential hazards and identify methods to reduce exposure to the hazards.

Job Safety Analysis (JSA) is a method of planning for safety and health. There are three parts to the JSA.

1. The first component of a JSA is breaking down a job or task into the specific steps it takes to complete the job. Although this can be done in small detail, typically only the major steps are listed. This often results in five to ten steps. The steps are listed in chronological order, listing the first thing that must be done, then what comes next, and so on.
2. The second component of a JSA is to list all the hazards that are involved in each step. There may be many hazards that get listed next to some steps and may not be any associated with some steps.
3. The third step is to write down how each hazard will be eliminated or controlled. In other words, describe what needs to be done in order to perform that task safely.

Sample JSA Form

Job Title:	Page: ___ of ___	JSA No.	Date:	___ New ___ Revised
Equipment:	Supervisor:	Analysis by:		
Department:	Approved by:			
Required Personal Protective Equipment (PPE):				
Job Steps	Potential Hazards	Recommended Safe Job Procedures		
Trainee(s) Name:			Training Date:	
Trainer(s) Name:			Trainer(s) Signature:	
Four-Step Instruction Completed?		Prepare the Worker.....		
Trainer(s) Initials		Present the Operation..... Trainer(s) Initials		
		Try Out Performance..... Trainer(s) Initials		
		Follow Up.....Trainer(s) Initials		
Comments:				

HAZARD PREVENTION AND CONTROL

Our management will develop systems to prevent and control hazards. These include: the establishment of controls through engineering, work practice, personal protective equipment, and/or administrative actions; systems to track hazard correction; preventive maintenance systems; emergency preparation; and medical program.

Our written system will be implemented to assure guards, housekeeping, and personal protective equipment are provided and being used.

A written plan of action for the correction of hazards found in the workplace will be implemented by Jeanette Pierce, Secretary. Actions will be communicated to all employees.

A maintenance schedule for all vehicles and equipment will be established by Jeanette Pierce, Secretary. Maintenance logs will be kept to document work performed and repairs scheduled or ordered.

Required written programs such as: lockout/tagout, respiratory protection, right to know, confined space, asbestos, benzene, lead, and fork lift permits are developed and included in this plan.

Through a team effort all employees at California Environmental Services, Inc. will make "safety checks" a part of routine work practices.

ACCIDENT INVESTIGATION

All accidents resulting in injury or property damage will be investigated. The purpose of the investigation is NOT to find fault, but to find the cause of the accident so similar incidents can be prevented in the future.

1. All accidents, no matter how minor must be reported to the Foreman immediately.
2. Foremen must report all accidents to the Safety Coordinator as soon as possible.
3. Foremen must complete an initial written accident investigation the day of the accident, if possible.
4. All workers involved in the accident or who witnessed the accident must complete a written statement describing the incident.
5. The Safety Coordinator will complete a thorough accident investigation to determine root causes and corrective actions.
6. Near misses (situations where an accident almost happened) should be reported. Corrective action must be taken to prevent the same situation from occurring again with the potential for serious injury. Foremen should make a note of near misses and the corrective actions taken and report them to the Safety Coordinator, so that the same corrections may be made on all the company's job sites.

PERSONAL PROTECTIVE EQUIPMENT

1. Hard hats will be worn on job sites at all times.
2. Eye protection will be worn when there are potentials of hazards from flying objects or particles, chemicals, arcing, glare, or dust.
3. Leather work boots shall be worn to protect from falling objects, chemicals, or stepping on sharp objects. Safety toe footwear is necessary as well. Athletic or canvas-type shoes shall not be worn.
4. Protective gloves or clothing shall be worn when required to protect against a hazard.
5. Harnesses and lanyards shall be utilized for fall protection as required.

area which has been barricaded.

15. If you must work around power shovels, trucks, rough-terrain fork-lifts, dozers, or other heavy equipment, make sure operators can always see you.
 - Never walk within the swing radius of equipment counterweights.
 - Never stand next to trucks when load straps are being released.
 - Barricades are required for cranes.
 - High visibility vests may be used to increase your visibility.
16. Never oil, lubricate, or fuel equipment while it is running or in motion.
17. Before servicing, repairing, or adjusting any powered tool or piece of equipment, disconnect it, lock out the source of power, and tag it out.
18. Excavations over five feet deep must be shored or sloped as required. Keep out of trenches or cuts that are not properly shored or sloped. Excavated material or other debris shall not be stored nearer than two feet from the edge of the excavation. Excavations less than 5 feet will require cave in protection where conditions indicate possible side failure.
19. Practice the following safety procedures when using ladders:
 - Use the "four to one" rule when using a ladder. One foot of base for every four feet of height.
 - Portable ladders in use shall be equipped with safety feet unless the ladders are tied, blocked or otherwise secured. Step ladders shall not be used as a straight ladder.
 - Ladders must extend three feet above landing on roof for proper use.
 - Defective ladders must be properly tagged and removed from service.
 - Keep ladder bases free of debris, hoses, wires, materials, etc.
20. Build scaffolds according to manufacturers' recommendations and Cal/OSHA Construction Safety Standard, Part 12, Scaffolding.
 - Scaffolds over 10' must have guardrails on all open sides.
 - Scaffold planks shall be properly lapped, cleated or otherwise secured to prevent shifting.
21. Use only extension cords of the three-prong type. Use ground fault circuit interrupters at all times with any temporary power supply.
22. Fall protection is required at 6 feet or higher. 100% tie-off means the harness and lanyard are always connected to anchorage.
23. Never throw anything "overboard." Someone passing below may be seriously injured.
24. Open fires are prohibited.
25. Know what emergency procedures have been established for your job site. (Location of emergency phone, first aid kit, stretcher location, fire extinguisher locations, evacuation plan, etc.).

EMERGENCY PROCEDURES

In case of an emergency on site the following procedures will be instituted at each site.

1. Method of communication will be determined at each site: telephone, radio, etc.
2. Post the following emergency telephone numbers:
 - Police,
 - Fire,
 - Medical Response Team.
3. Post the job site address near the communication station.
4. Post names of first aid responders on site. First responders should obtain all required First Aid/CPR and Bloodborne Exposure training.
5. Designate person to direct emergency crews to site of emergency.
6. Instruct each employee if known harmful plants, reptiles, animals, insects, or other environmental hazards are present, including:
 - The potential hazards,
 - How to avoid injury,
 - Applicable first aid procedures to be used in the event of injury.

CONFINED SPACE ENTRY

No employee shall enter confined spaces without authorization. A confined space is defined as the following:

1. A space that is NOT DESIGNED FOR CONTINUOUS employee OCCUPANCY, and
2. Is large enough and so configured that a person can bodily enter into and perform assigned work, and
3. Has LIMITED or RESTRICTED means for ENTRY or EXIT.

Confined spaces that may have a HAZARDOUS ATMOSPHERE require special precautions. Hazardous atmospheres are those that may expose employees to the risk of death, incapacitation, impairment of ability to self rescue caused by:

- Flammable gas,
- Airborne combustible dust,
- Atmospheric oxygen concentration below 19.5 or above 23.5%,
- A toxic atmosphere or substance,
- Danger of engulfment.

See Confined Space tab for more information.

FALL PROTECTION PROGRAM

1. Fall protection is required whenever working at six feet or above.
2. Fall protection will be provided by one or more of the following:
 - Guardrails,
 - Hole covers,
 - Safety nets,
 - Personal fall arrest system (harness and lanyard).

Falls - Unprotected Sides, Wall Openings, and Floor Holes

Almost all construction work sites have unprotected sides and edges, wall openings, or floor holes at some point during construction. If these sides and openings are not protected at the work site, injuries from falls or falling objects may result, ranging from sprains and contusions to death. OSHA Part 1, General Rules, Rule 114 requires an Accident Prevention Program at every construction work site which must address fall hazards. OSHA, Part 45, Fall Protection, addresses minimum requirements and criteria for fall protection at construction workplaces.

How To Avoid Hazards

- Use at least one of the following whenever employees are exposed to a fall of 6 feet or more above a lower level: Guardrail Systems; Safety Net Systems; Personal Fall Arrest Systems.
- Cover or guard floor holes as soon as they are created during new construction.
- For existing structures, survey the site before working and continually audit as work continues. Guard or cover any openings or holes immediately.
- Construct all floor hole covers so they will effectively support two times the weight of employees, equipment, and materials that may be imposed on the cover at any one time. Covers must be secured and color coded or marked with the words "HOLE" or "COVER".
- In general, it is better to provide fall prevention systems, such as guardrails, than fall protection systems, such as safety nets or fall arrest devices, because they provide more positive safety means.

EXCAVATION SAFETY

Pre-job planning is vital to accident-free excavations and trenching; safety cannot be improvised as work progresses.

The following concerns must be addressed by a qualified person.

1. Evaluate soil conditions and select and construct appropriate protective systems in accordance with OSHA Part 9, Excavation, Trenching and Shoring.
2. You must use protective systems if the trench is 5' or deeper.
3. If the trench is less than 5' but is hazardous due to soil or the nature of the trench, then you must use protective systems.
4. Appropriate protective systems to prevent a cave-in may include:
 - trench boxes,
 - shoring,
 - benching of trench sides,
 - sloping of trench sides.
5. Inspect the site daily at the start of each shift, following a rainstorm, or after any other hazard-increasing event.
6. Contact necessary authorities to locate underground lines at least 3 days prior to excavating.
7. Plan for traffic control when necessary. Refer to the California Manual on Uniform Traffic Control (CMUTC) Part 6 (available from the California Department of Transportation) for traffic control.
8. Determine proximity to structures that could affect choice of protective systems. For example, ensure roads, sidewalks, or buildings are not too close to allow the use of a trenchbox or adequate sloping.
9. Test for low oxygen, and hazardous gases and vapors, especially when gasoline engine-driven equipment is running, or the dirt has been contaminated by leaking lines or storage tanks. Fuel-powered equipment produces carbon monoxide in the exhaust and must not be used without adequate ventilation. Provide appropriate respiratory protection when necessary.
10. Provide safe access into and out of the excavation. If the excavation is 4' or greater, ensure a ladder is within 25' of workers in the excavation.
11. Provide appropriate protections if water accumulation is a problem. Water flow and accumulation must be inspected and must be controlled.
12. Keep excavations open the minimum amount of time needed to complete operations.



California

Environmental Systems, Inc.

Control Your Environment

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Address: 12265 Locksley Lane, Auburn, CA 95602
License #: 964556

PLUMBING PIPING SHEET METAL HVAC DDC CONTROLS

EMPLOYEE ACKNOWLEDGMENT

I state that I have read and received a copy of the **California Environmental Systems, Inc.** Safety, Injury and Illness Prevention Plan.

I further state that I understand these rules and acknowledge that compliance with the Safety, Injury and Illness Prevention Plan is a condition of employment. If I violate the safety rules or fail to report an injury to my supervisor immediately, I understand that I am subject to suspension, and possibly termination, in accordance with company policy.

EMPLOYEE SIGNATURE

DATE

MANAGER SIGNATURE

DATE