

**Program Element IV: Hazard Prevention and Control**

**8. List of Occupational Safety and Health Programs**

*Required Information:*

List the occupational safety and health written programs that are in effect at your facility.

*Additional Guidance:*

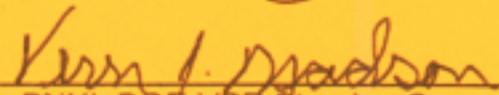
Do not attach the programs themselves to this application. Only a list is required, but it should include document numbers that will facilitate identifying and retrieving the documents during the onsite visit.

Applicant agrees that the required information is included and is correct to the best of their knowledge.

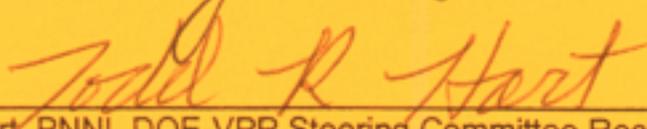
*Applicant Signatures:*

  
 \_\_\_\_\_  
 Roby D. Enge, PNNL Environment, Safety & Health

9/28/00  
 Date

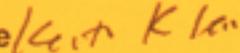
  
 \_\_\_\_\_  
 Vern J. Madson, PNNL DOE-VPP Steering Committee Union Co-Chair

9.28.00  
 Date

  
 \_\_\_\_\_  
 Todd R. Hart, PNNL DOE-VPP Steering Committee Research Co-Chair

9/28/00  
 Date

*Reviewer Signature Block*

	Reviewer	Agree	Disagree	Date
Assistant Manager, Technology		X		12/27/00
Operations Office/  K. L...		X		12/27/00
Headquarters DOE-VPP Office				