



CARBON MONOXIDE

Both a colorless and odorless gas, Carbon Monoxide is called the silent killer. Possible sources of Carbon Monoxide are wood, coal, gasoline, oil, and methane. It is poisonous and can cause headaches, fatigue, shortness of breath, nausea, and dizziness. In severe cases, exposure to this gas can cause neurological damage.

Prevention and Protection:

Know the emergency phone numbers for your local fire department.

Have a CO alarm in the house and workplace.

These must be checked monthly.

Do not warm vehicles in a closed garage.

Heating systems and other gas or coal burning appliances must be serviced every year by a qualified person.

In case a CO alarm sounds, immediately move outside and call 911. Make sure all people are accounted for.

Do not use generators near the outside of windows or doors.

Test the air regularly if you are in confined space.

Know the signs of exposure. Training and educating will be helpful.

Employees at the Workplace:

Report immediately if there is any accusation of a CO condition.

Report if there are complaints of nausea or dizziness.

If you suspect CO poisoning, immediately leave the area and move outside.

Beware of potential ventilation problems, especially in closed areas.

Do not use gas or gasoline powered engines or tools in closed areas.

Use effective ventilation systems to reduce CO poisoning at the workplace.

Those who are most at risk for Carbon Monoxide exposure include:

Employees working in boiler rooms, breweries, warehouses, petroleum refineries, or paper/steel production plants.

Welders, firefighters.

Longshore workers, and forklift operators.

Work Site Review: Hazards/Safety Suggestions

Company Name: _____

Work Site Location: _____

Date: _____ Start Time: _____ Finish Time: _____

Foreman/Supervisor: _____

Employee Signatures: (continue on back of sheet if necessary)

(My signature attests and verifies my understanding of and agreement to comply with, all company safety policies and regulations, and that I have not suffered, experienced, or sustained any recent job-related injury or illness)

Manager/Supervisor's Signature: _____

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