

# PRICE ENTERPRISES, INC.

## Presents



**Carwash Safety and the  
Occupational Safety &  
Health Administration (OSHA)  
are Explicitly Connected**

**May 22, 2025**

[www.carwash808.express](http://www.carwash808.express)

QUICK • CLEAN • CONVENIENT • PROFESSIONAL





# OBJECTIVES

**Objective of this presentation to familiar attendees with various safety precautions and protocols in a typical modern automated carwash to include:**

- Mission of the Occupational Safety and Health Administration
- Required and recommended Personal Protective Equipment (PPE)
- Hazardous Communication Program (HAZCOM)
- Chemical Handling Certification & Procedures
- Safety Precaution in the carwash tunnel
- Lock Out, Tag Out Requirements and Procedures
- Traffic Safety throughout the carwash property

# OSHA

Occupational Safety & Health Administration



## Friend or Foe?



# OSHA

Occupational Safety & Health Administration



01

Mission: Save lives, prevent injuries, protect American workers

02

167 million workers and 6.1 million employers covered by Act of 1970

03

Inspection is the agency's principal activity

04

Provides strong enforcement of rules and policies





# CARWASH PERSONNEL SAFETY



## 01 Personal Protective Equipment (PPE):

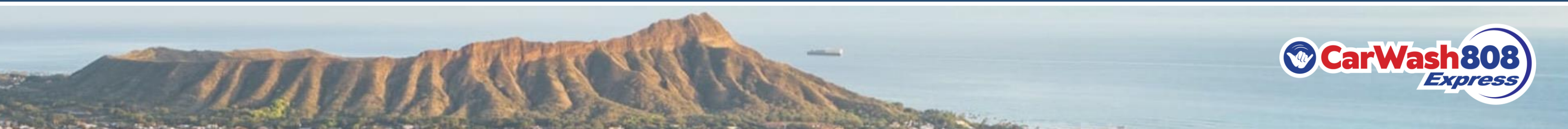
- Eye Protection
- Ear Protection
- Nitrile Gloves
- Face Shields in Tunnel (Recommended)

## 02 Wet Slippery Floor:

- Slip Resistant Shoes

## 03 Traffic Control:

- Safety Vest



# Slip-Resistant Shoes

## Employee Benefit Program



- Slip-Resistant shoes are required.
- Closed toe shoes are required.
- Car Wash environment:
  - Wet slippery surfaces
- Company will purchase Slip-Resistant Shoes for the employee.
- [www.shoesforcrews.com](http://www.shoesforcrews.com)



# Additional OSHA Requirements

- Carwash Chemicals (HAZCOM)
- Drinking water
- Eye flushing
- Fire Protection
- First aid and medical services
- Exits and emergency preparedness
- Cleanliness of facility
- OSHA Posters



**Fresh Drinking Water**



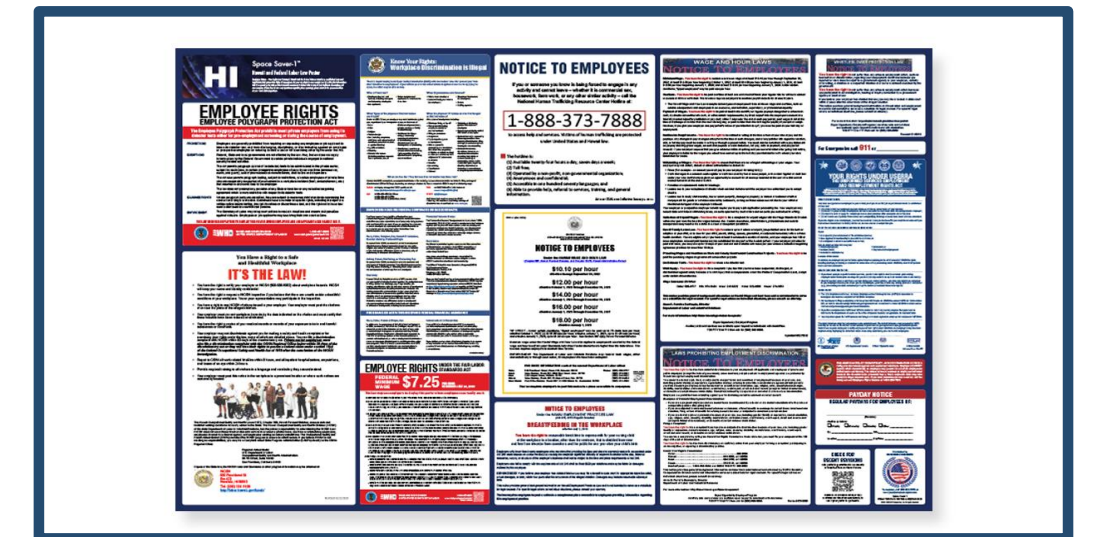
**Eye Wash Station**



**Fire Extinguishers**



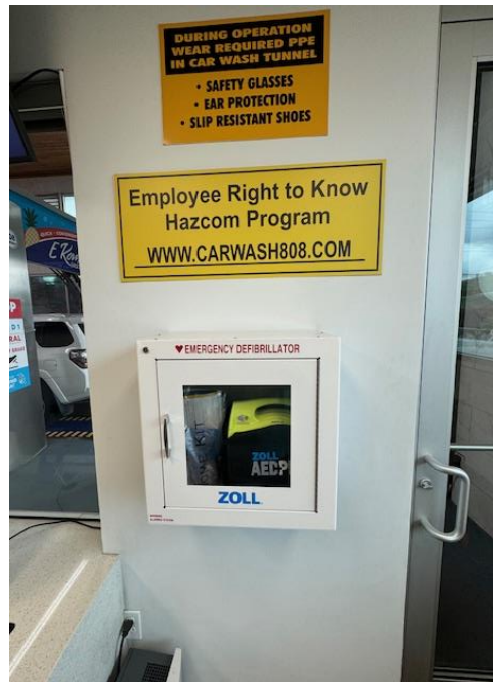
**Basic First Aid Training**



**Required OSHA Posters**



# Additional Recommended Safety Devices



Heat Stress Kit



Choking Vac



Mirror for Bed of Trucks



Automated External Defibrillators (AED)



# Hazardous Communications Program



## HAZCOM:

- Identifies chemical hazards in workplace.
- Must be written.
- Must include all Safety Data Sheets. (SDS)
- All chemical products must be labeled.
- Must identify responsible individual.
- Must provide for training of all employees.
- Must be maintained at job site.
- Required Quarterly Training and Drills.

[www.carwash808.express](http://www.carwash808.express)





# Chemical Handling Certification Program

**REQUIRED PPE  
FOR CHEMICAL  
HANDLING**

• SAFETY GLASSES	• FACE SHIELD
• CHEMICAL APRON	• SHIRT/LONG TROUSERS
• NITRILE GLOVES	• WIND BREAKER
• EAR PROTECTION	• SLIP RESISTANT SHOES

- PPE Required.
- Tools Required: Drum Dolly, Wrench, Shop Towel
- Never handle or move full or empty chemical drums without caps secured.
- Always have at least 2 employees moving chemical drums together. At least 1 certified employee and one helper to assist.
- Always place chemical drum with label faced forward.





# Safety in the CW Tunnel



Bright Clean Organized, Safety Blocks or Bollards



Always Protect the Loader

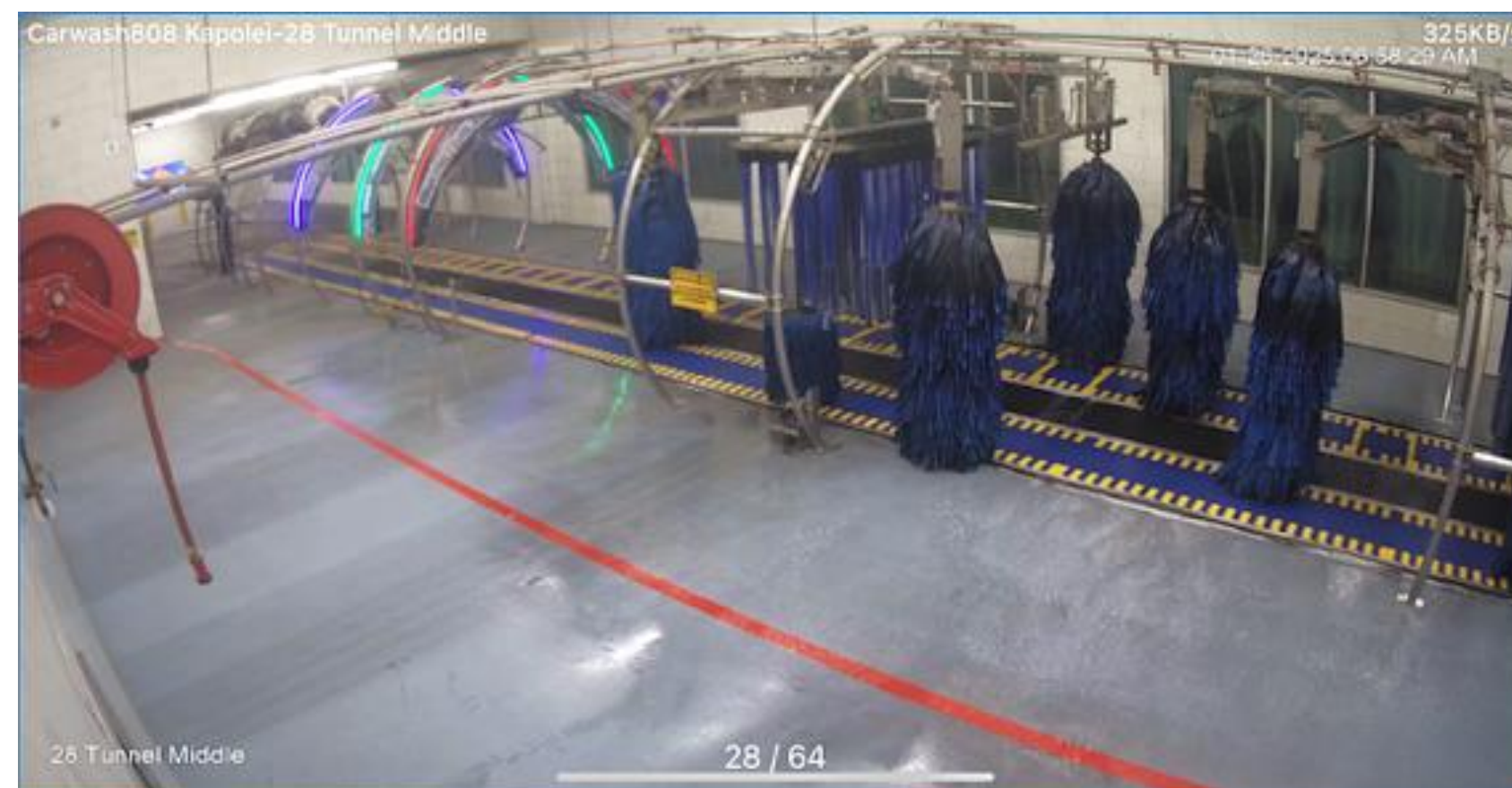




# Safety in the CW Tunnel



Set Barrier Distance From  
Operating Equipment



Clearly Mark Restricted Area



Signage





# Safety in the CW Tunnel



Monitoring CW Tunnel



Remain Clear of Operating Blowers





# Safety in the CW Tunnel



Observe and Monitor





# Lockout/ Tagout Procedures



**DANGER**

STEPS FOR SAFE **LOCKOUT/ TAGOUT** PROGRAM

OSHA (CFR) Part 1910.147 requires a formal lockout/tagout program.

**1 INFORM**

Tell your employees that maintenance is required on a piece of equipment and the equipment must be shut down AND locked out before starting the work.

**2 AUTHORIZE**

Make sure employee is aware of company lockout procedures. Employee should identify the energy source, the hazards of the energy source and the methods to control the energy.

**3 SHUTDOWN**

If equipment is still in operation, shut it down using the normal stopping procedures, i.e. turn power switch off, press stop button, or close the valve.

**4 DEACTIVATE**

Once shutdown is complete disconnect equipment from the power source.

**5 LOCKOUT**

Lockout the power source that transmits energy to the equipment. Employee's assigned lock and tag should be used to properly identify who is authorized.

**6 DEplete**

Check all residual energy has been drained from the equipment, or that the equipment is in a controlled state.

**7 VERIFY**

During testing, check that no personnel are exposed in the area. Also confirm that the equipment and operation are nonfunctional by attempting to power UP the equipment. Power OFF once equipment is confirmed to be inoperable.

**8 RESTORE**

After maintenance is complete, operation can be restored. Make sure equipment has proper components and that the work area is clear. Set controls to neutral. Only then, remove lockout devices and bring back power to the equipment.

PERFORM WORK

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Electrical, Hydraulics, Pneumatics, Manual



# Traffic Safety





# Traffic Safety



Speed Limit Signs



Safety Vests & PPE



Vacuum Policy



# Traffic Safety



Safely managing  
the line



Keeping a safe distance when  
assisting with vehicles



Keeping flow of traffic  
safely buttoned up





# OSHA REPORTING REQUIREMENTS

## REPORT A FATALITY OR SEVERE INJURY

- All employers are required to notify OSHA when an employee is killed on the job or suffers a work-related hospitalization, amputation, or loss of an eye.
- A fatality must be reported within 8 hours.
- An in-patient hospitalization, amputation, or eye loss must be reported within 24 hours.



### To Make a Report

- Call the nearest [OSHA office](#).
- Call the OSHA 24-hour hotline at [1-800-321-6742](#) (OSHA).
- [Report online](#)

Be prepared to supply: Business name; names of employees affected; location and time of the incident, brief description of the incident; contact person and phone number.



# OSHA FORMS

## OSHA FORM 301

- Must be fully completed.
- Legible
- Each incident must have this form completed with details.
- WC-1 Form can be used as a substitute form.
- All OSHA Forms must be on file and readily available for an OSHA inspection.

### OSHA's Form 301 Injury and Illness Incident Report

**Attention:** This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.



U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

This *Injury and Illness Incident Report* is one of the first forms you must fill out when a recordable work-related injury or illness has occurred. Together with the *Log of Work-Related Injuries and Illnesses* and the accompanying *Summary*, these forms help the employer and OSHA develop a picture of the extent and severity of work-related incidents.

Within 7 calendar days after you receive information that a recordable work-related injury or illness has occurred, you must fill out this form or an equivalent. Some state workers' compensation, insurance, or other reports may be acceptable substitutes. To be considered an equivalent form, any substitute must contain all the information asked for on this form.

According to Public Law 91-596 and 29 CFR 1904, OSHA's recordkeeping rule, you must keep this form on file for 5 years following the year to which it pertains.

If you need additional copies of this form, you may photocopy and use as many as you need.

Completed by John Smith  
Title COO  
Phone (123) 456-7891 Date 01 / 15 / 2024

#### Information about the employee

- 1) Full name John Doe  
2) Street 91-0120 Main St.  
City Dallas State TX ZIP 75201  
3) Date of birth 12 / 01 / 1994  
4) Date hired 01 / 09 / 2019  
5) ☒ Male  
☐ Female

#### Information about the physician or other health care professional

- 6) Name of physician or other health care professional Mark Diaz, M.D.  
7) If treatment was given away from the worksite, where was it given?  
Facility Dallas Comprehensive Center  
Street 545 Center St.  
City Dallas State TX ZIP 75201  
8) Was employee treated in an emergency room?  
☐ Yes  
☒ No  
9) Was employee hospitalized overnight as an in-patient?  
☐ Yes  
☒ No

#### Information about the case

- 10) Case number from the Log 1 (Transfer the case number from the Log after you record the case.)  
11) Date of injury or illness 01 / 15 / 2024  
12) Time employee began work 6:45 ☒ AM ☐ PM  
13) Time of event 2:10 AM ☒ PM ☐ Check if time cannot be determined  
14) **What was the employee doing just before the incident occurred?** Describe the activity, as well as the tools, equipment, or material the employee was using. Be specific. *Examples:* "climbing a ladder while carrying roofing materials"; "spraying chlorine from hand sprayer"; "daily computer key-entry."  
Assisting a customer at the KIOSK.  
15) **What happened?** Tell us how the injury occurred. *Examples:* "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine when gasket broke during replacement"; "Worker developed soreness in wrist over time."  
Employee was assisting a customer at the KIOSK. The customer's vehicle moved forward and made contact with the employee's right shoulder  
16) **What was the injury or illness?** Tell us the part of the body that was affected and how it was affected; be more specific than "hurt," "pain," or "sore." *Examples:* "strained back"; "chemical burn, hand"; "carpal tunnel syndrome."  
Right shoulder pain.  
17) **What object or substance directly harmed the employee?** *Examples:* "concrete floor"; "chlorine"; "radial arm saw." *If this question does not apply to the incident, leave it blank.*  
Customer's driver side mirror.  
18) **If the employee died, when did death occur?** Date of death \_\_\_\_/\_\_\_\_/\_\_\_\_  
N/A

Public reporting burden for this collection of information is estimated to average 22 minutes per response, including time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Persons are not required to respond to the collection of information unless it displays a current valid OMB control number. If you have any comments about this estimate or any other aspects of this data collection, including suggestions for reducing this burden, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.



# OSHA FORM 300

- Must be fully completed.
- Legible
- Filed & available for all employees to access if requested.

Don't forget to tally totals  
at the bottom. \_\_\_\_\_

<b>OSHA's Form 300</b> (Rev. 01/2004) <b>Log of Work-Related Injuries and Illnesses</b> <small>You must record information about every work-related death and about every work-related injury or illness that involves loss of consciousness, restricted work activity or job transfer, days away from work, or medical treatment beyond first aid. You must also record significant work-related injuries and illnesses that are diagnosed by a physician or licensed health care professional. You must also record work-related injuries and illnesses that meet any of the specific recording criteria listed in 29 CFR Part 1904.8 through 1904.12. Feel free to use two lines for a single case if you need to. You must complete an Injury and Illness Incident Report (OSHA Form 301) or equivalent form for each injury or illness recorded on this form. If you're not sure whether a case is recordable, call your local OSHA office for help.</small>						<b>Attention:</b> This form contains information relating to employee health and must be used in a manner that protects the confidentiality of employees to the extent possible while the information is being used for occupational safety and health purposes.				Year <u>2024</u> <b>U.S. Department of Labor</b> <i>Occupational Safety and Health Administration</i> <small>Form approved OMB no. 1218-0176</small>							
						Establishment name <u>Car Wash</u>		City <u>Dallas</u> State <u>Texas</u>									
<b>Identify the person</b>		<b>Describe the case</b>		<b>Classify the case</b>													
(A) Case no.	(B) Employee's name	(C) Job title <i>(e.g., Welder)</i>	(D) Date of injury or onset of illness	(E) Where the event occurred <i>(e.g., Loading dock north end)</i>	(F) Describe injury or illness, parts of body affected, and object/substance that directly injured or made person ill <i>(e.g., Second degree burns on right forearm from acetylene torch)</i>	CHECK ONLY ONE box for each case based on the most serious outcome for that case:				Enter the number of days the injured or ill worker was:		Check the "Injury" column or choose one type of illness:					
						Remained at Work				Away from work (K)	On job transfer or restriction (L)	(M)					
						Death (G)	Days away from work (H)	Job transfer or restriction (I)	Other recordable cases (J)			Injury (1)	Skin disorder (2)	Respiratory condition (3)	Poisoning (4)	Hearing loss (5)	All other illnesses (6)
1	John Doe	Concierge	1 / 15	Grocery station	Right shoulder, customers vehicle.	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2 days	0 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Jane Smith	Concierge	6 / 24	Car Wash Tunnel	Left foot sprained, tripped.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	14 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Clark Kent	Manager	11 / 10	Parking Lot	strained lower back, lifting trash.	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	0 days	7 days	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> </								



# OSHA FORMS

## OSHA FORM 300A

- Must be fully completed.
- Legible
- Posted up:  
Every year at all sites  
February 01 – April 30

Information must match  
OSHA Form 300.

OSHA's Form 300A (Rev. 01/2004)

### Summary of Work-Related Injuries and Illnesses

Year 20 24

U.S. Department of Labor  
Occupational Safety and Health Administration

Form approved OMB no. 1218-0176

All establishments covered by Part 1904 must complete this Summary page, even if no work-related injuries or illnesses occurred during the year. Remember to review the Log to verify that the entries are complete and accurate before completing this summary.

Using the Log, count the individual entries you made for each category. Then write the totals below, making sure you've added the entries from every page of the Log. If you had no cases, write "0."

Employees, former employees, and their representatives have the right to review the OSHA Form 300 in its entirety. They also have limited access to the OSHA Form 301 or its equivalent. See 29 CFR Part 1904.35, in OSHA's recordkeeping rule, for further details on the access provisions for these forms.

Number of Cases			
Total number of deaths	Total number of cases with days away from work	Total number of cases with job transfer or restriction	Total number of other recordable cases
<u>0</u> (G)	<u>1</u> (H)	<u>2</u> (I)	<u>0</u> (J)

Number of Days	
Total number of days away from work	Total number of days of job transfer or restriction
<u>2</u> (K)	<u>21</u> (L)

Injury and Illness Types			
Total number of . . . (M)			
(1) Injuries	<u>3</u>	(4) Poisonings	<u>0</u>
(2) Skin disorders	<u>0</u>	(5) Hearing loss	<u>0</u>
(3) Respiratory conditions	<u>0</u>	(6) All other illnesses	<u>0</u>

Post this Summary page from February 1 to April 30 of the year following the year covered by the form.

Public reporting burden for this collection of information is estimated to average 58 minutes per response, including time to review the instructions, search and gather the data needed, and complete and review the collection of information. Persons are not required to respond to the collection of information unless it displays a currently valid OMB control number. If you have any comments about these estimates or any other aspects of this data collection, contact: US Department of Labor, OSHA Office of Statistical Analysis, Room N-3644, 200 Constitution Avenue, NW, Washington, DC 20210. Do not send the completed forms to this office.

**Establishment information**

Your establishment name Car Wash

Street 123 Park Dr.

City Dallas State TX ZIP 75201

Industry description (e.g., Manufacture of motor truck trailers)  
Car Wash

Standard Industrial Classification (SIC), if known (e.g., 3715)  
7542

OR

North American Industrial Classification (NAICS), if known (e.g., 336212)  
811192

**Employment information** (If you don't have these figures, see the Worksheet on the back of this page to estimate.)

Annual average number of employees 45

Total hours worked by all employees last year 65,154

**Sign here**

Knowingly falsifying this document may result in a fine.

I certify that I have examined this document and that to the best of my knowledge the entries are true, accurate, and complete.

John Smith COO  
Company executive Title

(23) 456-7891 01/31/2025  
Phone Date



# OSHA INSPECTION

## WHEN CAN AN INSPECTION HAPPEN?

- Anytime – unannounced

## WHAT CAN PROMPT AN INSPECTION?

- Accidents or incidents
- Complaints
- Programmed or Routine
- Follow-up Inspections





# OSHA INSPECTION

## BE PREPARED:

- Due Diligence!
- Prepare a company OSHA Inspection Policy
- Training Training Training - Run Drills

## INSPECTION WILL INCLUDE:

- Recordkeeping
- Facility Walkthrough
- Standard Operating Procedures/ Written Policies
- Training Records



# OSHA INSPECTION

## THE INSPECTION:

- Arrival (opening conference) – Greet & Welcome!
- Documentation Inspection
- Facility Inspection
- Personnel Interview
- Closing Conference
- Citation and Notification of Penalty
- Employer's Right to Contest



# OSHA INSPECTION

## DURING INSPECTION:

- Ensure inspector has all required PPE for a walkthrough
- Accompany inspector through walkthrough
- Take notes & photos for your records
- Answer questions truthfully and if unsure, tell the inspector you will get them an answer.
- If possible, ABATE A VIOLATION IMMEDIATELY!!



# OSHA INSPECTION

## CLOSING:

- Have closing meeting with inspector
- Ask for list of any hazards or citations observed
- Request for next steps or timeline for results of inspection
- Remain respectful & professional



## CITATIONS & NOTIFICATION:

- Delivered via mail
- Each violation & citation will be listed w/ fine \$
- Act fast!  
Certain number of days to abate violations

Type of Violation	Penalty
Serious Other-Than-Serious Posting Requirements	\$16,550 per violation
Failure to Abate	\$16,550 per day beyond the abatement date
Willful or Repeated	\$165,514 per violation



# PRICE ENTERPRISES, INC. Presents



**Carwash Safety and the  
Occupational Safety &  
Health Administration (OSHA)  
are Explicitly Connected**

**May 22, 2025**

[www.carwash808.express](http://www.carwash808.express)

QUICK • CLEAN • CONVENIENT • PROFESSIONAL

# THANK YOU for attending

Aloha Nui Loa  
Rick Price, Chairman

