



For over 120 years, Lincoln Electric has been a world leader in the design, development and manufacture of arc welding products, robotic arc welding systems, plasma and oxyfuel cutting equipment and has a leading global position in the brazing and soldering alloys market. Known as the Welding Experts®, our solutions are used across diverse industry sectors in over 160 countries. Headquartered in Cleveland, Ohio, we operate 48 manufacturing locations in 19 countries and generated \$2.5B in revenue in 2015



NEW HIRE/ONBOARDING

Machine Division

- Company New Hire Orientation
 - Approximately 90% hired as contractors (can be converted to Lincoln employees after 3 to 4 month probationary period)
 - General rules and regulations
 - EHS regulations
 - General PPE requirements
- Machine Division Mentoring
 - Up to 50 days long
 - One on one mentoring
 - Job specific Safety training including
 - Emergency numbers, PPE, evacuation routes, pedestrian safety, towmotor safety, eyewash stations, fire extinguishers, electrical, machine guarding, incident recording

MACHINE DIVISION

- Approximately 800 salaried, hourly, piecework and contract (approximately 25 at any given time) employees
- Over 900,000 square feet of manufacturing, storeroom and offices
- 15 departments including varying tasks such as:
 - Sheet metal
 - Welding
 - Winding
 - Machining
 - Small & Large Transformers
 - Material Handling
 - Tool Room
 - Quality Assurance
 - Welding School
 - Molding
 - Carpentry
 - Electronics Factory
 - Wire Feeders
 - Engine Drives
 - Shipping & Receiving
 - Production Planning
 - Maintenance
 - Office Support Staff

WELD

Employee run organization started in 2001 to help nurture a safe working environment for employees

- **Workplace**
 - Tools, work area, aisle ways & walk ways, slips/trips hazards
- **Education**
 - Equipment limitations, certifications, reporting issues, PPE, lifting techniques
- **Lifestyle**
 - Rest & nutrition, stretching, ergonomics, reverse stretching, overdoing it
- **Discipline**
 - No shortcuts, do not rush, following instructions, safety guards, risks

EMPLOYEE RESPONSIBILITY

- Offer safety suggestions which may contribute to a safer work environment
- Use proper safety devices and protective equipment as required by management
- Report to your Supervisor all injuries, regardless of severity
- Don't wear loose or torn clothing around machinery
- Wear safety glasses, steel toed shoes and hearing protection at all times when on the production floor
- Be aware of tow motors and other traffic when walking in aisles
- Look for traffic before stepping into any aisle

MANAGEMENT RESPONSIBILITY

- Provide a work environment where safety is the highest priority at all times
- Establish and supervise an accident, education and prevention program, like WELD
- Establish and supervise the investigation and reporting of all injuries
- Perform audits of areas to identify and eliminate hazards
- Provide necessary safety equipment to employees

4 PHASE MENTORING PROGRAM

DOCUMENTED CHECK LISTS: ES-210-1/2/3/4

- 100% of all new employees are to have been partnered with a WELD representative and complete the 4-phase WELD mentoring program within 50 days of hire.

WELD

Machine Division WELD Mentoring Program Observation & Discussion Form: Phase 1

√ In square indicates item observed during observation is okay.
X indicates needs improvement, discuss with operator.

General Shop Awareness:

What is the Emergency Phone # _____

What is the Security Phone # _____

Location of the Nearest Phone to your work center _____

Location of the Nearest Exit to your work center _____

Your Supervisor's Phone # _____

Your Supervisor's Office Location _____

Discuss Bay Layout - Lettering and Numbering System _____

Discuss Markings on Bay Columns:
Green = Eyewash Station
Red = Fire Extinguisher

Where is the Nearest Eyewash Station _____

Where is the Nearest Fire Extinguisher _____

Where is the Medical Office located: _____

Where do you meet for Evacuations:
Indoors _____
Outdoors _____

What PPE (Personal Protection Equipment) is required in your work area? _____

Does your Machine have an E-Stop _____ and its location _____

Does your Equipment have other Safety Devices (examples are: Palm Buttons, Light Curtain, etc.) _____

Discuss Tow Motor and Crane Safety (Pedestrians Perspective) _____

Discuss Cell Phone Rules _____

Review W.E.L.D. Observation Cards _____

Review Dress Code _____

Discuss Stretching Program _____

See website listed below for Employee Handbook, etc.
www.lincolnconnect.com

ES-210-1-15/18/12

WELD

Machine Division WELD Mentoring Program Observation & Discussion Form: Phase 2

√ In square indicates item observed during observation is okay.
X indicates needs improvement, discuss with operator.

General Shop Awareness:

Review W.E.L.D. Observation Cards _____

What is the Emergency Phone # _____

What is the Security Phone # _____

Your Supervisor's Phone # _____

Review SafeTrack Initiative – Observation of New Employee _____

Discuss importance of Recycling _____

Location of nearest Recycling Containers (Cardboard, plastic, Metals, etc.) _____

Review MSDS information and how to obtain _____

Review HMIS labeling information and how to obtain labels _____

Location of the Nearest Fire Cabinet – Discuss proper storage _____

Discuss what to do if a Fire occurs – Review Evacuation Procedure _____

Review Pedestrian Safety – Tow Motor & Cranes _____

What PPE (Personal Protection Equipment) is required in your work area? _____

Review importance of Stretching (48% of injuries are strains and lacerations) _____

Discuss Hand Safety (Lacerations) – Proper gloves for different jobs _____

Review JHA _____

Review ISO 9001 (Quality) & ISO 14001 (Environmental) _____

See website listed below for Employee Handbook, etc.
www.lincolnconnect.com

ES-210-2 5/18/12

WELD

Machine Division WELD Mentoring Program Observation & Discussion Form: Phase 3

√ In square indicates item observed during observation is okay.
X indicates needs improvement, discuss with operator.

General Shop Awareness:

Importance of Safety at Home _____

What are the Emergency Phone # _____ & Security Phone # _____

Review location of both nearest Phone _____ & Exit _____

Your Supervisor's Name _____ & Phone # _____

Review Bay Layout – Lettering and Numbering System & Markings on Columns _____

Review nearest Eyewash Station _____ & Fire Extinguisher _____

Where is the Medical Office located: _____

Review Dress Code & PPE _____

Review where to meet for Evacuations: Indoors _____ & Outdoors _____

Review Tow Motor and Crane Safety _____

Review Cell Phone Rules _____

Review SafeTrack Initiative _____

Review Stretching Program _____

Discuss Close Calls _____

Review Safety Concerns and Suggestions Program _____

What 3 suggestions do you have for improving Safety in your Area or Other Areas:
1.) _____
2.) _____
3.) _____

Review Recycling Program, ISO 9001 & ISO 14001 _____

Review W.E.L.D. Observation Cards _____

See website listed below for Employee Handbook, etc.
www.lincolnconnect.com

ES-210-3 5/18/12

WELD

Machine Division WELD Mentoring Program Observation & Discussion Form: Phase 4

√ In square indicates item observed during observation is okay.
X indicates needs improvement, discuss with operator.

Weld Observation at Work Center:

Are there any immediate safety issues/concerns? _____
How were they addressed? _____

Is the employee wearing proper PPE for work center? _____
Is PPE in good working order? _____

Did the employee participate in the stretching program today? _____

Observe the employee. Is there excessive reaching, bending, pulling, twisting? _____

Is the employee using proper techniques for lifting? _____

Is the employee using proper tools for the job? _____

While in traffic areas are they utilizing walk aisles? _____
Are they interacting with industrial vehicles correctly? _____
Are they giving proper clearance to crane operators? _____

Where is the nearest eyewash station? _____

Where is the nearest Fire Extinguisher? _____
Who is authorized to use Fire Extinguishers? _____

Does the employee know their supervisor's name? _____
What is their phone number? _____

Does the employee know where to get a Safety Near Miss form? _____
Can they submit one? _____

Can the employee obtain a Quality Near Miss form? _____
Can they submit one? _____

Have employee walk to internal and external evacuation areas for his/her department. Are they correct? _____

Where is personal cell phone use allowed? _____
Where is the nearest fire cabinet? _____

Have employee explain both ISO 9001 & ISO 14001 _____

What are blue containers for? _____ Green containers? _____

See website listed below for Employee Handbook, etc.
www.lincolnconnect.com

ES-210-4 11/25/14

MENTORING GUIDELINES

Mission Statement: To establish positive relations and a bond with new employees in the Machine Division with the goal of promoting safety, educating them about the Lincoln culture, providing valuable information about Lincoln and giving them somewhere to turn as questions arise.

Employee Mentoring Basic Checklist

- Make sure you check with Department leadership on a weekly basis to see if any new hires are coming to your department.
- Make sure that you as a mentor are wearing your red WELD armband and the new hire is wearing their fluorescent yellow WELD armband.
- Review the mentoring observation form that is pertinent to the phase (1 – 4) you are covering with the new hire. This ensures that you are familiar with the information required to complete observation form and allows a more complete dialogue with them.
- Perform walks with the new hire for each phase of the mentoring program covering the information contained on that phase's card. Review all information thoroughly with them making sure there is an understanding of the material covered.
- Visit the new hire on a regular basis aside from the mentoring walks to encourage safe behavior and habits (also helps to build a rapport with them).
- Help further the mentoring bond by taking the new hire to lunch in the cafeteria at some point during the 4 phase mentoring process. You can obtain lunch cards from WELD leadership.
- The more of a bond you build with the new hire, the more you will help them to build a good safety base and will greatly reduce potential accidents, improve morale, safety awareness and will assist them in starting a long and successful career at Lincoln Electric.

NEW EMPLOYEE ARM BAND



WELD OBSERVATION FORMS

WELD OBSERVATIONS

- 2016 Goal 90%

DART RATE

- 2016 Goal ≤ .59

2016 QUARTER FOCUS

- 1st Quarter
 - Safetrack
 - Winter Safety
- 2nd Quarter
 - QUEST
 - Environmental
- 3rd Quarter
 - Hydration
 - Pedestrian Safety
- 4th Quarter
 - Housekeeping
 - Material Handling Safety

QUEST

QUALITY · ENVIRONMENTAL · SAFETY

Machine Division WELD Second Quarter Observation Form

What is Quest?

An enterprise-wide integrated software platform for Quality, Environmental & Safety Management Systems. QUEST provides a common reporting platform & metrics for Lincoln facilities. Quest is expandable in the future with a number of available modules.

What is an Unsafe Condition?

An unsatisfactory physical condition existing in the workplace environment.

Examples: Unprotected fall hazard, damaged ladder, combustibles present in a designated hot work area, water leaks, etc.)

What is an Unsafe Act?

Any act that deviates from a generally recognized safe way or specified method of doing a job.

Examples: Failure to wear harness (PPE), use of a damaged ladder or improper use of a ladder, performing hot work without covering/removing combustible materials, etc.

What is a Near Miss?

An unplanned event involving a person that did not result in an injury, illness or damage - but had the potential to do so.

Examples: Employee was running a press and the machine automatically cycled, narrowly missing the employee's hand.

What is an Injury/Illness?

A trauma, damage, or other harm done to or suffered by a person as the result of a workplace incident or otherwise hazardous condition. May be acute or chronic in nature.

ES-124_Q2_Q3/2016

FRONT OF CARD

Environmental



Machine Division WELD Second Quarter Observation Form

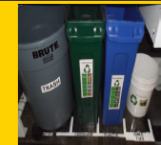
Recycling helps to conserve natural resources and Lincoln Electric recycles all the materials it can to reduce our environmental foot print. Products recycled are: cardboard, paper, metals, plastics, wood, and electronic waste. By recycling we reduce the amount of scrap sent to landfills. Lincoln Electric recycled 1,004,063 pounds of cardboard in 2015.

The ISO 14001 is a globally accepted standard developed by the International Organization for Standardization (ISO) for the implementation of an environmental management system (EMS). Lincoln Electric has held ISO 14001 certification for the past 14 years; Mentor received certification in 2002 and Euclid certified in 2004.

What is "Hazardous Waste"?

A toxic byproduct of various processes; a byproduct of manufacturing processes that is toxic and presents a potential threat to people and the environment. Hazardous waste can include spent solvents as well as many pesticides and excess / discarded / spilled chemicals. This waste is generated from sources as diverse as the Motor Pool and the Laser Research Lab. A substance (gas, liquid, solid, or sludge) may be hazardous if it is ignitable, corrosive, toxic, or reactive. Refer to EHS 351 for specifications on managing hazardous waste here at Lincoln Electric.

Green and blue recycle containers are being used to collect material for recycling, green for cardboard and blue for plastic. The containers fit neatly under the work bench and are labeled to identify the types of material to recycling. This type of container is listed in the Manufacturing Book of Standards.



What is GHS:

GHS is an acronym for The Globally Harmonized System of Classification and Labeling of Chemicals. The rating values will differ from the current standards whereas the hazard rating will range from 1 being the most severe with the degree of severity lessening as the numbers increase.

ES-124_Q2_EV 3/2016

BACK OF CARD

WHAT IS A NEAR MISS?

- It is an unplanned event that did not result in injury, illness or damage- but had the potential to do so.
- All near misses involve people and some type of action.
- Near miss describes incidents where, given a slight shift in time or distance, injury, ill-health or damage easily could have occurred, but did not occur this time.

Near Miss/Unsafe Condition/Unsafe Act Report Form

Cleveland US10

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Values with an "*" are required

Organization Information			
* Incident Type <input type="radio"/> Near Miss <input type="radio"/> Other <input type="radio"/> NM-Property <input type="radio"/> NM- Injury <input type="radio"/> Unsafe Act <input type="radio"/> Unsafe Condition		Division Where Incident Occurred <input type="radio"/> Automation <input type="radio"/> Consumable Euclid <input type="radio"/> Consumable Mentor <input type="radio"/> Corporate <input type="radio"/> Equipment (Machine Division) <input type="radio"/> Non-Divisional	
Department Where Incident Occurred			
Submitted By			
Employee Name* (Name of Employee Submitting Form)		Submitting Employee Department (Auto populated by Quest)	
Employee Information (Employee directly involved with incident)			
Employee's Division <input type="radio"/> Automation <input type="radio"/> Consumable Euclid <input type="radio"/> Consumable Mentor <input type="radio"/> Corporate <input type="radio"/> Equipment (Machine Division) <input type="radio"/> Non-Divisional	* Employee Status (Not Required for Unsafe Condition) <input type="radio"/> Employee <input type="radio"/> Unknown <input type="radio"/> Temporary/Contract Employee <input type="radio"/> Visitor/Contractor	Employee Name *	
* Employee's Department (Auto populated by Quest)	Employee # * (Auto populated by Quest)	Employee's Supervisor * (Not required for Unsafe Condition) (Auto populated by Quest)	
Visitor / Contractor Information (If applicable)			
Name *		Occupation	
Company *		Address	
General Information			
Date of Event *	Time of Event /Time Discovered * Time Cannot be determined <input type="checkbox"/>	Equipment # / Equipment Description *	
Where did the Incident Occur? * Examples: "Shop Floor: 8B1", or "Office Finance Dept. Mezzanine", or "Dock Area:W2", etc. (Instructions)			
What Happened? * Tell how the injury occurred. Example: "When ladder slipped on wet floor, worker fell 20 feet"; "Worker was sprayed with chlorine on face when gasket broke during replacement"			
What immediate action(s) were taken? (optional for "other" type of incidents) Include trouble call #, if applicable			

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What does the observer believe should be implemented to resolve the incident or prevent a recurrence?			
Other Comments			
Select the Process Being Performed at the Time of the Incident			
Business Core Process * <input type="radio"/> Manufacturing Business Sub Process * <input type="radio"/> Cored Wire <input type="radio"/> Flux <input type="radio"/> Solid Wire <input type="radio"/> High Alloy Solid Wire <input type="radio"/> Foundry <input type="radio"/> Manual / Stick Electrode <input type="radio"/> Product Assembly and Test <input type="radio"/> Parts Manufacturing	Business Core Process * <input type="radio"/> Maintenance / construction / Contractor Business Sub Process * <input type="radio"/> Equipment <input type="radio"/> Facility <input type="radio"/> Engineering Business Sub Process * <input type="radio"/> Product Design <input type="radio"/> Process Design <input type="radio"/> Laboratory	Business Core Process * <input type="radio"/> Customer Services <input type="radio"/> Distribution / Shipping / Warehousing <input type="radio"/> Management <input type="radio"/> Manufacturing Engineering / Methods <input type="radio"/> Material Handling <input type="radio"/> Operations / Scheduling <input type="radio"/> Plant Engineering <input type="radio"/> Procurement <input type="radio"/> Quality Assurance <input type="radio"/> Receiving <input type="radio"/> Resource Management <input type="radio"/> Sales & Marketing & Ordering	
Contributing Factors (Immediate cause. It could be the result of unsafe workplace conditions, unsafe behaviors or a combination of both that directly contributed to an incident. Select all that apply)			
Contributing Conditions* <input type="checkbox"/> 01 Not Secured Against Moving <input type="checkbox"/> 02 Unguarded/Inadequate Guarding <input type="checkbox"/> 03 Defective Tool/Equipment/Structure <input type="checkbox"/> 04 Poor Housekeeping/Congestion <input type="checkbox"/> 05 Awkward Position <input type="checkbox"/> 06 Improper Design of Equipment <input type="checkbox"/> 07 Sharp Objects <input type="checkbox"/> 08 Natural Disaster <input type="checkbox"/> 09 Inadequate Lighting <input type="checkbox"/> 10 Uncontrolled Health Hazard <input type="checkbox"/> 11 Fire/Explosion Hazard <input type="checkbox"/> 12 Repetitive Motion <input type="checkbox"/> 13 Unsafe Driving Condition <input type="checkbox"/> 14 Personal/Medical Condition <input type="checkbox"/> 15 Weather <input type="checkbox"/> 16 Unsafe Environmental Condition <input type="checkbox"/> 17 Other (Describe) _____ <input type="checkbox"/> NA		Contributing Actions* <input type="checkbox"/> 18 Taking Awkward Position <input type="checkbox"/> 19 Defeating Safety Devices <input type="checkbox"/> 20 Failure to De-Energize/Secure <input type="checkbox"/> 21 Failure to Follow Rules/Procedures <input type="checkbox"/> 22 Not Using as Intended <input type="checkbox"/> 23 Operating at Unsafe Speed <input type="checkbox"/> 24 Operating without Authorization <input type="checkbox"/> 25 Using Improper/Unsafe Equipment <input type="checkbox"/> 26 Improper Loading/Placement <input type="checkbox"/> 27 Exertion Beyond Capacity <input type="checkbox"/> 28 Failure to Communicate Hazard <input type="checkbox"/> 29 Horseplay <input type="checkbox"/> 30 Failure to use/Improper PPE <input type="checkbox"/> 31 Lack of knowledge of hazard present <input type="checkbox"/> 32 Distraction <input type="checkbox"/> 34 Other (Describe) _____ <input type="checkbox"/> NA	
Risk Assessment			
Risk	Dimensions		Risk Score (do not fill out)
	Potential/Actual Severity How severe was this event or could this event be if no preventative measures are implemented?	Potential/Actual Likelihood What is the potential reoccurrence if existing hazards and conditions are not corrected?	
Incident	<input type="radio"/> Low <input type="radio"/> Medium <input type="radio"/> High	<input type="radio"/> Not Likely <input type="radio"/> Likely <input type="radio"/> Very Likely	
Investigation			
Has investigation been done? * <input type="radio"/> Yes <input type="radio"/> No		Investigation Information (attach report if applicable)	
Reviewed By		Review Date	

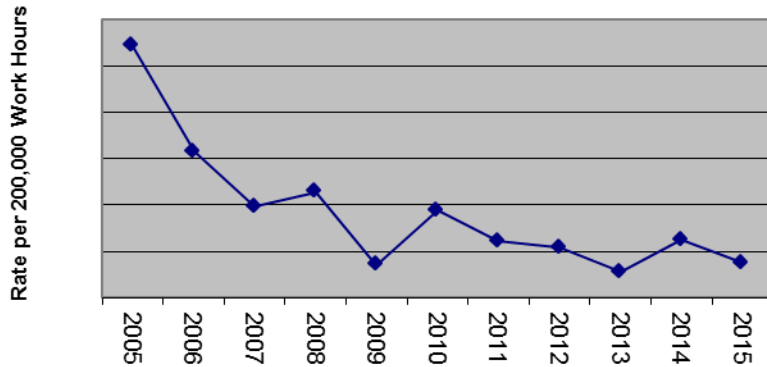
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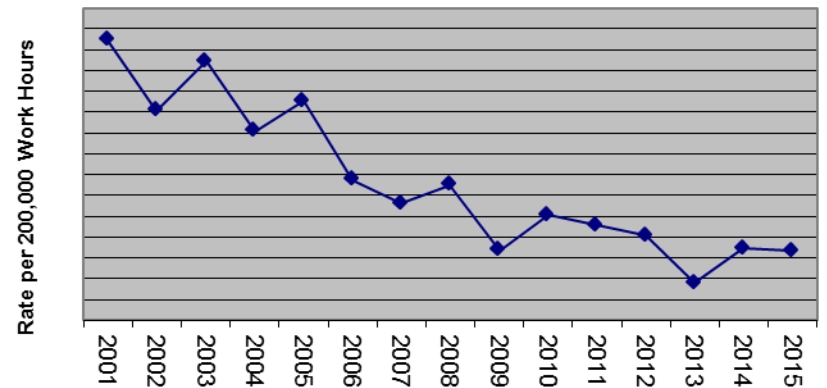
Positive Results

Over a 75% reduction in OSHA recordable and DART's in the Machine Division

Machine Division DART Case Rate
2005-2015



Machine Division OSHA Recordable Rate
2001-2015



CONGRATULATIONS MACHINE DIVISION

365 Days
Zero Lost Time Injuries

May 8th, 2016



CONGRATULATIONS MACHINE DIVISION

1,207,653 Hours
Zero Lost Time Injuries

WE DID IT THROUGH TEAMWORK



