VAIDYANATHESHWARA INSTRUMENTS
NABL Accredited Calibration Laboratory With vide Certificate No : CC-2473
COMMITTED TO THE CUSTOMER SINCE - 1996
Regional Office & Works :
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Safety Standards and Practices

This Covers the responsibilities of the employer, employee, and regulatory agencies in maintaining safety. Discusses ways of identifying and handling thermal, electrical and mechanical hazards.

Discusses the importance of maintenance (including calibration) and proper record keeping.

Offers guidelines for handling heavy equipment.

Describe ways to minimize the possibilities of hazardous or lethal electric shock, including safe lockout procedures.

Our onsite engineers are trained the mandatory usage of Rubber Gloves, Goggles, Safety shoes, mask, safety jackets, safety helmet, when ever there is a requirement.

Keep tools safe with calibration

Proper care is taken by using tools that are built carefully to ensure your safety, our work can help keep people down the line safe; those who are in factories, working with the tools We've calibrated. Especially in environments and industries that require hypersensitive control. Precise environmental measurements, and confidence in the measurements made throughout a facility are assured by proper calibration at every step of the process, which helps keep people safe.

When we talk about electrical safety, we're usually talking about the tools, sensors, and assets that fill a facility: the tools and assets that we're calibrating to keep accurate, precise, and safe. But that focus on safety also extends to the site engineers and tools we use in the lab or field to complete calibration work.

No matter what discipline we work in, there can be risks associated with the work. We may be calibrating tools at high voltages or using a temperature bath at extremely high or extremely low temperatures. The chemicals used in calibration could be dangerous or high pressure can cause damage. Doing your work on an instrument you trust to not only be precise but also keeps you in a safe environment is important.

Thorough training is given to work with proper environmental condition as per the recommendation (ISO:IEC 17025:2017).

To conclude,

Safety isn't expensive. Its priceless..!

Authorized Signatory

VAIDYANATHESHWARA INSTRUMENTS
Sign:.....
Ph :23377266
BANGALORE-96

TREATMENT FOR ELECTRIC SHOCK

(Reaffirmed 2001)

IMPORTANT : (1) Do not use methods **1** and **3** in case of injuries on the chest and belly.
Do not use method **2** in case of injuries on the back.
(2) Follow these instructions even if the victim appears dead. Commence the treatment immediately—every moment of delay is dangerous.

BEFORE COMMENCING ARTIFICIAL RESPIRATION FREE THE VICTIM FROM CONTACT WITH LIVE EQUIPMENT

Make the equipment dead by opening the switch and release the victim. If this is not possible and the victim is in contact with live parts up to 1 000 volts, stand on a rubber mat or dry wooden chair while removing the victim otherwise pull him free by using a dry cloth, dry rope, or any other dry non-conducting board or stick.

(a) If the victim is aloft, measures must be taken to prevent him from falling or to make him fall safe. (b) Do not touch victim with bare hands until the circuit is made dead or he is moved away from the equipment.

CAUTION

Tight clothing which may interfere with the victim's breathing must be loosened, all foreign matters, such as false teeth, tobacco, pan, etc. should be removed from his mouth and the mouth opened. DO NOT delay artificial respiration for loosening the clothes or even if the mouth is closed tightly. Delay even by a few seconds may be dangerous. 2. Avoid violent operations to prevent injury to internal organs.

METHODS OF ARTIFICIAL RESPIRATION

1. SCHAFER'S METHOD :

(1) Lay the victim on his belly, one arm extended directly forward, the other arm bent at the elbow and with the face turned sideward and resting on the hand or fore-arm as shown in Fig. 1A.

(2) Kneel astride the victim, so that his thighs are between your knees and with your fingers and thumbs positioned as in Fig. 1A.

(3) With the arms held straight, swing forward slowly so that the weight of your body is gradually brought to bear upon the lower ribs of the victim to force the air out of the victim's lungs as in Fig. 1B.

(4) Now immediately swing backward removing all pressure from the victim's body as in Fig. 1C and thereby allowing the lungs to fill with air.

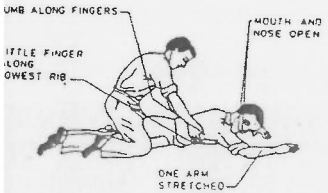

FIG. 1A

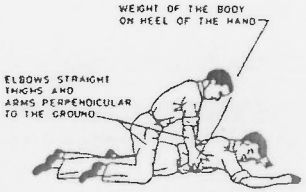

FIG. 1B


FIG. 1C

(5) After two seconds, swing forward again and repeat the cycle twelve to fifteen times a minute.

2. SILVESTER'S METHOD : To be used if the victim cannot lie on his belly or chest due to injury.

(1) Lay the victim flat on his back and place a roll of clothing under his shoulders to ensure that his head is thrown well back.

(2) Wipe saliva out of his mouth : Pull the tongue forward and towards the chin and hold it in this position if there is an assistant; if not, tie it with a strip of cloth, cross the strip under the chin, and tie below the neck to prevent the tongue from blocking the wind pipe.

(3) Kneel over the victim's head and grasp his arms above the wrist as in Fig. 2A.

(4) Swing forward and press his arms steadily and firmly downwards and inwards against the sides of the chest to force the air out of the lungs as in Fig. 2B.

(5) Bring the victim's arms steadily first upward and then backwards until they are in line with the body and the elbows are almost touching the floor as in Fig. 2C, thus allowing the lungs to fill with air.

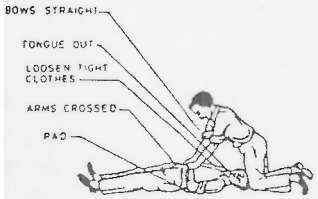

FIG. 2A

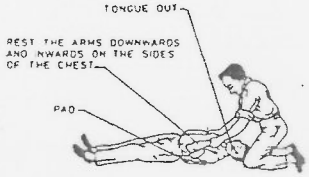

FIG. 2B

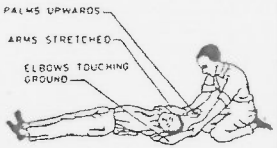

FIG. 2C

(6) After three seconds, swing forward again and repeat the cycle. The complete cycle should take about six seconds.

3. NELSON'S ARM—LIFTBACK-PRESSURE METHOD :

(1) Place victim prone (that is, face down) with his arms folded with one palm on the other and head resting on his cheek over the palms. Kneel on one or both knees at victim's hand. Place your hands on the victim's back beyond the line of armpits, with your fingers spread outwards and downwards thumbs just touching each other as in Fig. 3A.

(2) Gently rock forward keeping arms straight until they are neatly vertical thus steadily pressing the victim's back as in Fig. 3B to force the air out of the victim's lungs.

(3) Synchronizing the above movement rock backwards, releasing pressure and slide your hands downwards along the victim's arms and grasp his upper arm just above the elbows as in Fig. 3C. Continue to rock backwards.

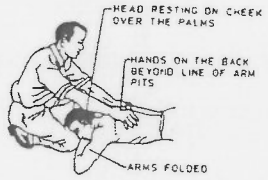

FIG. 3A

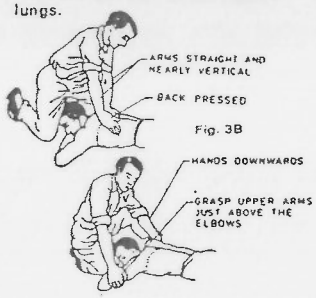

FIG. 3C

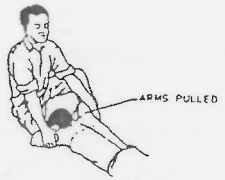

FIG. 3D

(4) As you rock back, gently raise and pull the victim's arms towards you as in Fig. 3D until you feel tension in his shoulders. To complete the cycle, lower the victim's arms and move your hands up or initial position.

4. MOUTH TO MOUTH METHOD :

(1) Lay the victim flat on his back and place a roll of clothing under his shoulders to ensure that his head is thrown well back. Tilt the victim's head back so that the chin points straight upward.

(2) Grasp victim's jaw as in Fig. 4A and raise it upward until lower teeth are higher than upper teeth; or place fingers on both sides of jaw near ear lobes and pull upward. Maintain jaw position throughout artificial respiration to prevent tongue from blocking air passage.

(3) Take a deep breath and place your mouth over victim's mouth as in Fig 4B making airtight contact. Pinch the victim's nose shut with thumb and fore-finger. If you dislike direct contact, place a porous cloth between your and victim's mouth. For an infant, place your mouth over its mouth and nose.

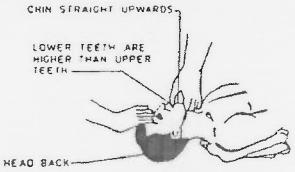

FIG. 4A

FIG. 4B

(4) Blow into victim's mouth (gently in the case of an infant) until his chest rises. Remove your mouth and release the hold on the nose, to let him exhale, turning your head to hear out-rush of air. The first 8 to 10 breaths should be as rapid as victim responds, thereafter rate should be slowed to about 12 times a minute (20 times for an infant).

NOTE :
(a) If air cannot be blown in, check position of victim's head and jaw and re-check mouth for obstructions, then try again more forcefully. If chest still does not rise, turn victim's face down and strike his back sharply to dislodge obstructions.
(b) Sometimes air enters victim's stomach evidenced by swelling stomach. Expel air by gently pressing stomach during exhalation period.

OTHER AIDS

Send for a doctor immediately.

Keep the victim warm with a blanket, wrapped up hot water bottles or warm bricks; stimulate circulation by stroking the insides of the arms and legs towards the heart.

(2) Continue artificial respiration till the victim begins to breath naturally. It may take hours.

(4) When the victim revives, keep him living down and do not let him exert himself.

(5) Do not give him any stimulant until he is fully conscious.

Doctor within easy reach	Doctor within easy reach.	Ambulance	Ambulance
Name _____	Name _____		
Address _____	Address _____	Phone No. _____	Phone No. _____
Phone No. _____	Phone No. _____		

MECHANICAL MEANS OF ARTIFICIAL RESPIRATION, IF AVAILABLE, MAY ALSO BE USED.