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4 Abstract

5 Companies have a legal and social responsibility to ensure the safety of its workers, all persons lawfully present at the workplace and the surrounding community. This requires laid down 6 7 procedures and routing process which aims at identifying, eliminating, minimizing and control 8 the work-related hazards and decrease the risks. To be effective, the Occupational Safety and 9 Health Management Systems (OSHMS) need to be integrated within the organization's safety 10 policy and objectives. Therefore, this explains why OSHMS has continued to play a pivotal role in the decision making process in most companies (Ibojiemenmen, 2007). This study aimed at 11 12 assessing occupational health and safety management systems in place and their compliance. The sampling unit was petrol stations and the study employed use descriptive study design. The 13 purposive sampling was employed to select Thirty two (32) petrol stations in Njoro Molo and 14 Nakuru Municipalities of Nakuru County with a special focus on petrol stations which have 15 16 dispenser pumps, car servicing bay and Front Office section. Data was collected using purposive sampling, stratified and simple random where interviews, observations and 17 18 questionnaire survey. Descriptive statistics which involved frequency tables and percentages 19 was used to analyze the data. The findings of this study shows that more than half of the petrol 20 stations lacked defined Occupational Safety and Management systems. There is need of Occupational Safety and Health Management System to be integrated within petrol stations 21 22 policy in order to reduce the operations mistakes, costs of reducing problems and level of risks 23 while ensuring that they comply with laws and regulations.

Occupational Safety and Health Management Systems and their Compliance among

A Case Study in Nakuru County

Petrol Stations in Kenya.

Key words: BTEX; Compliance; Premium Motor Spirit; Occupational Safety and Health Management
 Systems

26 INTRODUCTION

The number of petrol station has increased tremendously in the recent years in Kenya. These petrol stations are located in major routes and highways with passing traffic (Netz and Taylor, 2002), towns and busy shopping centers serving as a vehicle fueling and servicing point, food outlets and parking areas (Chan et al., 2015). Petrol stations have attracted large number of people both as staff and customers (Sartorius *et al.*, 2007); whereby some serves as a 32 designated booking place where Public service Vehicles (PSV) starts or ends its scheduled 33 route. This is despite the fact that petrol stations stores flammable materials, generates and 34 releases toxic substances which consist of a mixture of benzene, toluene, ethylbenzene, and xylenes (BTEX) in all its operations (Health and Safety Authority 2017). The atmosphere 35 36 around the petrol stations contains high concentration level of BTEX due to emission of toxic fumes during loading, storage, refueling, oil spill, exhaust fumes and leakages from Liquefied 37 38 Pressurized Gas (LPG) Cylinders; pose a high potential risk to the environment, staff and general population (Robert et al., 2014). Further, a study done by Jo and Song (2001) indicates 39 40 that exposure levels associated with gasoline vapour emissions in petrol service stations, car 41 service bay and petroleum refineries were higher than those associated with motor vehicle 42 emissions.

Apart from hazardous substances and fumes generated and release by petroleum products, 43 other health and safety risks found in and around petrol station include fire and explosion, lone 44 working, vehicle movements, lifting and carrying, slips, trips and falls (Health and Safety 45 Authority 2017). Efficient and effective operations gains at any workplace including petrol 46 47 stations are realized by organizations that move from simply attaining legal compliance towards 48 implementing of the best practices of safety and Health (Health and Safety Executive, 2006). The good occupational health and safety practices should be in balance with socio-economic 49 50 needs of the workplace. A sound occupational health and safety management systems must link workplace operations in order to effectively manage the business. The OSHMS aims at 51 52 eliminating where possible or minimizing the likelihood of work related accidents, diseases and 53 fatality cause by occupational hazards. Therefore, OSHMS encompasses monitoring, 54 assessment, identification and control of hazard, ongoing inspection and incident investigation, 55 emergency preparation and response to safeguard health of the workers and the public. It 56 addresses the anticipated safety concerns and gives a room for continual improvement of the 57 laid procedures and routing processes. The success of OSHMS depends on the commitment of all stakeholders including and not limited to top management, workers and customers. Petrol 58 59 stations are required to establish a safety and health management systems which entails safety policy and periodic risk assessment to its hazardous nature (Health and Safety Authority, 2017). 60 Fire incidences and explosions have been reported in petrol stations around the world. Notable 61 62 incidences include petrol stations fire incidences in Ghana in year 2015 and 2017 where a total of 150 people and 3 people lost their lives respectively and dozens injured (BBC News, 2015). 63 In Kenya, tankers explosions have been report along our major roads and highways killing 64

65 dozens of people. Recently, a shell petrol station in Nairobi, Kenya, busted into flames. 66 According to statement issued by Energy Regulatory Authority, the fire started after the motorist 67 sped off while the pump was inside the vehicle's fuel tank; the friction between the ground and the pump produced sparks which ignited a fire. Although no injuries were reported on the 14th 68 69 April 2018 incidence, however the station was extensively damaged. This has led to scrutiny on the level of emergency preparedness and responds plan, work procedures, safety culture and 70 71 training which are part of issues addressed by OSHMS. There have been studies related to 72 health and safety in both petroleum industry and other sectors in Kenya. For instance, 73 Operational risks management in petroleum filling station by Magambo (2016) and Health and safety assessment in Kenvan petrol stations by Mutua and Fedha (2012). However these 74 studies focused on examination and evaluation of operational risks management practices, 75 safety regulations awareness and management of physical controls to health and safety. Thus, 76 77 this study intent to fill the research gap by documenting safety and health management systems 78 in place and the compliance with existing safety regulations among petrol stations in Kenya.

79 **METHODOLOGY**

The study was conducted in Nakuru County and the sampling unit was petrol stations. The 80 purposive sampling was used to select Thirty two (32) petrol stations in Njoro Molo and Nakuru 81 Municipality with a special focus on petrol stations which have dispenser pumps, car servicing 82 83 bay and Front Office section. A number of respondents were picked randomly and proportionately drawn from each section in all petrol stations involved in the study to give a 84 desired sample size of one hundred and two (192) (Anderson et al., 2007). The study used 85 descriptive study design. A pilot test had been conducted to five (5) petrol stations in Naivasha 86 subcounty to test the validity (Gay, 1987) and reliability (Fraenkel & Wallen, 2003) of the 87 88 research instruments.

Both primary and secondary data was used. Data was collected through use of interviews, observations and questionnaire survey. Open and closed-ended questionnaires were used to collect data from the respondents in forecourt, servicing and front office sections. Observational checklist was used to observe safety practices, recording of the health risks and physical structures and document records related to health and safety issues. The study used purposive sampling to select two (2) key informants from DOSHS to get depth information and an opportunity to clarify OHSMS issues arising from the interview process. The data collected from 96 the field was coded, organised and analysed using descriptive statistics which involved97 frequency tables and percentages.

98

99 RESULTS AND DISCUSSION

100 **Results**

The study had set out to collect data from one hundred and ninety one (192) respondents but only one hundred and eighty three (180) which were successfully filled were analyzed representing 93.8% response rate. The study had more male respondents (76.1%) than female (23.9%) while majority of the respondent were from the age bracket of 18-25 years (43.3%). Majority, 86.7% worked 8-10hrs a day, 84.4% had worked 5 years and below while over 90% of the respondent had received post primary education (Table 1)

Social economic characteristics of the respondents			
Variable	Frequency	Percentage	
	N=180		
Age (years)			
18-25 years	78	43.3	
26-35 years	69	38.3	
36 - 45 years	33	18.3	
Sex			
Male	137	76.1	
Female	43	23.9	
Education			
primary	16	8.9	
secondary	84	46.7	

tertiary	74	41.1
University	6	3.3
Work experience		
Below 1 year	76	42.2
1-5 years	76	42.2
6-10 years	28	15.6
Hours worked per day		
Below 8 hours	10	5.6
8-10 hours	156	86.7
11-12 hours	10	5.6
over 12 hours	4	2.2

108Table 1: Social economic characteristics of the respondents.Source: Field data (2017)

109 The findings of the study shows that all respondents, 180 (100%) were aware of the

110 occupational hazards associated with their job where more than one hazard/risk were

111 mentioned. Risk of fire was reported by all respondents, 180 (100%) while commonest accident

occurrence reported was fuel splash to skin and eyes, 162 (90%). Majority of the respondents,

113 108 (60%) stated that employer provided PPE, out of which the commonest being

114 Aprons/overall. Also, 12 (6.7%) reported use of PPE with the most commonly used being

apron/overall, 10 (83.3%) and the least used being gloves and face mask, 1 (8.3%) each as

116 illustrated in the table 2 below.

Hazard/Risk Awareness,	, accidents experienced by respondents and use of PPE while		
at work			
Variable	Frequency	Percentage	
	(n)	(%)	
*Type of hazards/risks	n=180		

Fire	180	100
Fuel contact with body	170	93.9
Inhalation of PMS	154	85.6
Oil spill	149	82.8
Run over by vehicles	117	65
Explosions	113	63
Cold	47	26.1
*Type of accident	n=180	
Fuel splash to skin and eyes	162	90
Slip and fall	22	12.2
Finger pinched/laceration by faulty pump	52	28.9
handle		
PPE provided	n=180	
Yes	108	60
No	72	40
No	72	40
No *Type of PPE provided	72 n=108	40
No *Type of PPE provided Aprons /overall	72 n=108 107	40 99.1
No *Type of PPE provided Aprons /overall Reflector jacket	72 n=108 107 40	40 99.1 37
No *Type of PPE provided Aprons /overall Reflector jacket gloves	72 n=108 107 40 39	40 99.1 37 36.1
No *Type of PPE provided Aprons /overall Reflector jacket gloves Safety boots	72 n=108 107 40 39 22	40 99.1 37 36.1 22.1
No *Type of PPE provided Aprons /overall Reflector jacket gloves Safety boots Face mask	72 n=108 107 40 39 22 18	40 99.1 37 36.1 22.1 16.7
No *Type of PPE provided Aprons /overall Reflector jacket gloves Safety boots Face mask	72 n=108 107 40 39 22 18	40 99.1 37 36.1 22.1 16.7
No *Type of PPE provided Aprons /overall Reflector jacket gloves Safety boots Face mask Use of PPE	72 n=108 107 40 39 22 18 n=180	40 99.1 37 36.1 22.1 16.7
No *Type of PPE provided Aprons /overall Reflector jacket gloves Safety boots Face mask Use of PPE Yes	72 n=108 107 40 39 22 18 n=180 12	40 99.1 37 36.1 22.1 16.7 6.7
No *Type of PPE provided Aprons /overall Reflector jacket gloves Safety boots Face mask Use of PPE Yes No	72 n=108 107 40 39 22 18 n=180 12 168	40 99.1 37 36.1 22.1 16.7 6.7 93.3
No *Type of PPE provided Aprons /overall Reflector jacket gloves Safety boots Face mask Use of PPE Yes No	72 n=108 107 40 39 22 18 n=180 12 168	40 99.1 37 36.1 22.1 16.7 6.7 93.3
No *Type of PPE provided Aprons /overall Reflector jacket gloves Safety boots Face mask Use of PPE Yes No *Type of PPE used while at work	72 n=108 107 40 39 22 18 n=180 12 168 n=12	40 99.1 37 36.1 22.1 16.7 6.7 93.3
No *Type of PPE provided Aprons /overall Reflector jacket gloves Safety boots Face mask Use of PPE Yes No *Type of PPE used while at work Aprons/overall	72 n=108 107 40 39 22 18 n=180 12 168 n=12 10	40 99.1 37 36.1 22.1 16.7 6.7 93.3 83.3
No *Type of PPE provided Aprons /overall Reflector jacket gloves Safety boots Face mask Use of PPE Yes No *Type of PPE used while at work Aprons/overall Reflector jacket	72 n=108 107 40 39 22 18 n=180 12 168 n=12 10 5	40 99.1 37 36.1 22.1 16.7 6.7 93.3 83.3 41.6

Safety boots	7	58.3	
Face mask	1	8.3	
*Multiple responses			

118 Table 2: hazards awareness, accidents experienced and use of PPE. Source: Field data119 (2017)

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121 Most of the respondents 165 (91.7%) stated that they had specified work assignment where staff had define job descriptions outlining how to perform their duties. However, from 122 123 observation checklist, multitasking was evident in most stations whereby staff from front office 124 and car servicing section could also been seen refueling customer's vehicles. Also, 126 (70%) 125 reported that they had guidelines for emergency action plan mentioning evacuation plan, fire 126 exits and fire assembly notices though 40% did not show any document to support it. Majority, 127 (57.8%) said that they did not have written policy statement for their company while those who had, only 20% had them displaced at the front office. Only 34 (18.9%) reported undergoing 128 medical examination before or after commencement of work with the most commonly medical 129 test being chest examination 32 (94.1%), eye sight 10 (29.4) and blood sample 2 (5.9%). Most 130 of the respondents 143 (97.9%) who had not been subjected to medical examination stated that 131 132 medical examination was not done because it was not necessary. 143 (97.9%). Moreover, 87 133 (48.3%) had attended safety training the commonest being fire safety, 86 (98.9%) and first aid, 134 42 (48.3%).

Safety procedures and routine processes at workplace			
Variable	Frequency	Percentage	
	(n)	(%)	
Work procedures	n=180		
Yes	165	91.7	
No	15	8.3	
Emergency preparedness and response	n=180		

plan		
Yes	126	70
No	74	30
*Type of Emergency preparedness and	n=126	
response plan		
Evacuation plan	54	42.9
Fire exits and fire assembly points	125	99.2
Safety policy statement	n=180	
Yes	104	57.8
No	76	42.2
Medical examination done	n=180	
Yes	34	18.9
No	146	81.1
*Type of medical examination tests done	n=34	
*Type of medical examination tests done Eye Sight	n=34 10	29.4
*Type of medical examination tests done Eye Sight Chest examination	n=34 10 32	29.4 94.1
*Type of medical examination tests done Eye Sight Chest examination blood sample	n=34 10 32 2	29.4 94.1 5.9
*Type of medical examination tests done Eye Sight Chest examination blood sample	n=34 10 32 2	29.4 94.1 5.9
*Type of medical examination tests done Eye Sight Chest examination blood sample *Reasons medical examination not done	n=34 10 32 2 n=146	29.4 94.1 5.9
*Type of medical examination tests done Eye Sight Chest examination blood sample *Reasons medical examination not done Fit and well	n=34 10 32 2 n=146 9	29.4 94.1 5.9 6.7
 *Type of medical examination tests done Eye Sight Chest examination blood sample *Reasons medical examination not done Fit and well Lack of awareness 	n=34 10 32 2 n=146 9 15	29.4 94.1 5.9 6.7 10.3
 *Type of medical examination tests done Eye Sight Chest examination blood sample *Reasons medical examination not done Fit and well Lack of awareness It was not necessary 	n=34 10 32 2 n=146 9 15 143	29.4 94.1 5.9 6.7 10.3 97.9
*Type of medical examination tests done Eye Sight Chest examination blood sample *Reasons medical examination not done Fit and well Lack of awareness It was not necessary Supervisor/management are well known to me	n=34 10 32 2 n=146 9 15 143 13	29.4 94.1 5.9 6.7 10.3 97.9 8.9
 *Type of medical examination tests done Eye Sight Chest examination blood sample *Reasons medical examination not done Fit and well Lack of awareness It was not necessary Supervisor/management are well known to me 	n=34 10 32 2 n=146 9 15 143 13	29.4 94.1 5.9 6.7 10.3 97.9 8.9
 *Type of medical examination tests done Eye Sight Chest examination blood sample *Reasons medical examination not done Fit and well Lack of awareness It was not necessary Supervisor/management are well known to me 	n=34 10 32 2 n=146 9 15 143 13	29.4 94.1 5.9 6.7 10.3 97.9 8.9
 *Type of medical examination tests done Eye Sight Chest examination blood sample *Reasons medical examination not done Fit and well Lack of awareness It was not necessary Supervisor/management are well known to me Attended Safety training 	n=34 10 32 2 n=146 9 15 143 13 n=180	29.4 94.1 5.9 6.7 10.3 97.9 8.9
*Type of medical examination tests done Eye Sight Chest examination blood sample *Reasons medical examination not done Fit and well Lack of awareness It was not necessary Supervisor/management are well known to me Attended Safety training Yes	n=34 10 32 2 n=146 9 15 143 13 n=180 87	29.4 94.1 5.9 6.7 10.3 97.9 8.9 8.9

*Type of safety training	n=87	
First Aid	42	48.3
Fire	86	98.9
* Multiple responses		

136

137 Table 3: Safety procedures and routine processes at workplace Source: Field data (2017)

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139 **Discussion**

140 The respondents in this study were majorly male young adults who had attained post primary 141 education, which is in agreement with findings of similar studies done in Brazil by Rocha et al 142 where male staff were 90.5% and in Nigeria by Ahmed where 75% of the respondents were 143 male. A possible reasons for young male dominating the workforce could be due to the fact that pump operations and car servicing were considered to be strenuous and risky task since petrol 144 stations operates till late night. Majority of the respondents (84.4%) had work for less than 5 145 years. This could be due to the fact that the workforce was majorly young adult who may have 146 147 just started working after completing post primary education. All respondents were aware of the occupational hazards associated with their job where more than one hazard/risk were 148 mentioned. Risk of fire was easily mentioned by all respondents and this may be due to 149 presence of fire extinguishers and warning sign "No Smoking" conspicuously in areas of danger 150 151 including forecourt and offloading area, normally a requirement for licensing. The results concurs with Mutua and Fedha (2012) whom observed that majority of the petrol stations had 152 153 scored a 56% regarding installation of fire safety equipment. However, less than a third of the 154 respondents reported having well stocked first aid in their workplace. It is likely that incase of 155 injury or sudden illness, the casualty will not be given emergency aid before being taken to the 156 nearest health facility. Common accidents including fuel splash on the attendant skin and 157 fingers pinched by pump handle were not reported as they were considered "normal". These incidents occurred mainly when the attendant is either tired or overwhelmed by work. This 158 159 implies that workers are mostly likely to be exposed to hydrocarbons which easily gets 160 absorbed into the body since only 6.7% reported use of PPE with the most commonly used 161 being apron/overall, 10 (83.3%) and the least used being gloves and face mask, 1 (8.3%) each. 162 Though, majority of the respondents had stated that PPE were provided by employer, the low 163 usage was attributed by the fact that their availability were only "on need basis" thus worn

164 during offloading which was considered to be hazardous. The findings are in agreement with 165 another study by Izudi et al (2017) where PPE use was low (15.6%). It is likely that both employers and workers lack adequate information on the role of different PPEs in reducing 166 exposure to volatile compounds which are generated and released nearly in all the petrol station 167 168 operations. Most of the respondents 165 (91.7%) stated that they had define job descriptions outlining how to perform their duties and were trained on use of work tool and equipment at their 169 170 workplace upon their employment, however, only 48.3% stated that they had attended safety 171 training the commonest being fire safety, 86 (98.9%) and first aid, 42 (48.3%). This findings 172 concurs with Cherono, (2011), whom in her study on Occupational accidents in Hotels within Eldoret town, stated that 55% of the respondents had trained on First Aid. This implies most 173 employees at work place are not trained on health and safety issues thus likely to be ignorant in 174 occupational Safety and Health management systems (Njeru, 2015). This is despite the fact that 175 176 safety training should be carried at induction, on job and in refresher courses (Grimaldi and 177 Simons, 2003) and supplemented by placing posters and sign at strategic areas within petrol station. Multitasking was evident in most stations where pump attendant would refuel more than 178 179 one vehicle at a go, wash windscreen and charge for the services. Similarly, staff from front 180 office and car servicing section could also be seen refueling customers vehicles. The findings collaborates with another study by Racho et al (2014) on use of personal protective equipment 181 182 by gas stations in Brazil. Multitasking may be as a result of petrol station employing few staff in 183 a busy workplace compelling staff to perform two task or more simultaneously in order to handle 184 the workload. Though majority of the respondents had stated that they had guidelines for 185 emergency action plan, nearly a half of the petrol stations did not show any documents to support it and those who had, had displayed evacuation plan, fire exits and fire assembly point 186 notices. Though, a fifth of the respondents reported presence of a written and publicized safety 187 policy statement and risk assessment audit reports, these crucial safety documents were not 188 freely accessible by staff since some stations had them either filed or pinned at the manager's 189 190 office thus limiting their accessibility. The possible reasons for lack of a well-defined emergency 191 action plan and policy statement may be attributed to the fact that safety related issues had not 192 reached all the petrol stations. In terms of medical examination, only 34 (18.9%) reported 193 undergoing either pre-employment medical examination or periodic medical examination with the most commonly medical test being chest examination 32 (94.1%), eye sight 10 (29.4) and 194 195 blood sample 2 (5.9%). Most of the respondents 143 (97.9%) who had not been subjected to 196 medical examination stated that medical examination was not done because it was not

necessary contrary to the fact that the fact that petrol stations attendants are likely to beexposed to occupational hazards (Harrington et al., 1998).

199 CONCLUSION

The findings of this study shows that most petrol stations did not have written and publicized 200 safety statement, emergency preparedness and action plan and medical examination to 201 202 workers. Most workers perform multiple tasks, non-usage of PPE such as gloves, aprons, boots 203 and face mask was evident, and even by those who said had PPE, which is in agreement with other similar studies. Though, majority of the petrol stations had warning sign, fire extinguishers 204 and sand bucket conspicuously at the forecourt, less than a third of the respondents reported 205 having well stocked first aid in their workplace. Moreover, most of the respondents did not know 206 how to use them in case of emergency. The findings of the study clearly indicates that majority 207 208 of the petrol stations either lacked or did not have well defined an occupational health and 209 safety management system leading to low level of their implementation. There is need of 210 Occupational Safety and Health Management System (OSHMS) to be integrated within petrol 211 stations policy in order to reduce the operations mistakes, costs of reducing problems and level of risks while ensuring that they comply with laws and regulations. 212

213 ETHICAL CONSIDERATION

214 Permissions to conduct the research, research clearance permit were obtained from National Commission for Science, Technology and Innovation (NACOSTI). Consent was also sought 215 from office of Nakuru County Commissioner, Ministry of Education (MoE) and 216 217 proprietors/managers of the petrol stations where the study was carried out. The researcher 218 clearly explained the purpose of the study to the respondents and their consent sought as indicated in the preamble of the questionnaire. Names of the respondents and place of work 219 220 were not included in the questionnaire. The respondents were coded and the codes only known 221 to the researcher. Some photos taken as part of observational tool had either the petrol station 222 name censored or faces of attendants blurred to protect anonymity and privacy of the 223 respondents.

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