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|  | Insert your company name here  **SAFETY POLICY**  ***Insert the creation or revision date here*** |

**It is the policy of this company:**

* To establish and maintain safety rules which employees are required to follow;
* To conduct safety inspections to find and eliminate unsafe working conditions or practices and comply fully with the safety standards for every job;
* To train all employees in proven safety methods and best practices;
* To implement all possible engineering and work practice controls as priority measures in controlling hazards;
* To issue and require employees to wear personal protective equipment whenever necessary to protect them against injury;
* To conduct prompt and thorough incident investigations and correct any identified hazards;
* To require subcontractors to abide by and adopt this policy or similar policy.

**All employees must acknowledge and abide by the following rules:**

1. I have reviewed the safety policy provided and am knowledgeable with all safety requirements of the job.
2. I will report all unsafe conditions to my immediate supervisor.
3. I will promptly report all workplace injuries to my immediate supervisor.
4. I will wear appropriate work clothes and use personal protective equipment (PPE) such as a hard hat, steel toed boots, respirator, or safety glasses, if needed to protect against job hazards.
5. I will wear a seat belt at all times when traveling in a vehicle on company time.
6. I will not operate machinery unless all guards and safety devices are in place and in proper operating condition.
7. I will not use defective tools or equipment or alter tools or equipment in any way.
8. I will not operate machinery unless I am an authorized operator and have been directed to do so by my immediate supervisor.
9. I will practice good housekeeping at all times. I will not leave materials or scraps in aisles, walkways, roads or other means or points of egress.

*Rules continued from the previous page…*

1. I will not engage in horseplay or roughhousing.
2. I will comply at all times with all commonly recognized and understood safe work practices and follow all posted safety rules.
3. Being under the influence of intoxicating beverages or illegal drugs on the job is prohibited. I understand that this company reserves the right to perform post-accident and suspicion drug testing. A positive drug test will result in a disciplinary action that may include termination.
4. I understand that if I knowingly file a false or fraudulent injury or illness claim that I may be prosecuted.
5. I understand that the above stated rules do not represent all safety rules and regulations of this company and that these rules only serve to inform me of minimum specific actions that I must adhere to in order to ensure my safety and the safety of others on this job site.

I acknowledge that I read, understood and will abide by all safety rules stated in this Safety Policy and established by this company.

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Employee Name (Please Print)

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Employee Signature Date

*This document is to be permanently retained in employee’s personnel file.*