

**Safety Improvement Plan Agreement, Supervisor Program**

I, \_\_\_\_\_ understand that I have been identified as an “at risk” Supervisor under the Safety Improvement Plan. **Under Section 3.3 of the Safety Improvement Plan**, *“A supervisor whose team has a higher than plant or company average of incidents (recordable or preventable) will participate in a leader level SIP involving mentoring from the safety office”*.

I understand that I have incurred the following incidents that have identified me as an “at risk” Supervisor.

#	Date	Injury Type	Description of Injury
		<input type="checkbox"/> First Aid <input type="checkbox"/> Recordable <input type="checkbox"/> Lost Time <input type="checkbox"/> Property Damage	
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I, \_\_\_\_\_ have chosen to complete the following actions to fulfill my obligation to the SIP Program.

- Attend a safety seminar or class related to the department’s identified issues, and report out on findings.
- Implement 4 or more safety improvements for their department.
- Prepare 3 toolbox talks for sharing with entire company.
- Complete 4 worksite analyses.
- Complete 4 job safety analyses.
- Increase STOP observations.
- Conduct STOP observations with the plant manager and or safety department.
- Participate in Executive Safety meeting
- Conduct a department hazard assessment.

I, \_\_\_\_\_ understand that If at any time I choose to stop participation in, or activity related to this SIP, I will be subject to additional action to include disciplinary action as deemed by Human Resources.

SIP Participant: \_\_\_\_\_ EHS Representative: \_\_\_\_\_

Plant Director: \_\_\_\_\_ HR Representative: \_\_\_\_\_