

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	
		<input type="checkbox"/> First Aid <input type="checkbox"/> Recordable <input type="checkbox"/> Lost Time <input type="checkbox"/> Property Damage	
		<input type="checkbox"/> First Aid <input type="checkbox"/> Recordable <input type="checkbox"/> Lost Time <input type="checkbox"/> Property Damage	
		<input type="checkbox"/> First Aid <input type="checkbox"/> Recordable <input type="checkbox"/> Lost Time <input type="checkbox"/> Property Damage	
		<input type="checkbox"/> First Aid <input type="checkbox"/> Recordable <input type="checkbox"/> Lost Time <input type="checkbox"/> Property Damage	
		<input type="checkbox"/> First Aid <input type="checkbox"/> Recordable <input type="checkbox"/> Lost Time <input type="checkbox"/> Property Damage	

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: _____