

Safety Improvement Plan Agreement Non-Supervisor Program

I, _____ understand that I have been identified as an “at risk” employee under Safety Improvement Plan. **Under the SIP Program, Section 3.2** *“Any employee who has a rate of 2 or more accidents or incidents within six months or recordable incidents within 12 months will be identified as needing to be involved in SIP”.*

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

#	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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		<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.

- ☐ Conduct 4 department safety inspections.
- ☐ Participate in department safety training.
- ☐ Implement 2 or more safety improvements for their department.
- ☐ Give a safety talk to your department.
- ☐ Complete a work site analysis for a specific work area.
- ☐ Complete a job safety analysis for a specific hazardous job.
- ☐ Identify 4 unsafe conditions or acts happening in your area, and determine ways to prevent them.
- ☐ Attend a safety committee meeting.
- ☐ Assist in a 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: _____

Supervisor: _____ HR Representative: _____