



# Safety Program Template

ver 2.0

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# Safety Program

FOR

ENTERPRISE logo here

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## Policy Statement

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### *[ENTERPRISE] Policy*

Safety on the job in [ENTERPRISE] is of the foremost importance. At the same time risk and vulnerabilities are to be avoided. No operation is so important that it must be done in a manner which permits unacceptable hazard to personnel or property nor exposing [ENTERPRISE] to unnecessary risk or vulnerabilities. Therefore, it is the policy of [ENTERPRISE] to provide and maintain standards of security and safety, in accordance with Federal, State and Local Laws and Regulations

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## *Safety Goals*

[ENTERPRISE] has both short and long term safety goals. These goals are reevaluated on a yearly basis and adjusted as needed.

### *Primary Safety Goal*

To facilitate a safe work environment for all employees of [ENTERPRISE] and assist in the prevention of workplace accidents and injuries.

### *Secondary Safety Goals*

Secondary goals of the safety program reflect short term goals and items that are to be concentrated on for a particular operation. The following goals are non exclusive. Each employee is encouraged to suggest additional items as appropriate.

- ◆ Maintain an adequate emergency response team.
- ◆ Encourage employee response and suggestions.
- ◆ Complete survey of all employees on effectiveness of safety program in training, controlling hazards, and controlling accidents.

NO JOB IS SO IMPORTANT AND NO SERVICE IS SO  
URGENT THAT WE CANNOT TAKE TIME TO PERFORM  
WORK SAFELY AND MINIMIZE RISK AND  
VULNERABILITIES

---

### *Planned Inspection*

- ◆ Periodic inspections will be completed of all areas of the office.
  - ↳ All planned inspections will be documented on Area Inspection Report Form. Corrective action taken will be documented.
  - ↳ Unsafe conditions will be corrected as soon as possible. Any that present an immediate threat to employees must be corrected immediately or the equipment/area de-energized and red-tagged.
  - ↳ All corrective action will be followed up and completion documented on the inspection.
- ◆ The Safety Committee will complete a periodic walk-through safety inspection of the office utilizing the Area Inspection Report Forms for each area.
- ◆ The Safety Director will complete an Annual Safety Audit of the office including a thorough walk-through inspection of all work areas, as well as a thorough review of training, all documentation, health and safety records, employee surveys, accidents and injuries.
  - ↳ The audit will be reported in a formal presentation format. A copy of the audit will be supplied to employees and will be furnished to executive management in a the formal presentation of findings.

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## *Office Employee Training*

Beyond training in the safe operation of machines and equipment incidental to an office workplace, at least these additional items are required:

### *An Emergency Action Plan*

You must provide a means of communicating to all employees in the event of an emergency (public address system; bells; horn; etc.)

You must have a plan for possible emergencies, such as :

1. Medical Problem - (call 911; assign personnel to direct paramedics to scene and to care for injured or afflicted person).
2. Fire - (call 911; who makes decision to evacuate?; establish procedures to evacuate).
3. Earthquake - (pre-planning is essential - evacuation may be ill advised).
4. Bomb Threat - (pre-planning necessary; a coordinator is essential; appraisal of situation is critical).
5. Evacuation - (all employees should be trained and familiar with at least two means of exit; hold actual drills at least annually; have method of roll-call or occupancy check to assure all personnel have safely evacuated; if high-rise occupancy, coordinate with building management and other tenants).

---

*New Employee Safety Checklist*

The employee is to initial each box with the instructions are completed and understood.

- Injury and Illness Prevention Program
- Safety Rules – General
- Safety Rules – Specific to the job
- Safety Rules – Specific to computer and electronic equipment
- Safety Rule enforcement procedures
- Fire prevention, location of fire fighting equipment and location of exits
- Protective equipment and personal attire safety requirements
- Housekeeping and clean up procedures
- How, when and where to report injuries
- When and where to report unsafe conditions

On, \_\_\_\_\_, I reviewed the above initialed items relating to the safety rules and safe work practices and procedures for \_\_\_\_\_  
(Company name)

Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Supervisor Signature: \_\_\_\_\_ Date: \_\_\_\_\_



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*Area Inspection Report Form*

Page 1 of \_\_\_\_

Name: \_\_\_\_\_

Work Site: \_\_\_\_\_

Date of Inspection: \_\_\_\_\_

Location: \_\_\_\_\_

---

Reference to any accidents reported:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

Observations of Unsafe conditions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

---

Summary:

\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Page 2 of 3

Office Equipment / computers

- Yes \_\_\_ No \_\_\_ Is office equipment arranged to provide safe working conditions.?
- Yes \_\_\_ No \_\_\_ Did not observe any unsafe condition
- Yes \_\_\_ No \_\_\_ Are employees trained in the proper use of all equipment?
- Yes \_\_\_ No \_\_\_ Did not observe or hear of any unskilled persons operating or tampering with any equipment?
- Yes \_\_\_ No \_\_\_ Are persons who are operating equipment with moving parts attired in such a manner that is safe?
- Yes \_\_\_ No \_\_\_ Are cutters and any equipment with blades or sharp edges stored in a closed and safe manner when not in use?
- Yes \_\_\_ No \_\_\_ Are persons who un-jam or service photocopy machines, printers and mechanical devices trained?
- Yes \_\_\_ No \_\_\_ No wires or cords frayed?
- Yes \_\_\_ No \_\_\_ Wires and cords out of the way as to avoid tripping?
- Yes \_\_\_ No \_\_\_ Wires and cords a safe distance from moving parts and elements that produce heat?
- Yes \_\_\_ No \_\_\_ When machines are cleaned or adjusted are they turned off?
- Yes \_\_\_ No \_\_\_ Is all equipment in good working order?
- Yes \_\_\_ No \_\_\_ Are trained personnel the only ones who attempt to repair equipment?
- Yes \_\_\_ No \_\_\_ Personal protective equipment worn if mandated?