

CITY OF ANDERSON SAFETY PROGRAM RESPONSIBILITIES

Division Heads:

- ♦ Authorize the necessary resources for accident prevention.
- ♦ Ensure that all members of management, including supervisors are held accountable for accident prevention activities and managing the safety process.
- ♦ Set a positive example by following prescribed safe work practices when in the field.
- ♦ Cooperate with the Safety Coordinator in their efforts to prevent accidents and control the associated costs.
- ♦ Encourage employees to take an active part in maintaining a safe workplace.
- Create an avenue for employees to make feasible safety and health suggestions to management.
- ♦ Create an avenue for employees to report unsafe conditions/behaviors to their supervisor.
- ♦ Discuss safety processes and improvements regularly during staff meetings.
- ♦ Annually assess the success of the safety process.
- ♦ Establish long and short-term safety goals for your department.

Division Safety Coordinator/Department Supervisors:

- ♦ Demonstrate a commitment to preventing occupational injuries and illnesses.
- ♦ Serve as a link between Division Head and employees with the interest of maintaining a safe workplace.
- ♦ Assist with the coordination of safety efforts for the Division.
- Assist departmental supervisors in justifying the need for specific safety systems and processes.
- ♦ Help supervisors and employees identify safety and health training needs.
- ♦ Identify and communicate new safety and health requirements.
- ♦ Compile injury and illness-related records.
- ♦ Track the progress of safety and health-related projects.
- ♦ Help supervisors make changes or develop strategies that improve safety processes.
- Work with employees to optimize safe work practices.
- ♦ Attend educational seminars to increase expertise in the safety field.
- ♦ Enforce the use of safe-work practices and housekeeping policies.
- ♦ Constructively correct unsafe behaviors.
- ♦ Take the appropriate action to correct unsafe conditions in a timely manner.
- Conduct regular audits of the workplace to identify unsafe conditions and unsafe behaviors.
- ♦ Ensure that all employees have been issued the proper personal protective equipment before beginning their job functions.
- Ensure that all employees are properly educated on general and specific safe work practices before beginning their job functions.

Division Safety Coordinator/Department Supervisors continued:

- ♦ Hold regular meetings discussing safety and health topics.
- ♦ Conduct a thorough accident analysis when occupational injuries and illnesses occur and recommend corrective action.
- ♦ Listen to employee suggestions and concerns regarding safety issues and give feedback in a timely manner.
- ♦ Communicate feasible safety and health suggestions and concerns to management.

Employees:

Each Department employee is expected, as a condition of employment for which he/she is paid, to work in a manner which will not cause injury to him/her or to those with whom he/she works. It is important to the concept of safety that each employee understands that responsibility for his/her own safety is part of his/her job requirement. The City of Anderson's total injury prevention program cannot be achieved unless employees are dedicated to the prevention of accidents. All employees play an important part in making the job a safe and healthful place in which to work.

Department employees should:

- ♦ Follow all safe work practices prescribed by the City of Anderson's Safety Program covered during educational sessions, on-the-job training and new employee orientation.
- ♦ Actively participate and listen during safety educational sessions.
- ♦ Wear and maintain the personal protective equipment provided.
- ♦ Use safety equipment provided to perform your job functions.
- Report unsafe conditions and unsafe behaviors immediately to your supervisor.
- Report all accidents to your supervisor immediately (no later than by the end of the shift).
- ♦ Demonstrate personal safety awareness and concern for the safety of your coworkers.



City of Anderson City of Anderson Safety Program Responsibilities Documentation Form

Supervisor:____

I certify by my signature below that I hereby acknowledge that safety is a condition of my employment, and I agree to follow and support all safety rules and practices established by the City of Anderson.			
Name (Print)	Signature	Department	Date
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