**GENERAL SAFETY POLICY**

|  |
| --- |
| **DOCUMENT DETAILS** |
| **Document Name:** | General Safety Policy | **Document No:** |  |
| **Department Name:** | Human Resources | **Document Type:** | Policy |
| **UPDATE DETAILS** |
| **Last Updated:** |  | **Updated By:** |  |
| **Effective Date:** |  | **Approved By:** |  |
| **Approval Date:** |  | **Approved By:** |  |
| **Revision Date:** |  | **Approved By:** |  |

**PURPOSE:**

The purpose of this policy is to ensure the safe, efficient operating conditions for all employees.

**SCOPE:**

This policy applies to all employees employed by ................................

**RESPONSIBLE PERSONS:**

1. Operations Manager - Implementation and facilitation.
2. Operations Director/All managers - Administration, monitoring and

enforcement of this policy.

1. Employees - Adherence to this policy and

procedures outlined in this policy.

**POLICY STATEMENT:**

It is agreed between management and employees that this policy is not a unilateral change in the employment conditions of the employees of this company; and that the implementation of this policy is as a result of the required alignment of policies within .......................................

**POLICY:**

In order to effectively manage this leave policy, all employees shall ensure;

* leave is not taken prior to approval unless in exceptional circumstances,
* leave applications are completed and submitted within the period required for approval.
1. **SAFETY**

The Company will not knowingly permit unsafe conditions to exist, nor will it permit employees to indulge in unsafe acts. Violations of Company rules and regulations will result in disciplinary action.

The Company believes that the safety of employees and physical property can best be ensured by a meaningful program.

* 1. **Employee**

Since the employee on the job is frequently more aware of unsafe conditions than anyone else, employees are encouraged to make recommendations, suggestions, and criticisms of unsafe conditions to their immediate supervisor so that they may be corrected.

* 1. **Supervisors**

Supervisors are responsible for the working conditions within their department and the plant generally. A supervisor should remain alert at all times to dangerous and unsafe conditions, so that he/she may recommend corrective action, discipline employees who habitually create or indulge in unsafe practices, assess new or changed situations for inherent dangers, and follow up on employee suggestions for corrective action so that unsafe conditions are not instituted or permitted to exist.

1. **SAFETY COMMITTEE MEETINGS**

Company operates in accordance with [CODE] guidelines and as such encourages the employee’s involvement in company-wide safety committee meetings to be held quarterly. The committee will specify procedures and actions to be taken in the event of fires, security and other emergencies. Decisions and recommendations will be communicated via the departmental team meetings.

1. **INJURIES**

All employees are required to immediately report all occupational illnesses or injuries to your supervisor, no matter how minor, and complete an occupational illness or injury form.

**EMPLOYEE POLICY CONFIRMATION:**

***I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (employee name and surname), declare that;***

1. Ihave been familiarised with and informed of the Leave policy.
2. I understand and agree to the contents of this policy and that;
* it may be amended from time to time,
* it forms part of my employment conditions,
* the implementation and contents of this policy are mutually agreed upon with the employer,
* I have been given the opportunity to question this policy and that my questions were satisfactorily answered
1. I agree to strictly adhere to this policy.

Signed at \_\_\_\_\_\_\_\_\_\_\_\_ (place) on the \_\_\_\_\_\_\_\_\_\_ of \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ [YEAR].

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

Signature Employee

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

Signature Manager