**Objective:** To explain the goals of the safety recognition program to employees

A Safety Recognition Program acknowledges staff for their positive behaviors and actions, which helps everyone become involved and creates a safety culture by reducing unsafe or inappropriate activities that can result in accidents, quality issues, and other problems.

**Job hazard analyses (JHAs)**

First, organizations must determine the safe behaviors expected of employees with the use of job hazard analyses (JHAs).

* These will provide simple, concise, and task-specific instructions for each job, including what needs to be done to prevent incidents from occurring.

• JHAs will be communicated in orientation training and in brief monthly refresher sessions.

**Observations**

Employers will also conduct regular observations.

• Observations note areas where proper behaviors are followed and where improvement is needed.

• Observations are performed by supervisory staff, safety committee members, or teams that work with the employees.

• When completed, copies of the safety observations are provided to the employees so they have an understanding of their strengths and see the areas for improvement.

**Monthly Meetings**

The monthly meetings will:

• Review JHAs.

• Review the global results of the safety observations, so the team can continue to focus on specific critical behaviors.

• Recognize employees and teams with 100% on their observations. They may also receive other recognitions such as:

* Letters from senior management
* Incentives
* Their names posted in newsletters or bulletin boards, etc.

**Deterrents and Incentives**

* The safety recognition program will provide incentives which focus on the end goals, such as proper knowledge and behaviors which achieve no losses.
* The program goals also include:
* Removing deterrents for safe or proper acts.
* Removing incentives for unsafe or improper acts.

This form documents that the training specified above was presented to the listed participants. By signing below, each participant acknowledges receiving this training.

Organization: Date:

Trainer: Trainer’s Signature:

**Class Participants:**

Name: Signature:

Name: Signature:

Name: Signature:

Name: Signature:

Name: Signature:

Name: Signature:

Name: Signature:

Name: Signature:

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