

# Basic Safety – Your Behavior Is Critical

## Examples of behaviors that must be avoided at all times:

*Most incidents involve an unsafe behavior or decision factoring directly or indirectly into the severity or root cause.*

- Walking under suspended loads.
- Blocking out or bypassing safeguards.
- Using an ungrounded portable electric hand tool.
- Bypassing a lockout process.
- Wiping off oil from operational in-running rolls.
- Lifting loads that are too heavy or awkward.
- Overloading a scaffold or forklift.
- Bypassing any established safety procedure or device.
- Taking a shortcut by climbing over a moving conveyer belt.
- Chipping or grinding without safety glasses or goggles and a face shield.
- Cleaning parts with flammable solvents, especially in poorly-ventilated areas.



## Ways to promote a safe work environment:

*The bottom line is this... if all employees understand the hazards and safe behaviorism and does his or her part, many accidents can be avoided or severity minimized.*

- Involve employees in the identification, discussion, and documentation of hazards.
- Periodically audit yourself against applicable industry regulations and standards.
- Make sure appropriate controls are in place and operational – periodic inspection and maintenance is critical.
- Investigate every incident to root cause and communicate findings and correct deficiencies.
- Assure that training is done to build an awareness of “critical behaviors” for each task and that it is repeated frequently enough and immediately following modifications impacting operational hazards.
- Perform safety observations to encourage safe behaviors.
- Recognize people who perform tasks safely and demonstrate proper behaviors.
- Perform refresher trainings at employee meetings to ensure that all employees remember safety procedures.

*A successful safety system includes: Being aware of the hazards of tasks,*

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*knowing the critical behaviors, and following them!*



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

Organization: \_\_\_\_\_

Trainer: \_\_\_\_\_ Trainer's Signature: \_\_\_\_\_

Class Participants:

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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***Remember to load your completed trainings into the Risk Management Center.***