



Purpose: To ensure employees understand management's expectations for accident prevention and control.

Scope: Outline precautionary steps to take in order to prevent an incident/accident from occurring

Date: _____

Facility: _____

Title: Distracted on the Job

Precautionary steps to be taken:

Do:

- Put the cell phone down
- Focus on the task at hand
- Wear your PPE
- Follow the safety rules EVERY TIME
- Get enough rest and sleep in your off time so you aren't working tired
- Speak up if you notice a coworker is exhibiting signs of distracted working or extreme fatigue
- Do occasional stretches to prevent tightening of your muscles



Don't:

- Don't take your eyes off your work
- Don't take shortcuts
- Don't be afraid to speak to your supervisor if you're having trouble concentrating or meeting your production goals
- **Don't forget it's important to make it home in the same condition you arrived in!**

Attendance Verification Section (employee signatures)

Date _____

Printed Name

Signature

Printed Name

Signature

Trainer Signature (Print)_____

(Sign)_____