

SAFETY REVIEW



Name:	Position Title:
Employee ID#	Evaluator's Name:
Department/Unit:	Date:

PART V	SAFETY PERFORMANCE	EXPLANATION
Communication of Health & Safety (e.g. what communications have been provided to subordinates and how regularly, and well were they done)		
Workplace Inspections (e.g discuss regularly scheduled inspections and the outcomes, how were the results managed, how quickly were unsafe working conditions corrected)		
Safety Knowledge and its Application (e.g. how well informed is the incumbent and how well do they transfer their knowledge to others)		
Training (e.g.what training programs have been attended/arranged/organized in the past year)		

GOALS FOR IMPROVEMENT

Part IV	EVALUATOR'S COMMENTS

Part V	STAFF MEMBER'S COMMENTS

VERIFICATION
 This document is an accurate summary of our discussion. All three signatures are required.

Evaluator's Signature _____ Date: _____

Staff Member's Signature _____ Date: _____

Reviewed by Evaluator's Supervisor _____ Date: _____