

CEO Safety Improvement Plan Completion Form 2011.10.07



Table Of Contents

| | |
|---|---|
| Cover Sheet | 1 |
| Table Of Contents | 2 |
| Safety Improvement Plan Guidelines | 3 |
| Safety Improvement Plan Completion Form | 4 |

Safety Improvement Plan Guidelines

1.1 This form should be completed by the CEO/General Manager.

The individual signing into Cooperative.com to complete this form will be recorded as the completion user by the digital signature on this form. The suggested individual should be the CEO/General Manager of the respective organization.

1.2 Please complete this survey form each time you complete and/or update of your cooperative's annual Safety Improvement Plan, completing this form validates that you have completed the final step in the new RESAP process.

1.3 Please complete the simple questions outlined below and submit your responses online. This information will be used to identify the top safety improvement priorities that cooperatives are working on.

1.4 This data will be collected and reviewed to help allocate future program resources to targeted areas that can assist states and cooperatives in their continuing safety improvement efforts.

1.5 This form should be completed annually.

1.6 For more information about safety improvement plans, please follow the resource link below.

RESAP Cooperative.com Safety Improvement Plan Info:

<https://www.cooperative.com/InterestAreas/safety/resap/Pages/SafetyImprovementPlan.aspx>

Safety Improvement Plan Completion Form

2.1 An effective safety improvement plan is a key component for creating a continuous improvement process for improving safety performance. We appreciate your completing this very important requirement of the new RESAP process.

2.2 Please complete the fields below and identify the top three safety improvement priorities in your plan for the coming year. This form should be completed annually following the completion and/or update of your Safety Improvement Plan.

2.3 Name of CEO/General Manager completing this form:

2.4 E-mail address of CEO/General Manager completing this form:

2.5 Safety Improvement Plan completion date (mm/dd/yyyy):

Not the date plan was submitted but the date plan was completed.

2.6 Is this completed safety improvement plan a new plan or an update to an existing plan?

New plans should be created on full assessment years (3 year cycle). Yearly updates should occur in between full assessment years (off cycle years).

- New Plan
- Update to Existing Plan

2.7 Priority #1:

- Common Facility Safety Equipment and Issues
- Warehouse, Maintenance & Covered Storage
- Pole Yard and Outside Storage
- Administration and Other Office Areas
- General Vehicles (under 10,000 lbs. GVWR)
- Diggers, Buckets, etc. (over 10,000 lbs. GVWR)
- Misc. Vehicles (Trailers, Backhoes, etc.)
- Truck and Personal Tools
- Head, Eye, Face, Hearing, Foot, Hand, etc. PPE
- Insulating Gloves, Sleeves, and Cover-up
- Arc Rated Clothing/Systems + Fall Protection
- Crew Visits
- Substations
- Overhead & Underground Lines, Equipment, etc.
- Safety Meetings
- Safety Committee
- Frontline Supervisor Engagement
- Job Briefings
- Safety Communications
- Safety Observation Process
- Incident Investigation
- Executive Staff Engagement
- Crew Leadership

Safety Improvement Plan Completion Form

- Organizational Safety Culture
- Employee Involvement & Participation
- Rewards and Recognition
- Employee Safety Leadership
- Expectations & Accountability for Safety
- HR Safety Support Processes
- Clarification of Safety Rules & Procedures
- Other (specify)

2.8 Priority #2:

- Common Facility Safety Equipment and Issues
- Warehouse, Maintenance & Covered Storage
- Pole Yard and Outside Storage
- Administration and Other Office Areas
- General Vehicles (under 10,000 lbs. GVWR)
- Diggers, Buckets, etc. (over 10,000 lbs. GVWR)
- Misc. Vehicles (Trailers, Backhoes, etc.)
- Truck and Personal Tools
- Head, Eye, Face, Hearing, Foot, Hand, etc. PPE
- Insulating Gloves, Sleeves, and Cover-up
- Arc Rated Clothing/Systems + Fall Protection
- Crew Visits
- Substations
- Overhead & Underground Lines, Equipment, etc.
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- Clarification of Safety Rules & Procedures
- Other (specify)

2.9 Priority #3:

- Common Facility Safety Equipment and Issues
- Warehouse, Maintenance & Covered Storage
- Pole Yard and Outside Storage
- Administration and Other Office Areas
- General Vehicles (under 10,000 lbs. GVWR)
- Diggers, Buckets, etc. (over 10,000 lbs. GVWR)
- Misc. Vehicles (Trailers, Backhoes, etc.)
- Truck and Personal Tools
- Head, Eye, Face, Hearing, Foot, Hand, etc. PPE
- Insulating Gloves, Sleeves, and Cover-up
- Arc Rated Clothing/Systems + Fall Protection
- Crew Visits
- Substations
- Overhead & Underground Lines, Equipment, etc.

Safety Improvement Plan Completion Form

- Safety Meetings
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- Clarification of Safety Rules & Procedures
- Other (specify)

2.10 Thank you for your continued commitment to safety improvement. Do you have any additional feedback or suggestions as to how we can support your safety mission?

- Yes
- No, not at this time