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| <<Insert Company Name here>> Health and Safety Program | |
| SUBJECT: **HEALTH & SAFETY POLICY STATEMENT** | Date of Issue: |
| APPROVED BY: | Review/Revision Date: |
| SCOPE: All Workplace Parties | POLICY NO: F1 |

<<Insert Company Name Here>> is committed to protection against illness, injuries and loss to its workers and property.

In fulfilling this commitment, <<Insert Company Name Here>> will provide and maintain a safe and healthy work environment as indicated by industry practices and compliance with legislative and other requirements. We will strive to eliminate any foreseeable hazards which may result in fires, security losses, damage to property, and personal injury or illnesses through a continual improvement process.

Accidental loss will be controlled through the use of a health and safety management system that encourages active worker involvement. Loss prevention is the direct responsibility of all staff at <<Insert Company Name Here>>

All staff and contract workers will comply with <<Insert Company Name Here>> loss prevention requirements as they apply to the persons we serve and the public. These requirements will also apply to the design, operation, and maintenance of all locations and equipment. All staff and contract workers will perform their jobs in accordance with the necessary procedures and operating philosophy established by <<Insert Company Name Here>>

<<Insert Company Name Here>> is committed to establishingmeasureablehealth and safety objectives and targets that are consistent with this policy and the commitment to maintain a safe and healthy work environment. <<Insert Company Name Here>> is committed to evaluating each objective and target at planned intervals together with worker representatives. This review will be done to ensure suitability, adequacy, and effectiveness in accordance with changing information and conditions.

I trust that all of you will join us in a personal commitment of leadership loss prevention as a way of life.

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Chief Executive Officer (CEO) Date