

S. I. P. FORM





JOB NAME: _____

JOB NUMBER: _____

DATE OF CORRECTION/SUGGESTION: _____

EMPLOYEE NAME: _____

OBJECTIVES:

-  To abate unsafe conditions and acts on Ruhlin job-sites and make management aware of the situations as they arise.
-  To allow management to see safety and operation through the eyes of the field workers and receive advise on improvements to the safety program through their eyes.
-  To eliminate hazardous conditions and actions on the job-site and at Ruhlin operated facilities. This will eliminate incidents and injuries.
-  To stress the importance of every employees participation to the safety culture at Ruhlin.

CORRECTION/SUGGESTION: _____

SUPERINTENDENT/FOREMAN: _____

EMPLOYEE SIGNATURE: _____

DATE RECEIVED BY SAFETY DEPARTMENT: _____