**HEALTH AND SAFETY POLICY**

**PURPOSE**

[EMPLOYER'S NAME] prioritizes the safety and well-being of all employees. To uphold this commitment, [EMPLOYER'S NAME] [has/may] establish[ed] safety procedures and guidelines applicable to all workplace activities. Employees are required to adhere to these safety measures as well as all relevant federal [, state[, and local]] laws regarding workplace safety.

Employee responsibilities

* Compliance: Employees must strictly follow all [EMPLOYER'S NAME] safety protocols[, including COVID-19-related measures,] and any other issued safety guidelines.
* Work area maintenance: Employees are responsible for keeping their workspaces [organized and] free from potential safety hazards.
* Accountability: Failure to comply with these requirements may result in disciplinary action, up to and including termination of employment.

Safety guidelines

[Specific rules and protocols established by [EMPLOYER'S NAME] include but are not limited to:

* [List of rules, guidelines, or policies relevant to workplace safety.]
* [Examples of COVID-19-specific measures if applicable.]]

For further details or clarifications regarding safety protocols, please contact [HUMAN RESOURCES/SAFETY OFFICER/OTHER APPROPRIATE DEPARTMENT].

[EMPLOYER'S NAME] adheres to all federal, Mississippi, and local laws regarding workplace safety to ensure a secure environment for employees.

**REPORTING WORKPLACE SAFETY CONCERNS**

Employees are responsible for promptly reporting any unsafe conditions or potential hazards they observe to ensure a safe work environment for everyone.

Reporting procedure

1. Identify hazards: If you notice unsafe conditions or hazards such as [wet floors, broken equipment, or defective appliances], take note of the issue.
2. Notify your supervisor: Report the hazard to your direct supervisor immediately.
3. Alternative reporting: If your direct supervisor is unavailable, escalate the matter to [the next level above your supervisor/[DEPARTMENT NAME]] as soon as possible.

Timely reporting of safety concerns is critical to maintaining a secure workplace and preventing accidents. For additional guidance, contact [EMPLOYER'S NAME]'s [Safety Officer/HR Department/Designated Safety Contact].

**REPORTING WORKPLACE INJURIES AND ILLNESSES**

It is essential for employees to promptly report all workplace injuries, accidents, or illnesses to ensure timely assistance and compliance with workplace safety protocols.

Reporting procedure

1. Immediate notification: Report any workplace injury, accident, or illness to [JOB TITLE] as soon as it occurs, regardless of the severity.
2. Follow established procedures: Employees must adhere to [EMPLOYER'S NAME]’s reporting process for documenting and addressing the incident. For detailed instructions, refer to [EMPLOYER'S NAME]’s [Reporting Workplace Injuries and Illnesses Policy/[POLICY NAME]].
3. Accurate documentation: Provide all relevant details about the incident, including the time, location, and nature of the injury or illness.

Timely and accurate reporting helps ensure the safety and well-being of all employees while maintaining compliance with workplace safety regulations.

**PROTECTION AGAINST RETALIATION**

[EMPLOYER'S NAME] is committed to fostering a safe and open environment for reporting workplace health and safety concerns.

1. Zero tolerance for retaliation: No employee will face discipline, reprisal, intimidation, or any form of retaliation for:
   1. Reporting a health or safety concern.
   2. Reporting a violation of this policy.
   3. Cooperating in investigations related to workplace safety.
2. Right to report: Employees are encouraged to report work-related injuries, illnesses, or safety violations without fear of retaliation.
3. Commitment to fair treatment: [EMPLOYER'S NAME] will not discharge, discriminate, or take adverse action against employees for fulfilling their duty to report work-related injuries, illnesses, or hazards.

This policy ensures every employee feels supported and empowered to contribute to a safe and healthy workplace.

**POLICY ADMINISTRATION**

The [DEPARTMENT NAME] Department oversees the implementation and management of this policy.

* Primary responsibility: The [DEPARTMENT NAME] Department ensures compliance with workplace health and safety standards and addresses any questions or concerns related to this policy.
* Contact information: Employees with questions about this policy or other health and safety matters not covered here should reach out to the [DEPARTMENT NAME] Department for guidance and support.

[EMPLOYER'S NAME] is committed to maintaining a safe and informed workplace through proper administration and clear communication.

This policy is administered in accordance with federal and Mississippi state safety standards to maintain compliance and promote workplace health.

**APPLICABILITY TO COLLECTIVE BARGAINING AGREEMENT**

This policy operates in alignment with the terms outlined in any collective bargaining agreement (CBA) established between [EMPLOYER'S NAME] and a union.

* Complementary nature: The provisions in this policy are designed to work alongside, not replace, modify, or supplement, any conditions detailed in the applicable CBA.
* Referencing the CBA: If any employment terms in this policy conflict with those specified in the CBA, the terms of the CBA will take precedence.
* Guidance for employees: Employees covered under a CBA are encouraged to consult their agreement for clarity regarding employment terms. For additional questions or concerns, employees should contact [EMPLOYER'S NAME]’s [DEPARTMENT NAME] Department or their union representative.

**ACKNOWLEDGEMENT OF RECEIPT AND REVIEW**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (employee name), acknowledge that on \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ (date), I received and reviewed a copy of [EMPLOYER'S NAME]’s [NAME OF POLICY]. I understand that it is my responsibility to familiarize myself with the policy and adhere to its terms.

I also acknowledge that this policy is not intended to create an employment contract or alter my at-will employment status, unless otherwise specified in a written agreement signed by an authorized representative of [EMPLOYER'S NAME]. Any delay or failure by [EMPLOYER'S NAME] to enforce the provisions of this policy does not constitute a waiver of its rights to enforce them in the future.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Printed Name

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date