**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, South Carolina, 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 South Carolina 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