**WORKPLACE SAFETY POLICY**

**PURPOSE**

To ensure a safe and secure working environment, [EMPLOYER'S NAME] has established comprehensive safety guidelines and procedures. All employees are expected to fully adhere to these safety measures at all times.

This policy complies with all applicable health and safety laws and regulations in the state of South Dakota.

**GENERAL SAFETY AND HEALTH GUIDELINES**

The following safety expectations apply to all employees. Employees are required to:

Report safety incidents

Immediately notify your supervisor of any workplace injuries, illnesses, near misses, unsafe conditions, hazards, or other safety concerns, as outlined in [EMPLOYER'S NAME]'s [Injury and Incident Reporting Policy/[POLICY NAME]].

Maintain a clean workspace

Keep work areas neat, organized, and free from clutter or tripping hazards to ensure a safe environment.

Keep pathways clear

Ensure that all aisles, walkways, and exits remain unobstructed at all times. Avoid placing cords, boxes, or other items that could block or interfere with these areas.

Use required safety equipment

Wear all necessary personal protective equipment (PPE) relevant to your tasks or work area.

Properly maintain PPE

Care for and maintain assigned PPE. Report any damaged or defective equipment to your supervisor[ or [Safety Manager/Safety Committee Member]] immediately, or, if unavailable, notify the [appropriate department/[DEPARTMENT NAME] Department].

Use employer-approved tools

Operate only employer-provided tools and equipment that are designated for your work. Personal tools are not permitted.

Operate authorized equipment only

Do not use machinery, tools, or equipment without proper training and authorization. Report any damaged or malfunctioning equipment to your supervisor [or [Safety Manager/Safety Committee Member]] immediately.

Follow lockout/tagout protocols

Only perform maintenance on machinery or equipment if trained and authorized, following [EMPLOYER'S NAME]'s lockout/tagout procedures. Refer to [Lockout/Tagout Policy/[POLICY NAME]] for further details.

Avoid unsafe lifting practices

Seek assistance or use mechanical lifting devices when handling heavy loads.

Remain substance-free

Do not enter the workplace or operate employer-provided vehicles while under the influence of alcohol or unlawful drugs[, including marijuana]. See [EMPLOYER'S NAME]'s [Substance-Free Workplace Policy/[POLICY NAME]] for more information.

Prevent workplace violence

Refrain from any behavior that could be considered threatening, violent, or hostile, such as bullying, intimidation, or harassment. See [EMPLOYER'S NAME]'s [Workplace Conduct Policy/[POLICY NAME]].

Adhere to specific rules for your role

Follow any additional safety protocols or job-specific procedures as instructed for your worksite or responsibilities.

Failure to comply with these guidelines or other safety rules may result in disciplinary action, up to and including termination.

**FIRST AID AND EMERGENCY MEDICAL ASSISTANCE**

[EMPLOYER'S NAME] provides first aid kits and supplies for employee use. These kits are located in the [break room/first aid station/[LOCATION]].

If an employee experiences an injury or illness requiring immediate attention, they must promptly notify [EMPLOYER'S NAME]'s [designated first aid responder/medical personnel/[TITLE]/[DEPARTMENT NAME] Department]. For serious injuries or medical emergencies, employees should call 911 without delay.

[Trained personnel are available on-site to provide first aid as needed./Injured employees requiring first aid or medical care can receive assistance from [[HOSPITAL]/[CLINIC]/[EMS RESPONDERS]/[FIRE DEPARTMENT PARAMEDICS]].] Employees who are not properly trained or designated to administer first aid should not attempt to do so.

**FIRE SAFETY PROCEDURES**

In the event of a fire or fire alert in the workplace, employees must follow these steps:

1. Alert others: Warn individuals in the immediate area who may be at risk.
2. Evacuate safely: Proceed to the nearest designated emergency exit that is free from fire, smoke, or other hazards. Emergency exit routes and procedures are outlined in [EMPLOYER'S NAME]'s Emergency Action Plan [and Fire Prevention Plan], available for review at [LOCATION].
3. Sound the alarm: If the alarm has not yet been activated, pull the nearest fire alarm while exiting the building.
4. Gather at the assembly point: After exiting, go directly to the designated fire evacuation area to participate in a personnel headcount to confirm complete evacuation.
5. Report the fire: Call 911 to report the fire and provide necessary details to emergency responders.
6. Avoid delays and risks: Do not reenter the building or delay evacuation to retrieve personal belongings.
7. Use fire extinguishers only if trained: Only employees who have been specifically trained and authorized by [EMPLOYER'S NAME] should attempt to use a portable fire extinguisher to combat a fire.

**EMERGENCY RESPONSE PROTOCOLS**

For emergencies other than fire—such as severe weather, natural disasters, or hazardous material incidents—employees must follow the emergency response procedures outlined in [EMPLOYER'S NAME]'s Emergency Action Plan [and Fire Prevention Plan].

These procedures include instructions to either evacuate the facility or move to designated safe areas within the building, depending on the nature of the emergency. The Emergency Action Plan [and Fire Prevention Plan] [is/are] available for review [at/in] [LOCATION].

**POLICY ADMINISTRATION**

The [DEPARTMENT NAME] Department oversees the implementation and enforcement of this policy. For any questions regarding this policy or other health and safety concerns not covered herein, please reach out to the [DEPARTMENT NAME] Department directly.

**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