| Organization Name **>> Safety Coordinator Objectives** | | | |
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| **Please review and customize this sample document to reflect your organization’s expectations. Remember, many of these responsibilities can be delegated to other people within your organization, as long as the safety coordinator reviews and maintains the appropriate documentation.** | | | |
| Name of Safety Coordinator is the designated safety coordinator for Organization Name and is the primary contact for safety-related matters. All employees are encouraged to bring any unsafe conditions or practices to the attention of their supervisor. Supervisors will communicate these concerns to the safety coordinator, who will respond to these concerns within Enter a Time Frame. | | | |
| **THE PRIMARY RESPONSIBILITIES OF THE SAFETY COORDINATOR ARE TO:**  * Oversee implementation of the organization’s safety program. * Lead by example. * Coordinate the new-employee orientation and safety training programs. * Integrate safety into the day-to-day activities of all employees. * Annually review the organization’s safety policy and safety rules and update as necessary. * Maintain accurate records and routinely report the results of workplace accident and injury trend analyses. * Recommend actions to reduce the frequency and severity of accidents and illnesses. * Assist the organization in complying with government standards concerning safety and health. * Assist supervisors with accident investigations, including hazard identification and corrective actions. * Conduct periodic safety inspections to identify unsafe conditions and practices and determine remedies. * Make recommendations to management on matters pertaining to safety. * Facilitate the development and maintenance of job hazard analyses. | | | |
| **Executive’s signature:** |  | **Date:** |  |
| **Safety Coordinator’s signature:** |  | **Date:** |  |
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