

SAFETY PROGRAM

ISO 14001 | OHSAS 18001

SAFETY PROGRAM NO. : _____

DEPARTMENT	U.O.M	CURRENT RISK LEVEL	TARGET RISK LEVEL

HAZARD / ASPECT DESCRIPTION	DEPT.	AREA	TOTAL RATING

SR	ACTION PLAN	RESPO.	PLAN DATE	ACTUAL DATE

SR	TEAM MEMBERS	SIGNATURE

PREPARED BY	VERIFIED & APPROVED BY