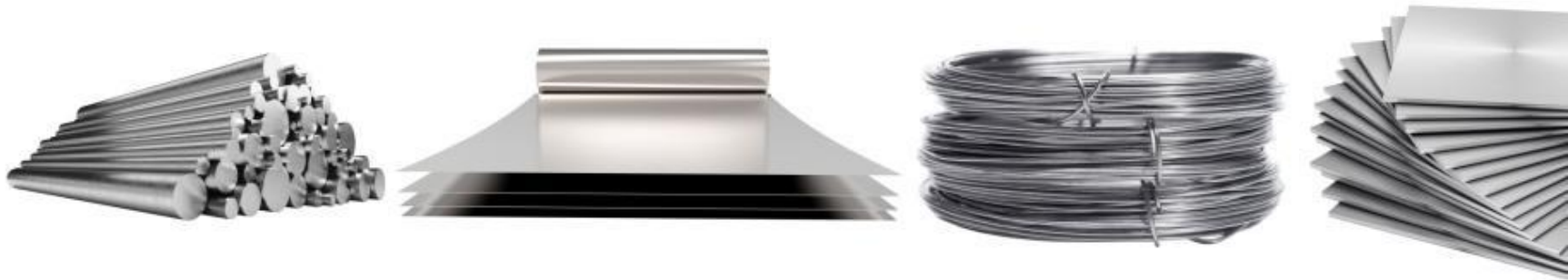
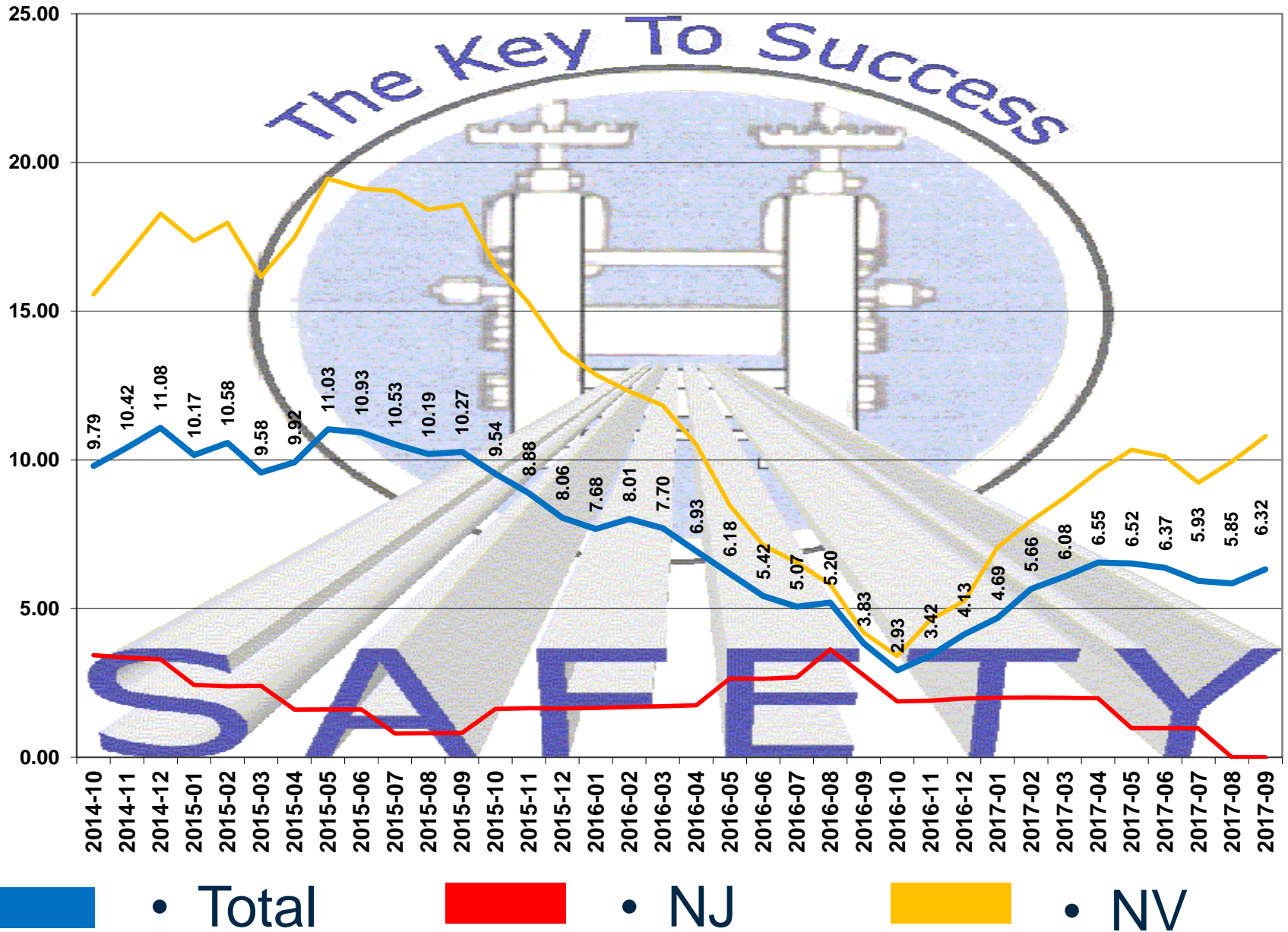


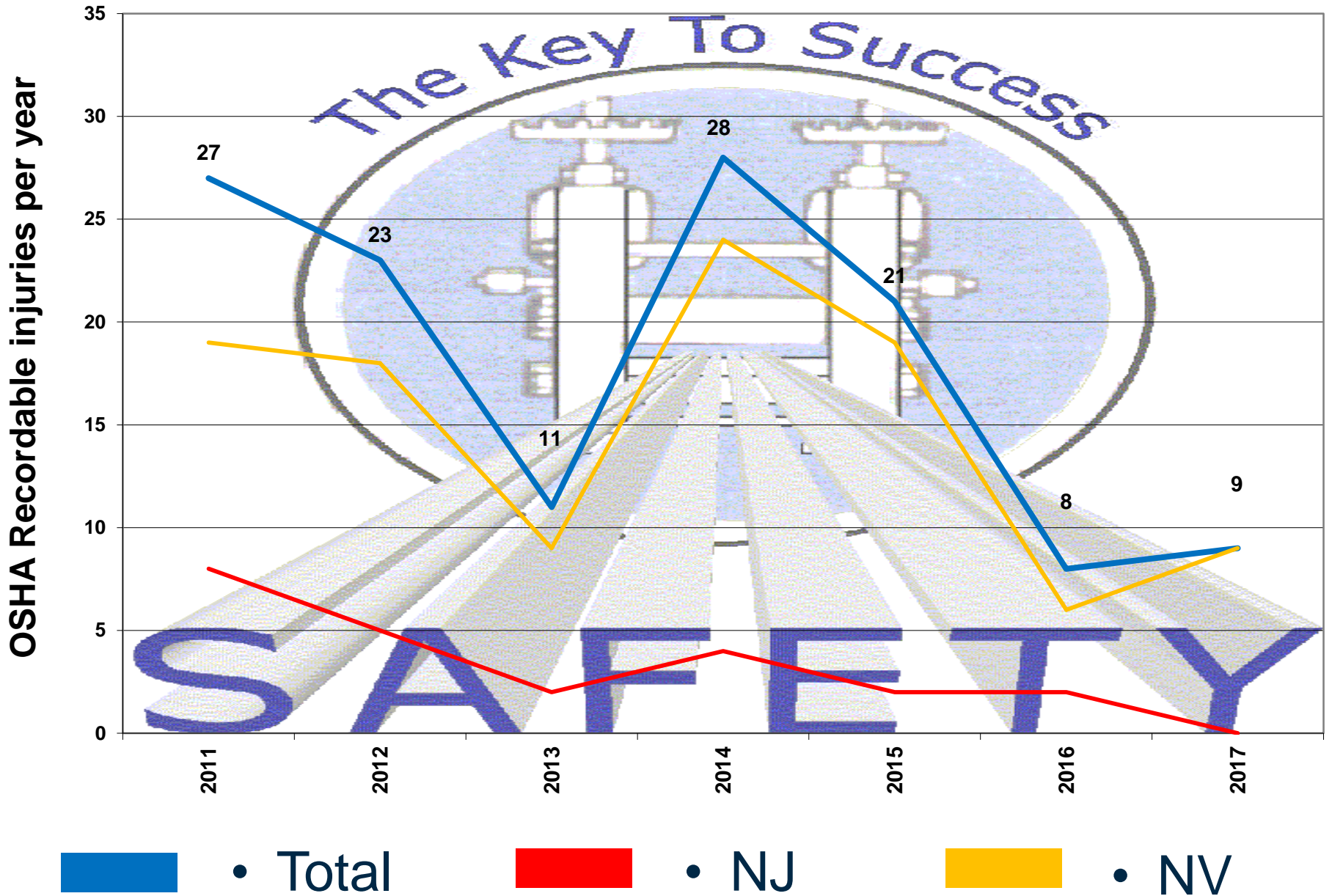
Improving Safety Performance Through Involvement

R. Oleksy

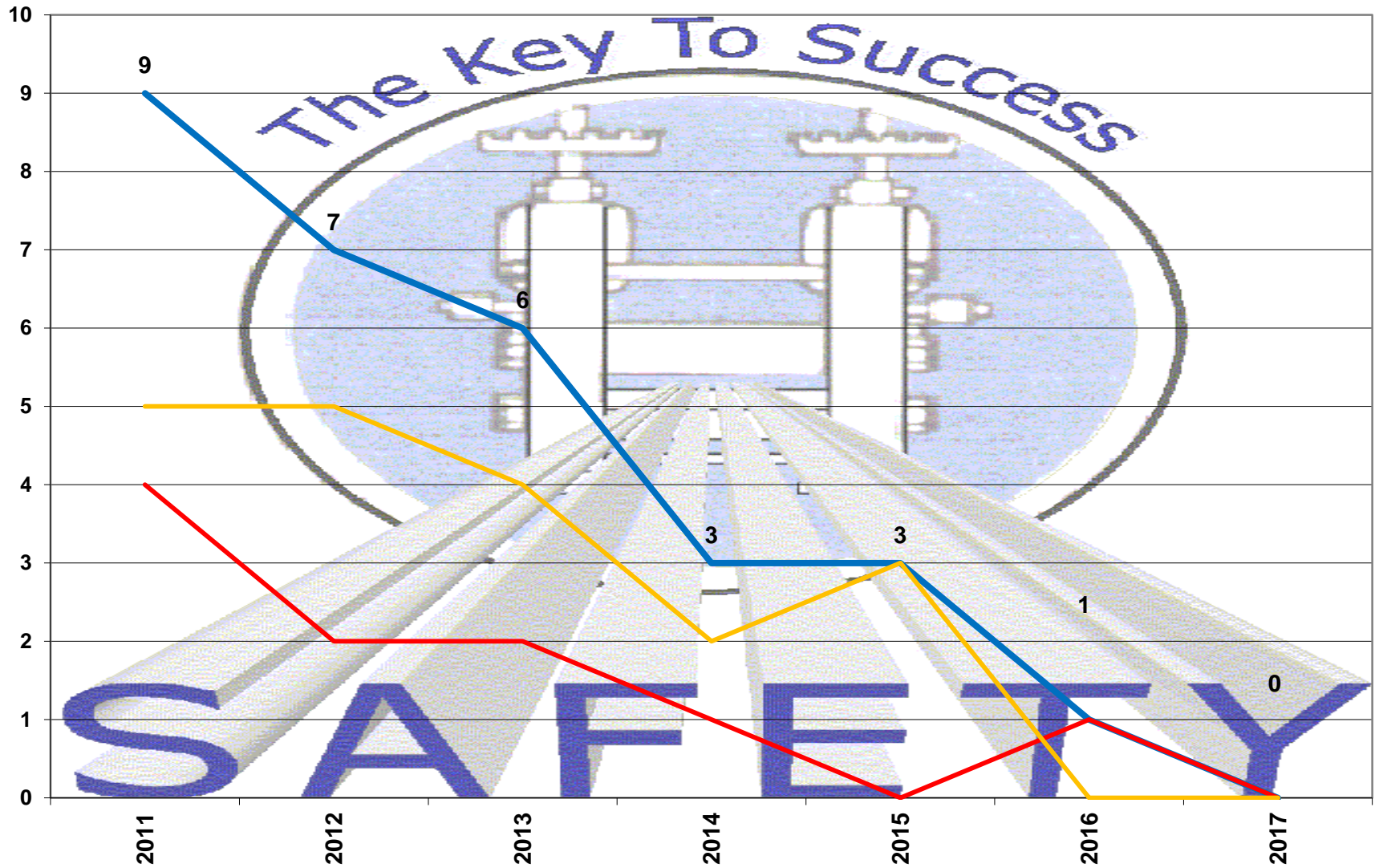


**MONTHLY OSHA RATE PER 200K HOURS
(1-year rolling average)**





OSHA Lost Work Day injuries per year



• Total

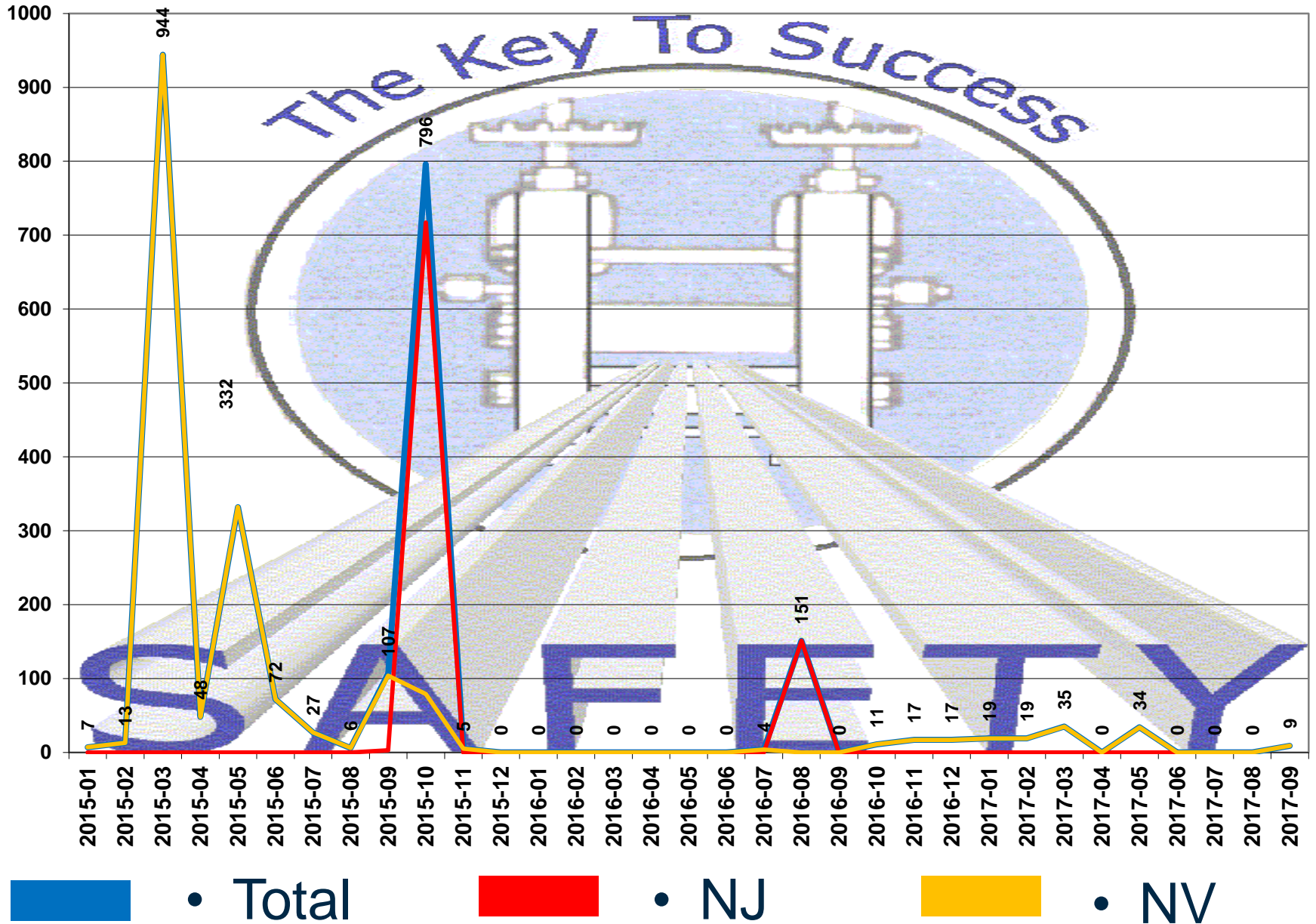


• NJ



• NV

DART (Days Away Restricted and Transferred)



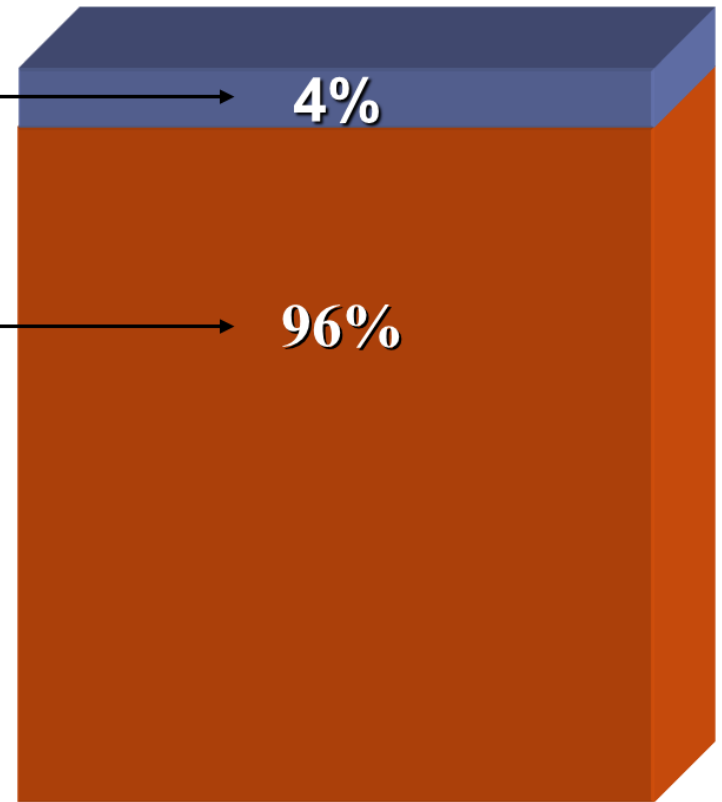
Preventing Injuries

Unsafe Conditions

4%

Unsafe Acts

96%



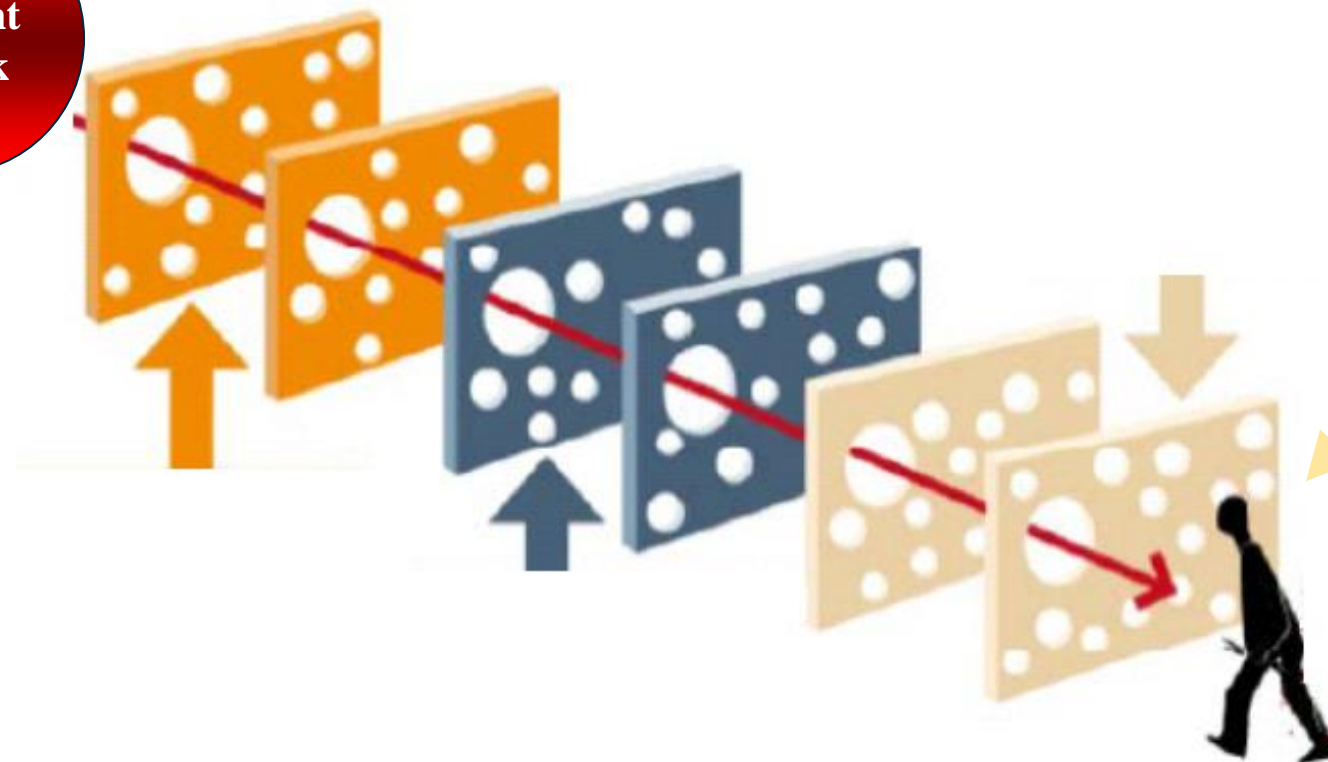
Very few Risk Control measures are 100% effective.

When the gaps line up a person can suffer injury or illness.

The way individuals interact in and with the workplace has a very big influence.

Preventing Injuries – Controlling Risk

Element
of risk

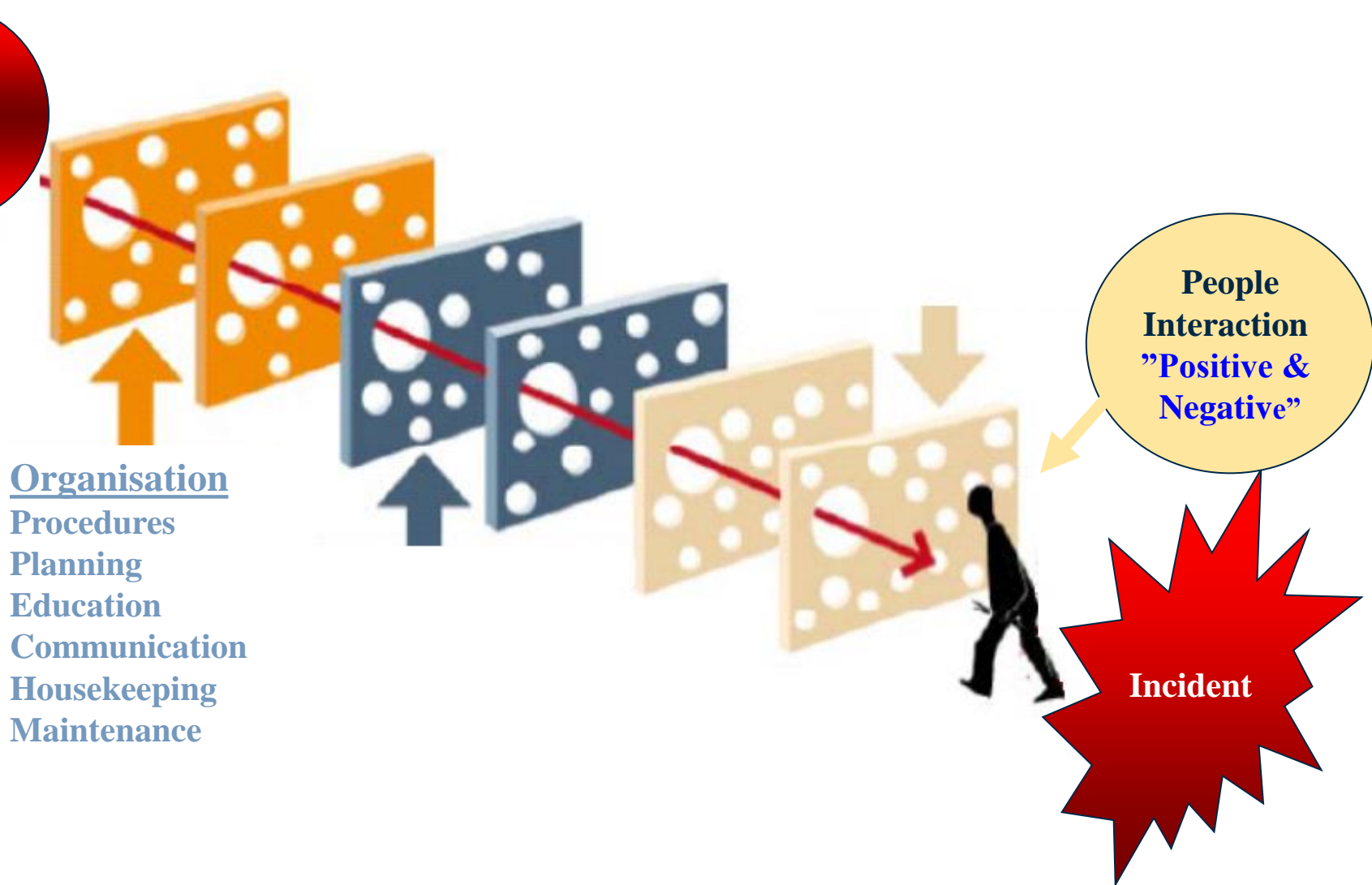


People
Interaction
"Positive &
Negative"

Incident

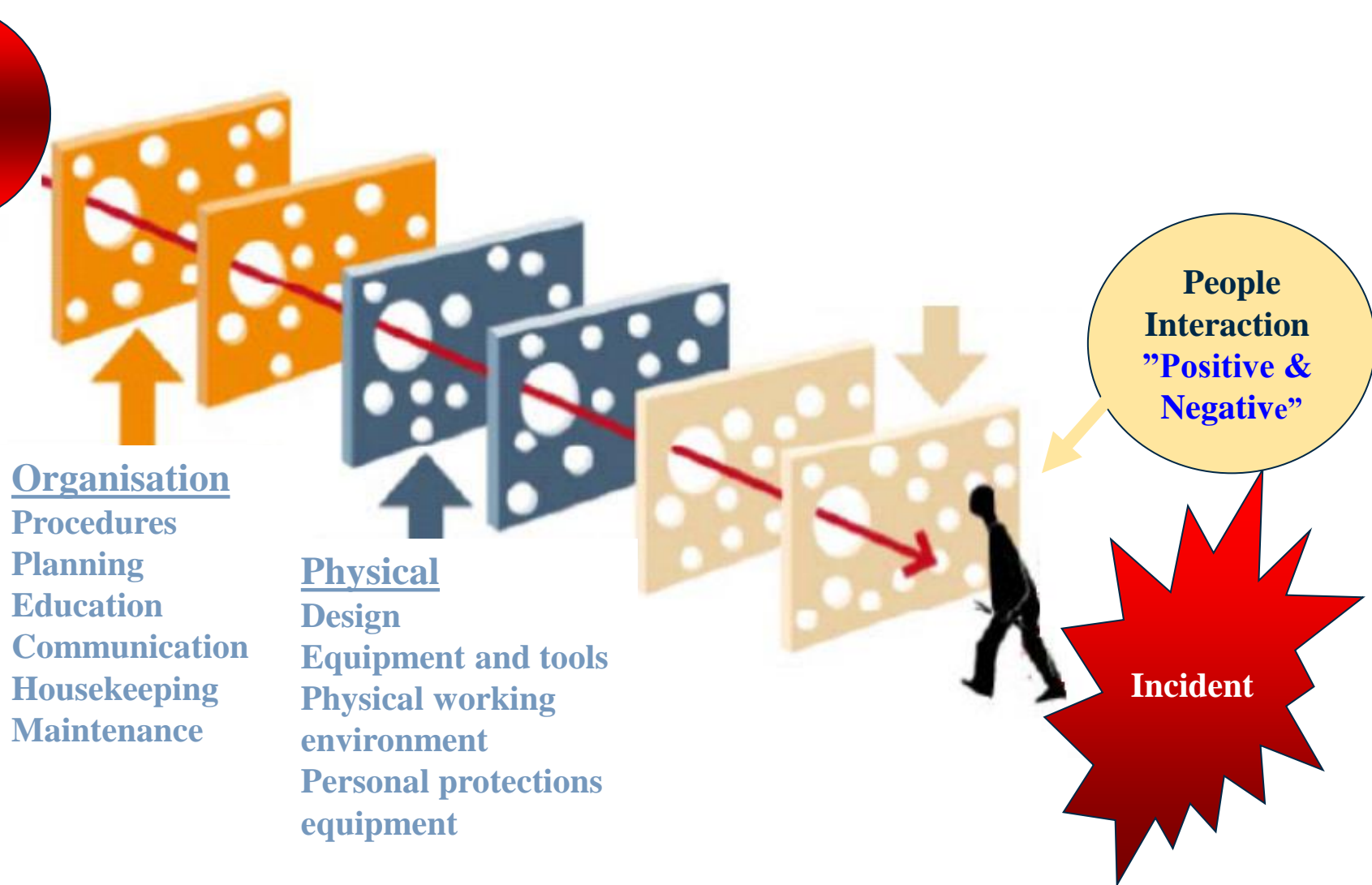
Preventing Injuries – Controlling Risk

Element
of risk



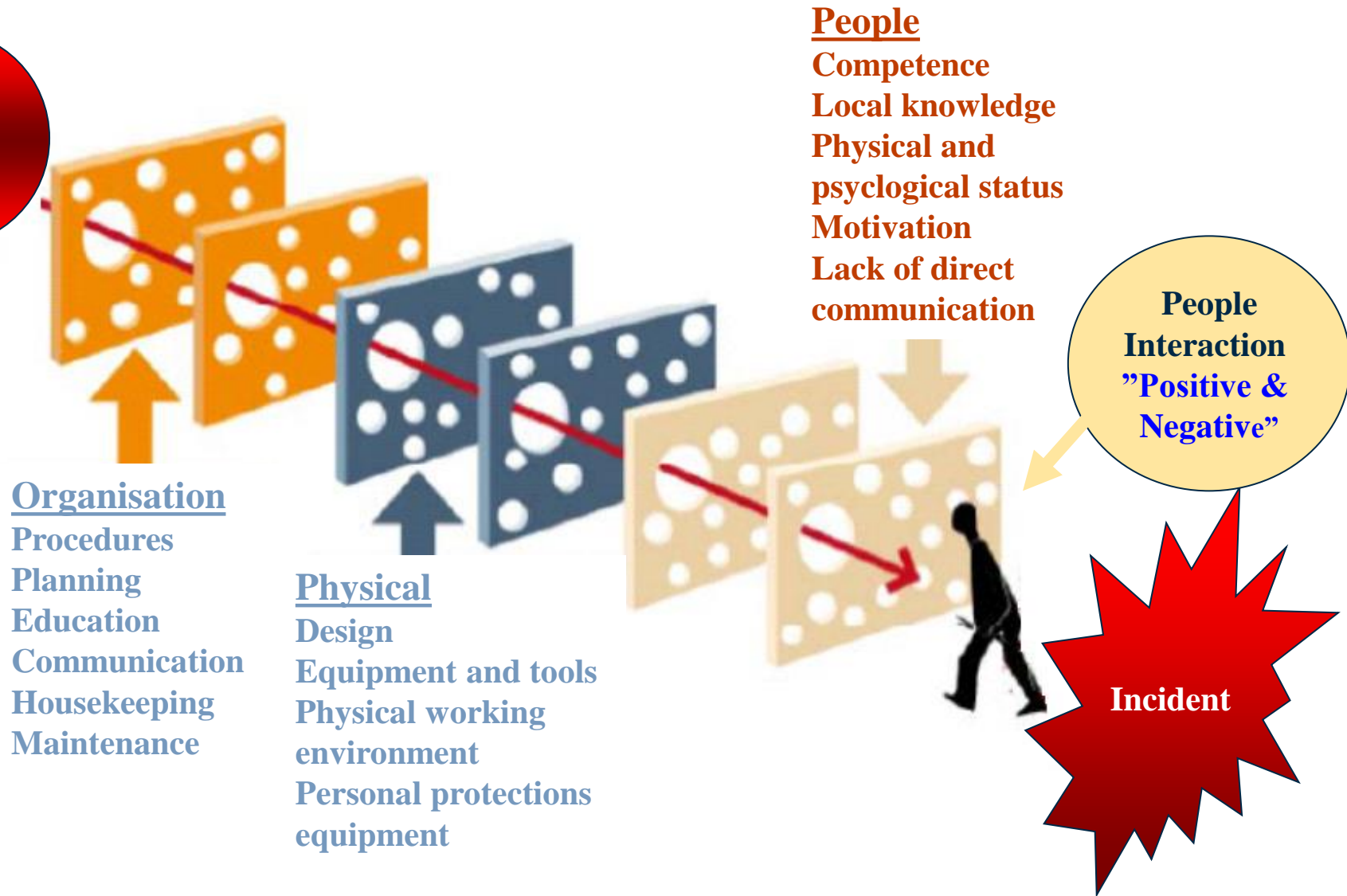
Preventing Injuries – Controlling Risk

Element
of risk



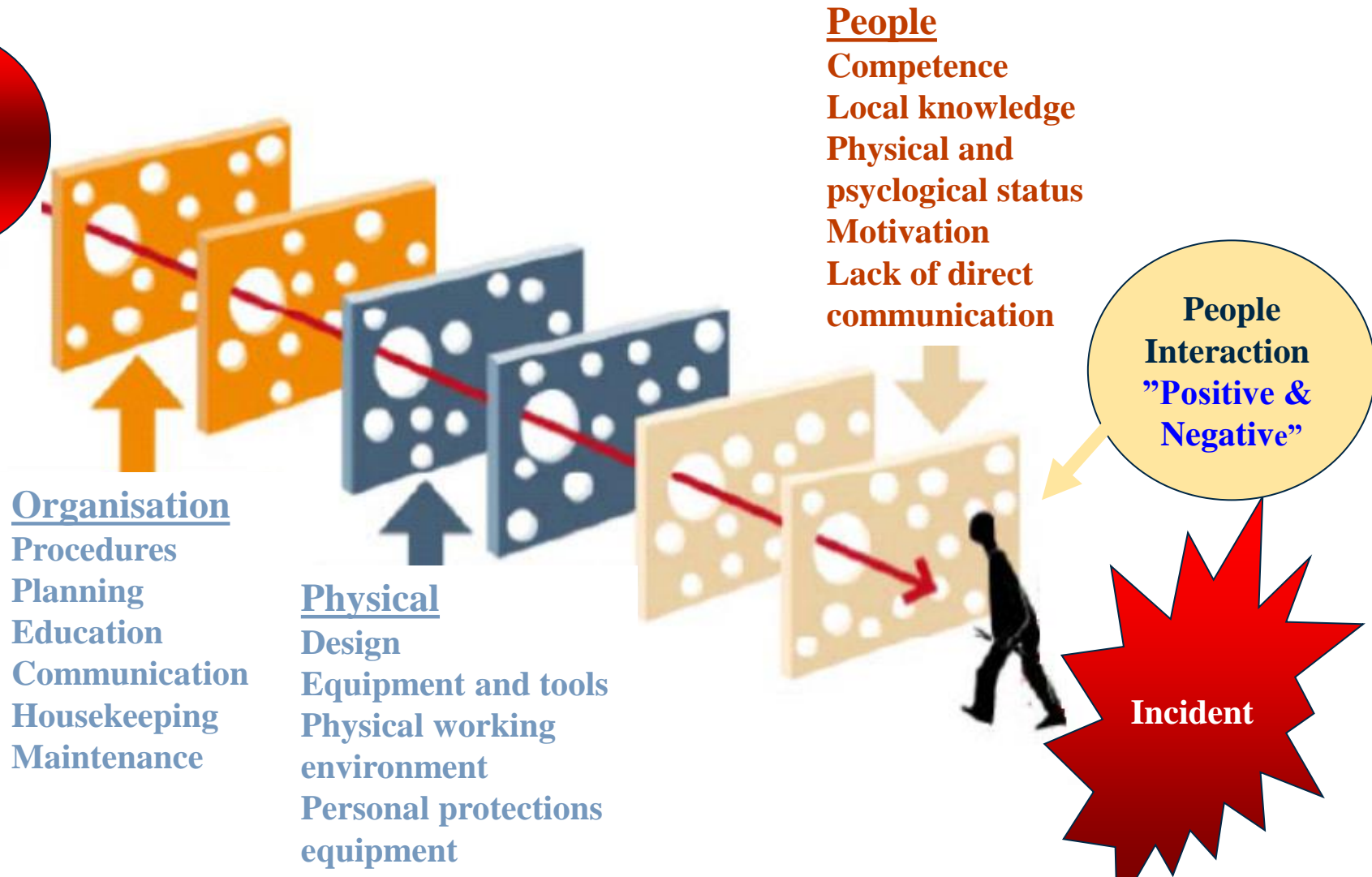
Preventing Injuries – Controlling Risk

Element of risk



Preventing Injuries – Controlling Risk

Element of risk



Get the Supervisors and Employees more involved in Safety!!!

UNSAFE		Mark <input checked="" type="checkbox"/> appropriate box !	SAFE
Behavioural Observation Report			
Observer: _____			
Area: _____			
Date: _____			
Observation			
As you approached			
<input type="checkbox"/>	Did people change position		<input type="checkbox"/>
<input type="checkbox"/>	Did people rearrange job		<input type="checkbox"/>
<input type="checkbox"/>	Did they put on or adjust any PPE		<input type="checkbox"/>
Are they			
<input type="checkbox"/>	Adopting a safe position ?		<input type="checkbox"/>
<input type="checkbox"/>	Taking account of others in the vicinity		<input type="checkbox"/>
<input type="checkbox"/>	Showing a good standard of driving		<input type="checkbox"/>
Personal Protective Equipment			
<input type="checkbox"/>	Is PPE being worn correctly		<input type="checkbox"/>
<input type="checkbox"/>	Is it correct for the task		<input type="checkbox"/>
<input type="checkbox"/>	Is it in good condition		<input type="checkbox"/>
Handling & Storage			
<input type="checkbox"/>	Items handed in correct manner		<input type="checkbox"/>
<input type="checkbox"/>	Benches / Desks at right height		<input type="checkbox"/>
<input type="checkbox"/>	Using correct lifting equipment		<input type="checkbox"/>
<input type="checkbox"/>	Is it in good condition & tagged		<input type="checkbox"/>
<input type="checkbox"/>	Are materials stored safely		<input type="checkbox"/>
<input type="checkbox"/>	Have bins/pans been emptied		<input type="checkbox"/>
Tools & Equipment			
<input type="checkbox"/>	Using proper tools & in good condition		<input type="checkbox"/>
<input type="checkbox"/>	Is the tool being used correctly		<input type="checkbox"/>
<input type="checkbox"/>	Elec' equip'/cables in good condition		<input type="checkbox"/>
<input type="checkbox"/>	All guards in place and are they ok		<input type="checkbox"/>
<input type="checkbox"/>	Is area tidy		<input type="checkbox"/>
<input type="checkbox"/>	Are gangways clear of obstructions		<input type="checkbox"/>
	Did you communicate with the employees during the audit		<input type="checkbox"/>
	Did the employees demonstrate commitment towards safety		<input type="checkbox"/>
	Did they understand the relevant safety procedures for the area		<input type="checkbox"/>
	Did they demonstrate competence at the task		<input type="checkbox"/>
	Did the employee raise any safety concerns		<input type="checkbox"/>
	Did you feedback your observations		<input type="checkbox"/>
	Did you reach an on the spot safety agreement with an employee		<input type="checkbox"/>
	Name:	<input type="text"/>	

Behavioural Observation Report

Observer: _____

Area: _____

Date: _____

UNSAFE	Mark <input checked="" type="checkbox"/> appropriate box !	SAFE
Observation		
As you approached		
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Personal Protective Equipment		
<input type="checkbox"/>	Is PPE being worn correctly	<input type="checkbox"/>
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	Did you feedback your observations	<input type="checkbox"/>
	Did you reach an on the spot safety agreement with an employee	<input type="checkbox"/>
	Name: _____	

P2P Form

VDM Metals

Date: _____

Employee Conducting Observation: _____

Employee Being Observed: _____

Job task being conducted: _____

Personal Protective Equipment: Does the PPE that the employee's wearing match the job task and location?

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Equipment: Did the employee inspect the equipment before using and is it in good condition?

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Work Practices: Is the employee working safely (i.e. using LOTO, using Crane/Forklift Safety, Body Positioning, etc.)?

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Was the observed employee committed to working safely, and were any concerns raised given positive feedback?

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Areas for improvement: Were any hazards identified or did any difficulties arise during conducting the observation?

Accent the good: What exceptional safety items did the observed employee demonstrate?

1 = Not in compliance
5 = In compliance

Rev 0

Behavioural Observation Report

Observer: _____

Area: _____

Date: _____

UNSAFE	Mark <input checked="" type="checkbox"/> appropriate box !	SAFE
Observation		
As you approached		
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	Did you communicate with the employees during the audit	<input type="checkbox"/>
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	Did they understand the relevant safety procedures for the area	<input type="checkbox"/>
	Did they demonstrate competence at the task	<input type="checkbox"/>
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	Did you feedback your observations	<input type="checkbox"/>
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	Name: _____	

P2P Form VDM Metals

Date: _____

Employee Conducting Observation: _____

Employee Being Observed: _____

Job task being conducted: _____

Personal Protective Equipment: Does the PPE that the employee's wearing match the job task and location?

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Equipment: Did the employee inspect the equipment before using and is it in good condition?

1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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1	2	3	4	5
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Areas for improvement: Were any hazards identified or did any difficulties arise during conducting the observation?

Accent the good: What exceptional safety items did the observed employee demonstrate?

1 = Not in compliance
5 = In compliance

Rev 0

Supervisors are now conducting the New Hire Orientations!

Area/Injury Severity	Date of Occurrence	Days since Occurrence
NJ Lost Time	8/14/2016	430
NV Lost Time	9/16/2015	763
NJ Recordable	8/14/2016	430
NV Recordable	9/20/2017	28

Thank you for your
attention!

