**HSE ANNUAL GOALS**

**EMPLOYEE:**

**SUPERVISOR:**

**DATE OF REVIEW:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Item #** | **Tasks to be Completed** | **Completion Date** | **Verified by** | **Additional Comments** |
| **1.** |  |  |  |  |
| **2.** |  |  |  |  |
| **3.** |  |  |  |  |
| **4.** |  |  |  |  |
| **5.** |  |  |  |  |