**SAFETY PERFORMANCE REVIEW – EMPLOYEE**

**NAME:**

**DATE:**

**REVIEW DATE:**

**1.** What health and safety specific training have you received within the last year?

**2.** Is there any additional health and safety specific training that you feel you require?

**3.** Have you witnessed any unsafe acts? If yes, what action did you take to correct the incident?

**4.** Do you feel comfortable addressing unsafe acts to all levels of employees?

**5.** How do you feel <**company**> is doing with implementing their health and safety policies? What improvements could be made?

**6.** Are there any other health and safety issues or concerns you would like to discuss?

**Reviewed By:**

|  |  |
| --- | --- |
| Employee’s Name: | Senior Reviewer’s Name: |
| Signature: | Signature: |