



CITY OF KINGSVILLE

EMPLOYEE SAFETY RESPONSIBILITY ACKNOWLEDGMENT FORM

I hereby acknowledge receiving, reading, viewing, and understanding the Safety Responsibility Requirements. I fully understand that compliance with the Safety and Accident Prevention Manuals policies, procedures, and rules set forth are a condition of employment, and I agree to abide by them. I further agree to perform my job in the safest manner possible to prevent injury to myself, my fellow co-workers, and the general public.

During my time of employment, I will:

- Comply with my Job Description, Essential Job Functions utilizing my knowledge, skill, and abilities to complete all assigned task Safely. _____
- Report all incidents, accidents and injuries to my supervisor immediately. _____
- Participate in incident, accident or injury investigations as needed. _____
- Obey all DPS laws, speed, seatbelt, etc. while operating a city owned vehicle _____
- Conduct a daily documented pre-inspection of vehicles or equipment prior to operating. _____
- Report and document any faulty vehicle or equipment that is not operating as designed. _____
- Wear the issued high-visibility vest while working or in the presents of roads and vehicle traffic that could endanger my well-being. _____
- Wear the issued or required (PPE) Personal Protective Equipment listed, safety glasses, gloves, face shield, ear plugs, steel toe boots, etc. to perform my task safely. _____
- Attend scheduled training session for the purpose of safety updates and general information. _____
- Attend and participate in toolbox / tailgate meeting topics presented by supervisor or foreman. _____
- Only operate vehicles or equipment trained on or familiar with approved by my supervisor. _____
- Only operate power tools and equipment trained on or familiar with approved by my supervisor. _____
- Review the (Safety Data Sheet) associated with chemicals required to perform my task. _____
- Report any unsafe conditions or behaviors to my supervisor. _____
- Ensure that proper heat illness prevention is accomplished daily by staying hydrated. _____
- Maintain a clean and safe work environment in my assigned work area / location. _____
- Work Safe and think before I act to prevent injuries or accidents. _____
- Be my brother's / sister's keeper and intervene as required to prevent injury of a co-worker. _____
- Use my STOP WORK Obligation, report it to my supervisor when I see an unsafe act or condition. _____

Note: The dept supervisor will be responsible for reviewing and discussing the information above with the assigned employees to ensure complete understanding of his or her safety responsibilities. The completed form will be required to be return to Human Resources for proper record keeping.

_____/_____/_____/_____

Date ID # Employee Printed Name Employee Signature

_____/_____/_____

Date Supervisor Name Supervisor Signature HR-14