



**IIPP DEVELOPMENT (IIPP – Employee Participation Component)**  
**Employee Safety Input & Job Specific Hazard Assessment**  
**Please complete form by March 1, 2026, and turn into your department.**

**Section 1: Employee & Job Information**

<b>EMPLOYEE NAME:</b>		<b>CONTACT NUMBER:</b>	
<b>JOB TITLE:</b>		<b>SHIFT/SCHEDULE:</b>	
<b>DEPARTMENT/WORK AREA:</b>		<b>SUPERVISOR:</b>	

*Note to employee:* Your input is critical to improving job-specific safety procedures. This is not disciplinary and will be used to develop safer work practices.

**Section 2: Primary Job Tasks**

Briefly describe your main job duties (tasks you perform most often):

**Section 3: Top Five Safety Concerns for This Job**

List the top five safety hazards or concerns you encounter while performing your job. Include the Safety Description, Frequency of Occurrence Daily (D), Weekly (W), Occasional (O), Rare (R) and Severity if Incident Occurs Low (L), Medium (M), High (H).

*(Think about physical hazards, equipment, environmental conditions, procedures, workload, or training.)*

<b>SAFETY HAZARD OR CONCERN</b>	<b>D W O R</b>	<b>L M H</b>
1.		
2.		
3.		
4.		
5.		

**Section 4: Current Controls & Gaps**

**For the hazards listed above: What safety measures currently exist? (Training, PPE, procedures, signage, equipment, etc.)**

1.
2.
3.
4.
5.

**Additional Information:**

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**Section 5: Employee Recommendations (Key Buy-In Section)**

**For each of your top five safety concerns, suggest at least one improvement or control measure.**

1.
2.
3.
4.
5.

**Additional Information:**

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**Section 6: Training & Communication**

- Do you feel adequately trained to perform your job safely?  
 Yes  Somewhat  No
- What additional training would help reduce risk for this job?

- How should safety information for this job be communicated?  
 Tailgate meetings  Written procedures  Hands-on training  
 Videos  Other: \_\_\_\_\_

**Section 7: Employee Acknowledgment & Buy-In**

I acknowledge that I have provided honest input regarding the safety concerns of my job classification. I understand this information will be used to develop or improve job-specific safety procedures under the Injury and Illness Prevention Program.

Employee Signature: \_\_\_\_\_

Date: \_\_\_\_\_