

Loss Control



FARMERS®

Information Bulletin

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Statement of Management Policy

A successful Loss Control Program begins with top management. Management's concern toward accident prevention is reflected through its supervisors and employees in their actions and attitudes.

Top management should carefully phrase its safety policy which will serve as a guide for the safe conduct of all fleet activities by management, supervisors and employees.

A formal written statement of company policy must:
Show endorsement and enforcement by top management
Explain reasons for program objectives, and
Ensure all personnel are advised and aware of the program

The following is a sample statement of management policy.

Sample Statement of Management Policy

It is the intent of this company to provide a safe environment for its employees. Accident prevention needs to be a common goal of management and all employees.

The management of *(Company Name)* has appointed *(Name of Program Administrator)* to administer this Fleet Safety Program. They have the responsibility to implement this program and they have the authority to take corrective actions as needed.

Signed: *(Company President/Owner's Signature)*
(Title of Individual Listed Above)

To ensure employee commitment to the program, it is important that each employee acknowledge that they understand and agree to the various components within the program. A sign-off of agreement should be obtained from all employees. These acknowledgements should be signed by the employee and a representative of management. A sample acknowledgment policy could be styled similar to the following example.

Sample Acknowledgement of Company Policy and Procedure

These rules and procedures are for your benefit and the benefit of the company. Any variance or exception to these rules must be approved by your supervisor or manager. All Federal, State, and local regulatory requirements are to be followed.

I, *(Employee's Name)*, acknowledge that I have read and understand the Fleet Safety company policy and agree to abide by them. I understand that safety is a condition of continued employment.

Signed: *(Employee's Signature)*
Date:

I, *(Supervisor/Manager's Name)*, have reviewed the company policy with the above employee and confirm that the employee has read and understands the conditions of the Fleet Safety Policy.

Signed: *(Supervisor/Manager's Signature)*
Date: