



# 2026 Safety Initiative Plan Instructions

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UCOR challenges all workers to commit to safety for yourself and your coworkers. Setting your intentions by completing a Personal Safety Initiative Plan (PSIP) challenges you to own your personal safety and help your coworkers work more safely each day.

## How to complete the 2026 Personal Safety Initiative Plan

- Please take time to think through the PSIP and write down what you will do on a regular basis to improve your personal safety and the safety of your co-workers in each focus area provided.
- Complete each of the quarterly actions to plan ahead for hazards throughout the year.
- Use the 'General Hazards' section to address any safety concerns or risks that are not covered by the quarterly topics but are pertinent to your work, personal well-being, or the safety of your colleagues. Think proactively about potential dangers in your immediate surroundings or specific duties.
- Mental wellbeing is as crucial to safety as physical health. This section encourages you to reflect on personal strategies for maintaining psychological resilience, managing stress, and fostering a supportive mental environment for yourself and your colleagues, thereby contributing to a safer and more productive workplace.
- After completing your PSIP, review your goals with a co-worker and obtain that person's signature. Post your PSIP in a visible location where you will see it each day and be reminded of your safety goals throughout the year.

# 2026 Personal Safety Initiative Plan

Name:

|   | QUARTER 1<br><b>Slips, trips and falls</b><br>(January-March) | QUARTER 2<br><b>Vehicles</b><br>(April-June)   | QUARTER 3<br><b>Heat stress</b><br>(July-September) | QUARTER 4<br><b>Home hazards</b><br>(October-December) |
|---|---|--|---|--|
| Specific actions I will take to prevent personal injury from the identified hazard:   |   |  |   |  |
| Specific actions I will take to prevent injury to others from the identified hazard:  |   |  |   |  |
| Specific actions I will take to prevent personal injury from the identified hazard:   |   | Specific actions I will take to prevent injury to others from the identified hazard: |   |  |
| General Hazards: Circle the most relevant hazard to your work.<br>(housekeeping, noise, ergonomic, chemical, electrical, struck-by, caught-between, falls, other:<br>_____) |   |  |   |  |
| Mental Wellbeing:<br>Stress, loneliness, grief, financial pressure, family tension, time demands, irritability, exhaustion, etc.  |   |  |   |  |
| Additional Hazard (optional):   |   |  |   |  |



Your signature \_\_\_\_\_

Coworker signature \_\_\_\_\_  
(sign after discussing plan)