Responsibility and Accountability

Employees are responsible for their own safety and for looking out for the safety of their co-workers. Consistent personal accountability should be instilled. Structured accountability also ensures personnel live up to their responsibilities through positive and negative consequences. Assigned and understood responsibilities along with appropriate accountability are common factors to the various components of CORESafety and to your operations safety and health management system. A common theme should be to “Lead by Example.” Leaders and managers at all levels are responsible for engaging and leading the workforce to achieve the 0:50:5 goal.

Responsibility and Accountability is the Process of:

- Setting appropriate safety and health goals
- Assuring all employees understand their safety and health management roles and responsibilities
- Providing sufficient resources to fulfill one’s responsibilities
- Employing appropriate tools to measure and review for continuous improvement
- Applying positive and negative consequences relative to performance against responsibilities

How it works

An accountability system ensures all employees understand their specific roles and act consistently on those responsibilities. A successful accountability system:

- Emphasizes leadership by example
- Includes all employees
- Clearly identifies the work to be conducted
- Establishes responsibility goals at all levels of the organization that are:
  1. Appropriate
  2. Attainable
  3. Proactive
4. Directly aligned with achieving the 0:50:5 goal
5. Measurable to evaluate compliance and completion
6. Renewable at the end of an appropriate interval

The safety and health management system should contain performance measures that allow timely and meaningful evaluation of and feedback on progress toward successful completion of established goals. It should also include positive reinforcement and negative consequences in the evaluation process. This begins at pre-employment and evolves with the individual and the needs of the organization.

Flow of the Process

Leadership at all levels is accountable for achieving 0:50:5 goals

Managers must embrace the CORESafety SHMS in efforts to reach the 0:50:5 benchmarks. The responsibility and accountability process should include:

- Identify personal and group safety and health management responsibilities for the entire workforce and ensure each person is aware of and acknowledges their role and responsibilities.
- Identify positive reinforcements and negative consequences specific to each person’s safety and health responsibilities
- Provide time, knowledge and other resources necessary for personnel to successfully complete their safety and health responsibilities
- Periodically assess performance against target for each person and provide feedback
- Conduct a final performance review and apply consequences, as appropriate, at the end of the assessment period, e.g. shift, week, month, quarter, and/or year.
Workbook Materials For Module 2

Leadership Commitment

The operation’s highest ranking officer must commit his and the organization’s dedication to the CORESafety program and to its success. A corporate letter or mission statement should be drafted, confirming with signature support to the CORESafety Pledge. This letter should be posted conspicuously at company facilities for all employees to witness and should be included as page one of the master CORESafety document.

Name of Corporate Officer:
Position in Organization:
Letter Completed:  Yes ☐ No ☐ Date of Letter:
Designated Posting Areas: __________________________________________
_________________________________________________________________
_________________________________________________________________
_________________________________________________________________

CORESafety SHMS Plans

All plans, policies and procedures to be included for CORESafety program compliance should be identified and adopted into the safety and health management system. For reference, documents should be identified by title, date, document number and subject area designation. i.e. ventilation, tools, confined space, roof control. etc.

All applicable plans should be included in the master CORESafety document.

<table>
<thead>
<tr>
<th>Plan/Policy</th>
<th>Subject</th>
<th>Plan No</th>
<th>Date (Latest Revision)</th>
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Responsibility and Accountability
## Identification of Responsible Parties

Beginning with the development of the overall SHMS and each of its plans and policies, identify each person responsible and accountable for compliance with the policy and/or regulation. Responsibility designation should begin with the highest level of management and continuing down to the workforce level. Assignments may be by position or name. This identification process could be performed by work area rather than encompassing an entire worksite.

### Identification of Responsible Parties

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<tr>
<th>Plan/Policy</th>
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<tr>
<th>Work Area</th>
<th>Plan/Policy</th>
<th>Person Responsible</th>
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<tbody>
<tr>
<td>Example: Production Section</td>
<td>Ventilation</td>
<td>Mine Manager, Gen Mine Foreman, Shift Foreman, Section Foreman, Section Utility Man</td>
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Responsibilities of Designated Persons

The responsibilities of each person accountable for developing, communicating, implementing and maintaining the SHMS must be determined for each plan/policy area. Identified responsibilities should be specific and measurable with a timeframe set for completion and compliance. When planning individual responsibilities for each of the categories below, one should begin with the most senior level position involved as he/she associates to the plan or policy. Each plan should then be evaluated as to its status in regards to development, communicated, implementation, and compliance.

CORESafety SHMS Plans

Plan/Policy:

________________________________________________________________________

Work Area:

________________________________________________________________________

Plan Summary:

________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________
**Plan Status:**

*Development:*

<table>
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<th>Person</th>
<th>Position</th>
<th>Responsibility</th>
<th>Scheduled Completion</th>
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**Tools/Resources Needed:**

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**Individual Training/Development Required:**

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<th>Position</th>
<th>Responsibility</th>
<th>Scheduled Completion</th>
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Plan Status: (cont.)

Communications:

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<tr>
<th>Receiving Person/Group</th>
<th>Person Responsible to Communicate</th>
<th>Scheduled Date</th>
<th>Completed Date</th>
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A communication of plans should be considered as training with proper recording documents filed and retained for everyone who receives the information.

Implementation:

<table>
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<tr>
<th>Person</th>
<th>Responsibility</th>
<th>Compliance Exception/Goal</th>
<th>Scheduled Date</th>
<th>Timeframe to Meet Goal</th>
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PLAN COMPLIANCE:
Once implemented the expectations must be monitored for compliance. While constant and continual compliance is expected, periodic review should be scheduled to measure results against the standard

Plan/Policy:
________________________________________________________________________
________________________________________________________________________

Work Area:
________________________________________________________________________
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Plan Summary:
________________________________________________________________________
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Plan Compliance: (cont.)

Expectation/Goal:

________________________________________________________________________
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Date Implemented: __________ Goal Timeframe: ________________________
Assessment Period: __________ Performance Review Date: ___________
Findings Of Performance Review:
________________________________________________________________________
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Responsibility and Accountability
Plan Compliance: (cont.)

Results As Measured Against Compliance Expectation:
________________________________________________________________________
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________________________________________________________________________

Next Step Planning/Modifications Required:
________________________________________________________________________
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________________________________________________________________________
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Next Performance Review:   _____________________________________________

Responsibility and Accountability
Positive and Negative Consequences

When reviewed, the performance against target must be measured and evaluated for each person’s responsibility and their role in meeting the goal expectation of the SHMS plan. A positive acknowledgement or reward program should be considered for those who have committed to and achieved the programs expectations. At the same time, corrective actions must be weighed for those who adversely affect the results leading to less than desired results.

Individual Action Plan

Name: ________________________________________________________________

Plan/Policy: ____________________________________________________________

Work Area: ____________________________________________________________

Performance Review Date: _____________________________________________

Findings of Performance Review:

________________________________________________________________________
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Individual Action Plan (cont.)

Negative Performance:

(Review of personnel files for training and disciplinary status)

Additional Training Required: __________________________________________

_____________________________________________________________________

_____________________________________________________________________

Training Scheduled: ________________________________________________

_____________________________________________________________________

_____________________________________________________________________

Corrective Action Required: __________________________________________

_____________________________________________________________________

_____________________________________________________________________

Supervisor Responsible: _____________________________________________

_____________________________________________________________________

_____________________________________________________________________

Date Completed: ________________________________________