

Company Name: _____ Work Site Location: _____

Date: _____ Start Time: _____ Finish Time: _____ Foreman/Supervisor: _____

Overconfidence

It's good you feel confident about your job. You take pride in your ability to do your work quickly and well. However, there is such a thing as overconfidence — when you forget about the hazards and fail to use safe work practices.

No matter how long you have been on the job and no matter how skilled you are, you must remember the basic safety precautions. Don't get complacent!

Experienced workers have paid dearly for carelessness. They have been electrocuted because they failed to lock out the power when doing electrical repairs. They have been burned in explosions when they allowed an ignition source in a flammable atmosphere. They have been killed in falls from heights when they failed to hook up fall arrest gear. They have lost limbs while operating the same saws or punch presses they have used for years. They have been disabled in vehicle crashes while driving familiar routes.



All workplaces and tasks have certain hazards and risks. As a long-time worker, you can still become entangled in the conveyor if you wear loose clothing. The nip roll is just as tight and the floor may be just as slippery.

How do you avoid overconfidence when it comes to safety matters?

- Here are some suggestions:
- Stay aware of the hazards. Remain alert and focus on doing the job safely.
- Follow the recommended safe work practices at all times. Do not take short cuts.
- Wear your Personal Protective Equipment -- every time.

Pay attention during safety meetings. You may have heard it all before, but a reminder never hurts. As an experienced worker, you have a responsibility to set a good example for newcomers. Do things the safe way, because someone may be watching and learning from you. Never let overconfidence compromise your safety.

Safety Meeting provided by safetytoolboxtalks.com

Work Site Hazards

Work Site Review

Safety Suggestions

_____	_____	_____
_____	_____	_____
_____	_____	_____

Employee Signatures:

(My signature attests and verifies my understanding of and agreement to comply with, all company safety policies and regulations, and that I have not suffered, experienced, or sustained any recent job-related injury or illness)

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Manager/Supervisor's Signature:

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