

Self-Assessment Questions and Answers

Chapter 1 questions and answers

Question 1

What are the prime objectives of the Health and Safety Commission (HSC) and the Health and Safety Executive (HSE)?

Answer

The Health and Safety Commission (HSC) and the Health and Safety Executive (HSE) serve to promote awareness of health and safety, to provide advice and guidance to individuals and organisations, to enforce legislation and regulations and to advise and participate in the development of regulations.

Question 2

What is RIDDOR an abbreviation for?

Answer

The Reporting of Injuries, Diseases and Dangerous Occurrences Regulations 1995.

Question 3

What are the three reportable injuries reportable under RIDDOR?

Answer

Injuries reportable to the HSE under RIDDOR are subdivided into

- Over-3-day injuries, as suggested by the name, are those that lead to a worker's absence from work for more than 3 days and must be reported to the HSE within 10 days

- Major injuries – those that may involve fractures, amputations, dislocations and others that may lead to 24 hours in a hospital. These must be reported without delay
- Fatal injuries – those resulting in death and these must also be reported without delay

Question 4

Outline the HSE's 'Revitalising Health and Safety' targets for the UK construction industry.

Answer

These targets were:

- To reduce the number of working days lost per 100000 workers from work-related injury and ill health by 30% by 2010
- To reduce the incidence rate of fatal and major injury accidents by 10% by 2010 – for the construction industry this figure was initially set at 40% by 2004/05 and 66% by 2009/10
- To reduce the incidence rate of cases of work-related ill health by 20% by 2010
- To achieve half the improvement under each target by 2004

The stated aims of Revitalising Health and Safety are:

- To inject new impetus into the health and safety agenda
- To identify new approaches to further reducing rates of accidents and ill health caused by work, particularly with regard to small firms
- To ensure that the approach to health and safety regulation remains relevant for the changing world of work over the next 25 years
- To gain maximum benefit from links between occupational health and safety and other government programmes

Question 5

Provide a synopsis of the indications of Table 1.7.

Answer

Table 1.7 presents the incidence rate per 100000 workers for fatal injuries for the period 1997 to 2007. Figure 1.5 illustrates these rates

for both all industries and the construction industry. Each is subdivided into employed and self-employed person rates. Construction industry rates are consistently significantly higher than the all industry rates, with the rate for construction employees remaining the worst rate throughout the entire period, though in recent years it has declined to around four fatalities per 100 000 workers.

Chapter 2 questions and answers

Question 1

There are two types of European law concerned with health and safety; identify and define these two types.

Answer

Two types of European law concern health and safety, these are:

- Regulations
- Directives

Regulations are entirely binding upon all member states and form part of the law of member states. No additional legislative action is required by member states in implementing a European Union-made regulation.

Directives do require additional legislative action at a national level. They specify a standard or requirement which has to be achieved by the national law of each member state. They are binding and set goals for each legislative state to achieve by a specified date. In this way directives recognise the existence of differences within the legal systems of member states and facilitate the adoption of varying approaches to the achievement of health and safety goals.

Question 2

Identify the primary statute relating to UK workplace health and safety and state its main focus.

Answer

The primary statute concerning UK workplace health and safety is the Health and Safety at Work etc. Act 1974 (HSWA). The HSWA sets out the general duties that employers have towards employees and

members of the public, and that employees have to themselves and to each other.

Question 3

What is an ACOP and are they legally binding?

Answer

ACOP is an Approved Code of Practice and is provided for by Section 16 of the HSWA. ACOPs are not legally binding documents but serve to provide practical guidance for compliance with health and safety regulations.

Question 4

Health and safety duties imposed by the HSWA and associated health and safety regulations fall within three categories. Identify and define these categories.

Answer

The categories of imposed duty are:

1. Absolute – this is a duty that must be carried out. It imposes an absolute obligation on a party and any breach of duty may result in prosecution
2. Practicable – this is a duty that should be carried out irrespective of inconvenience, time or cost. The standard of performance is a high standard, but not absolute
3. Reasonably practicable – this is a duty that is carried out having considered the balance of that duty against inconvenience and cost involved. Where cases of breach are brought, it is the responsibility of the accused to demonstrate that it was not reasonably practical to have done more than was undertaken to comply with the duty.

Question 5

With regard to pursuing a health and safety prosecution, the HSC's Enforcement Policy Statement (2002) denotes that the HSC expects a prosecution in the public interest to be brought or recommended when what circumstances apply?

Answer

- Death was a result of a breach of health and safety legislation
- The gravity of an alleged offence, taken together with the seriousness of any actual or potential harm, or the general record and approach of the offender warrants it
- There has been reckless disregard of health and safety requirements
- There have been repeated breaches which give rise to significant risk, or persistent and significant poor compliance
- Work has been carried out without or in serious non-compliance with an appropriate licence or safety case
- A duty holder's standard of managing health and safety is found to be far below what is required by health and safety law and to be giving rise to significant risk
- There has been a failure to comply with an improvement or prohibition notice; or there has been a repetition of a breach that was subject to a formal caution
- False information has been supplied wilfully, or there has been an intent to deceive, in relation to a matter which gives rise to significant risk
- Inspectors have been intentionally obstructed in the lawful course of their duties

Chapter 3 questions and answers**Question 1**

The Health and Safety at Work etc Act 1974 provided the 'foundation' for UK health and safety law and imposes duties upon all persons within and all persons responsible for the workplace. The key sections of the act in relation to imposed duties are: 2, 3, 4, 6, 7 and 8.

Outline in brief the duties placed upon the parties concerned for each of the above sections.

Answer

- Section 2 places general duties on employers towards employees
- Section 3 places duties on employers and self-employed people other than employees

- Section 4 places duties on people in control of premises
- Section 6 places duties on people who design, manufacture, supply and install plant, equipment and substances used during a project
- Section 7 places a duty on every employee
- Section 8 places a duty on everybody

Question 2

Define the main purpose of the Manual Handling Operations Regulations 1996.

Answer

Manual Handling Operations Regulations 1996 facilitate the prevention of musculoskeletal disorders caused by the manual handling of heavy goods in the workplace.

Question 3

Define the main purpose of the Work at Height Regulations 2005.

Answer

Work at Height Regulations 2005 were introduced to further address the UK construction industry's single biggest cause of injury and fatality. The regulations apply to all work at height where there is a risk of a fall liable to cause personal injury.

Question 4

Define the main purpose of the Construction (Design and Management) Regulations 2007.

Answer

These regulations were initially introduced in March 2004 to emphasise and improve the management of health and safety throughout all stages of construction projects. The regulations place responsibility on the client and designers as well as contractors and promote a proactive approach to safety management. The 2007 regulations (CDM2007) revoke and replace the 2004 regulations. CDM2007 also

revoked and replaced the Construction (Health, Safety and Welfare) Regulations (1996).

Question 5

Section 15 of the HSWA provides the Secretary of State with the power to create health and safety regulations following proposals laid down by the Health and Safety Commission (HSC). Outline the parameters of the regulations.

Answer

Parameters of the regulations are that they can:

- Set the goal or standard of what has to be achieved but not state how it must be achieved
- Prescribe what has to be done (e.g. with regard to isolation of electricity)
- Require that very hazardous activities be licensed and only carried out by approved persons (e.g. asbestos removal)

Chapter 4 questions and answers

Question 1

What are the aims of CDM2007?

Answer

The aim of CDM2007 is stated by the Health and Safety Commission as being:

'to integrate health and safety into the management of the project and to encourage everyone involved to work together to:

- Improve the planning and management of projects from the very start
- Identify risks early on
- Target effort where it can do the most good in terms of health and safety; and
- Discourage unnecessary bureaucracy'

Question 2

When is a construction project 'notifiable' under CDM2007?

Answer

A construction project is notifiable to the Health and Safety Executive (or the Office of Rail Regulation) when it is being delivered for a non-domestic client and has a construction phase duration that is expected to be greater than 30 days or 500 person days of construction work. When a project is notifiable it is the CDM co-ordinator's responsibility to submit an F10 notification of the project to the HSE.

Construction projects are non-notifiable when the work is being done for a domestic client – people who have work undertaken on their own homes or the homes of family members – or if, regardless of the client, the construction phase duration is expected to be less than 30 days or 500 person days.

Question 3

What does a client need to do to comply with CDM2007?

Answer

Clients must ensure that they:

- Check the competence and resources of all appointees
- Ensure that there are suitable management arrangements for the project – this includes checking that suitable and sufficient welfare facilities are being provided
- Allow sufficient time and resources for all stages of the project
- Provide pre-construction information to designers and contractors

For notifiable projects a client must also:

- Appoint a CDM co-ordinator
- Appoint a principal contractor
- Make sure that the construction phase does not start unless there are suitable:
 - Welfare facilities, and
 - Construction phase plan
- Retain and provide access to the health and safety file after the project is completed

Question 4

What are the key duties of the CDM co-ordinator?

Answer

It is necessary to appoint a CDM co-ordinator when a construction project is notifiable. It is the CDM co-ordinator's responsibility to advise and assist the client so that the client is aware of their duties under CDM2007. The CDM co-ordinator's duties principally entail:

- Advising the client regarding:
 - Their duty to appoint competent designers and contractors
 - Their duty to ensure that adequate arrangements are in place for managing the project
 - The suitability of the principal contractor's construction phase plan and the arrangements made by the principal contractor to ensure that suitable and sufficient welfare facilities are on site
- Notifying the HSE about the project (usually with an 'F10' form signed by the client)
- Co-ordinating the health and safety aspects of design work and co-operating with others involved with the project
- Facilitating good communication between client, designers and contractors
- Liaising with the principal contractor regarding ongoing design
- Identifying, collecting and passing on pre-construction information
- Preparing and updating the health and safety file

Question 5

What are the key responsibilities of the designer under CDM2007?

Answer

Designers must ensure that they:

- Are competent to undertake the design work
- Eliminate hazards and reduce risks by design. Hazards and risks should be reduced through design with consideration to people:
 - Carrying out construction work
 - Liable to be affected by the construction work
 - Engaged with the cleaning of any window, transparent or translucent wall, ceiling or roof
 - Undertaking maintenance of permanent fixtures and fittings
 - Using the structure as a workplace.

When a project is notifiable the designer has the additional responsibilities of:

- Providing relevant information with a design regarding any significant remaining hazards and risk
- Checking that the client is aware of their duties under CDM2007 and that a CDM co-ordinator has been appointed
- Providing any information that is needed for the health and safety file

Question 6

When a notifiable construction project is being undertaken, what are the key duties of the principal contractor?

Answer

The key duties of the principal contractor are to:

- Plan, manage and monitor the construction phase to ensure, so far as is reasonably practicable, that it is carried out without risks to health or safety
- Ensure that there are adequate welfare facilities for those working on the site
- Draw up and implement the site rules as necessary
- Draw up and implement the construction phase health and safety plan
- Provide a suitable site induction and ensure that those working on site have received the training that they need to carry out the work safely and without risks to health
- Ensure the site is suitably fenced and prevent unauthorised people from entering the site
- Ensure that there is co-operation between those working on the site, and that work is co-ordinated in such a way as to prevent danger
- Ensure that there are suitable arrangements for effective consultation with the workforce
- Make sure that the right health and safety information is provided to the right people at the right time

Question 7

When does a principal contractor need to prepare a construction phase plan and what should it contain?

Answer

CDM2007 requires that a construction phase plan be developed by the principal contractor *before* construction phase work commences. This plan serves to outline how health and safety is to be managed throughout the construction phase of a project and is to be updated and developed as is necessary.

The contents of the construction phase plan should address the topics outlined in Box 4.3 on page 68 of this book. The level of detail contained within the construction phase plan should be proportionate to the risk involved in the project.

Chapter 5 questions and answers**Question 1**

In the context of 'safety' define the term 'risk'.

Answer

The term 'risk' refers to 'the *chance* or *likelihood* that someone will be *harmed* by a hazard'. It infers an element of probability and is defined by British Standard 4778 as:

a combination of the probability, or frequency, of the occurrence of a defined hazard and the magnitude of the consequence of the occurrence.

The *assessment of risk* presented by a hazard entails the calculation of the likelihood or probability of harm occurring to someone and the *severity* or impact of the harm that can result from the hazard.

Question 2

Define the term 'residual hazards'.

Answer

Hazards remaining within a design which are not removed or fully mitigated at the design stage are commonly termed 'residual' hazards. In order to enable effective safety management it is essential that information regarding these hazards is communicated to project contractors as early as possible. As such it is good practice for project

clients and design teams to provide 'pre-construction' information to those bidding for or planning the work.

Question 3

The HSE provide guidance regarding requisite pre-construction information in Appendix 2 of the Approved Code of Practice document *Managing Health and Safety in Construction*. What does the guidance state in relation to the pre-construction information to be provided to contractors?

Answer

This guidance states that pre-construction information provided to contractors should include:

- Description of the project
- The client's considerations and management requirements
- Environmental restrictions and existing on-site risks
- Significant design and construction hazards
- Detail regarding the health and safety file

Question 4

A deficiency in people's knowledge, attitude and behaviour on site can contribute to construction site hazards. Identify these potential hazards.

Answer

- Lack of awareness of hazards and risks on site
- Lack of alertness on site – not paying attention
- Untidy site due to waste materials and poor 'housekeeping'
- Not working to agreed method
- Not following instructions or following agreed procedures
- 'Horseplay'
- Lack of knowledge of site rules
- Lack of knowledge of evacuation procedures and routes
- Non-wearing of personal protective equipment
- Use of plant and equipment by non-qualified personnel
- Use of mobile phones
- Smoking on site
- Tiredness/fatigue
- Hangovers/intoxication

Question 5

Why is it important to have a positive safety management culture?

Answer

In order to combat safety hazards it is important to develop a 'safety culture' within construction organisations and construction projects. A positive safety culture can significantly contribute to the maintenance of good safety management practice, the achievement of favourable safety performance indicators and the overall success and reputation of both a project and construction organisation.

The development of a safety culture within an organisation or project involves the embedding of a safety approach to all activities. A positive safety culture requires participation by all project or organisational personnel, and is evidenced through each person's safety-related knowledge, attitude, belief, behaviour and practice.

Chapter 6 questions and answers**Question 1**

Define the term 'safety risk'.

Answer

The Health and Safety Executive's (HSE) *Five Steps to Risk Assessment* (2006) defines 'risk assessment' as 'a careful examination of what, in your work, could cause harm to people, so that you can weigh up whether you have taken enough precautions or should do more to prevent harm'. The term 'safety risk' refers to the *chance or likelihood* that someone will be *harmed* by a hazard. It infers an element of *probability* that a harmful occurrence will result from a hazardous pre-existing condition.

Question 2

Within the context of construction health and safety, what is the risk assessment process concerned with?

Answer

The construction health and safety risk assessment process is concerned with:

- Identifying significant hazards and assessing risks at the design stage of the project – this entails evaluation of the risk posed by the hazard by:
 - Assessing the *likelihood* of an undesirable occurrence; and
 - Assessing the impact or harm resultant from an undesirable occurrence
- Removing or designing out hazards
- Clearly communicating and informing regarding significant remaining or 'residual' hazards that have not been designed out. Limiting the risks presented by both residual hazards and site environment hazards as low as reasonably practicable. This is done by evaluation of the risk posed by the hazard by:
 - Assessing the *likelihood* of an undesirable occurrence
 - Assessing the impact or harm resultant from an undesirable occurrence
 - Reducing risks via the removal of hazards (changes in proposed method of working for example) or incorporation of effective controls and protective measures to achieve a level of risk that is 'as low as reasonably practicable' (ALARP). (Safety improvements through risk reduction must be enabled until costs of further reductions become disproportionate to benefits gained)
- Recording and communicating the risk assessment and associated method statement to all necessary managers, supervisors and site personnel. Method statement might also be displayed in work areas for quick reference
- Undertaking to review all risk assessments on a periodic basis

Question 3

Article 6 (2) of the European Council Directive 89/391/EEC identifies general principles of risk prevention in the workplace. Identify these general principles.

Answer

These general principles of risk prevention in the workplace identified by the Directive are:

- a. Avoid risks
- b. Evaluate risks which cannot be avoided
- c. Combat risks at source
- d. Adapt the work to the individual, especially as regards the design of workplaces, the choice of work equipment and the choice of

- working and production methods, with a view, in particular, to alleviating monotonous work and work at a predetermined work-rate and to reducing their effect on health
- e. Adapt to technical progress
 - f. Replace the dangerous by the non-dangerous or the less dangerous
 - g. Develop a coherent overall prevention policy which covers technology, organisation of work, working conditions, social relationships and the influence of factors relating to the working environments
 - h. Give collective protective measures priority over individual protective measures
 - i. Give appropriate instructions to employees

Question 4

It is critical to the safety management process of construction projects that risk is evaluated and managed in a systematic manner. Describe a methodology for systematically assessing the degree of risk presented by construction project hazards.

Answer

One method by which this can be done is by use of a numeric 'likelihood × severity' evaluation. Here hazards are rated according to two factors, their 'likelihood or probability of causing an undesired occurrence' and the 'severity of harm' resulting from such an occurrence. 'Likelihood' and 'severity' are graded on prescribed scales and the two ratings are then multiplied together to produce a 'risk rating'. This risk rating is then considered on a 'risk matrix'.

1. The likelihood of causing an undesirable occurrence (the potential of a hazardous circumstance); and
2. The severity of harm (the extent or level of harm that would result from an undesired occurrence)

The evaluation of risk can be undertaken with the following calculation:

$$\text{Likelihood of an undesired occurrence} \times \text{Severity of resulting harm} \\ = \text{Risk rating (potential for harm)}$$

Question 5

With regard to risk assessment and an organisation's duty to its employees, Regulation 10 of the Management of Health and Safety

at Work Regulations 1999 requires that 'employers provide employees with information'. What must this information include?

Answer

Information provided by employers to employees must include:

- Health and safety risks identified by assessment
- Preventive and protective health and safety measures
- The identity of competent persons nominated to implement the procedures in the event of serious or imminent danger
- The risks arising from the conduct and undertaking of other employers and their employees in the instance of shared workplaces such as construction sites

Chapter 7 questions and answers

Question 1

Identify four ill health problems commonly encountered in the UK construction industry.

Answer

Four ill health problems commonly encountered within the UK construction industry can be categorised as:

- Musculoskeletal problems
- Respiratory problems
- Skin problems
- Noise- or vibration-induced problems

Question 2

Outline the work-related ill health targets of the 'Revitalising Health and Safety' initiative.

Answer

With specific regard to work-related ill health, the 'Revitalising Health and Safety' initiative of 1999 targets for improving workplace health and safety in the UK are:

- To reduce the incidence rate of cases of work-related ill health by 20% by 2010

- To reduce ill health caused to members of the public by work activities by 20% by 2010
- To reduce the number of days lost due to ill health by 30% by 2010

Question 3

Identify the possible key components of an organisation's occupational health management strategy.

Answer

The key components of an occupational health management strategy can be considered to include:

- Health surveillance – health assessment of employees, monitoring absence and facilitating rehabilitation
- Removing and reducing health risks – redesigning activities and using protective equipment
- Workforce training, toolbox talks and self-assessment
- Awareness-raising health promotion campaigns

Question 4

Describe two brief examples of how designers can positively contribute to the removal and reduction of health risks on a construction project.

Answer

Designers may specify smaller plaster boards or lighter blocks to reduce manual handling risks to health. A second example might be that they specify the use of plasterboards or built-in service ducting to better integrate services and remove the need to chase out block, brick or concrete – thereby reducing dust and the need for the use of hand-held power tools and the possibility of hand-arm vibration.

Question 5

What are the key challenges in delivering an effective occupational health management strategy?

Answer

Some key challenges in the delivery of an effective occupational health management strategy include:

- Identifying and locating the cause of ill health – this can be varied and may have its root in a domestic or social context rather than that of the workplace
- The fact that some symptoms of ill health and disease, be they work-related or not, can take a number of years to develop
- That construction personnel can be transient in their work and move from site to site and even employer to employer over a period of time
- That construction personnel may not consider ill health or its symptoms to be significant and as a result may not visit a doctor for diagnosis

Chapter 8 questions and answers

Question 1

The Health and Safety Executive (HSE) describe the essential elements of a successful health and safety management system in their publication HSG 65 *Successful Health and Safety Management*. According to the HSE, successful safety management systems require what components?

Answer

- The establishment of a clear **policy** for health and safety
- The **organisation** of all employees for the management of health and safety
- The **planning** for health and safety by setting objectives and targets, identifying hazards, assessing risks and establishing standards against which the organisation can measure performance
- The **measurement** of health and safety performance
- The **auditing and reviewing** of safety performance and practice, in order to inform improvement

Question 2

BS8800 identifies nine commitments that should be achieved by an organisation undertaking to develop a comprehensive health and

safety policy statement. Identify these commitments for a construction organisation.

Answer

The commitments of the organisation are:

- Recognise that health and safety is an integral part of business performance
- Achieve a high level of health and safety performance, with a minimum standard being legal compliance and cost-effective health and safety performance improvement
- Provide adequate and appropriate resources to implement the policy
- Set and publish health and safety objectives, even if only by internal notification
- Place the management of health and safety as a prime responsibility of line management, from the most senior executive to first line supervisory level
- Ensure that the policy statement is understood, implemented and maintained at all levels in the organisation
- Ensure employee involvement and consultation to gain commitment to the policy and its implementation
- Periodically review the policy, the management system and audit of compliance to policy
- Ensure that employees of all levels receive appropriate training and are competent to carry out their duties and responsibilities

Question 3

The HSE describe a positive health and safety culture as comprising four 'Cs'. Identify the four 'Cs'.

Answer

The four 'Cs' are:

- Competence – recruitment, training and advisory support
- Control – allocating responsibilities, securing commitment, instruction and supervision
- Co-operation – between individuals and groups
- Communication – spoken, written and visible

Question 4

Identify the key components of a principal contractor's health and safety management system.

Answer

- The organisation's health and safety manual
- The 'pre-construction information' provided by the client and designers
- The project health and safety plan
- Site rules
- Site induction
- Communication of health and safety information and guidance to site personnel
- Sub-contractor co-ordination, communication and co-operation (and competency management)

Question 5

Produce a bullet point list of what a good site induction scheme will address.

Answer

A good site induction scheme will:

- Emphasise and remind why health and safety is important
- Outline the nature of the site (and include clearly marked access and egress routes and storage areas)
- Identify the current key hazards and hazardous activities of the site
- State the PPE requirements of the site
- Detail the site rules
- State procedures for attaining a 'permit for work'
- Identify the mechanisms for communicating safety information (key hazards boards, site safety and emergency response chart, signage, toolbox talks etc.)
- Inform workers of the welfare facilities available
- Outline the procedures for the reporting of an on-site injury or accident

Site inductions must be delivered by competent persons who are knowledgeable regarding the project and its health and safety management arrangements.

Chapter 9 questions and answers

Question 1

It is reasonable to suggest that a valid definition of culture might embrace certain precepts. Identify these precepts.

Answer

Precepts:

- Culture is a complicated concept
- Culture is a construct that is multifaceted
- Culture is something that is created and sustained by people within a social environment
- Culture is dynamic

Question 2

The HSE (2005) outlines a concise and useful 'three aspect approach' to distinguishing an organisation's safety culture. Identify the three interrelated aspects.

Answer

The three interrelated aspects are:

- Psychological aspects
- Behavioural aspects
- Situational aspects

Question 3

Identify the three stages of safety cultural development.

Answer

- Dependent culture
 - Management driven and owned
 - Rules-orientated
 - Little employee involvement
- Independent culture
 - Greater employee involvement, engagement and co-operation

- People behave safely – they look after themselves, with or without management supervision
- Interdependent culture
 - Driven by all
 - A team commitment
 - People actively look after each other (not just themselves)

Question 4

A generic safety climate toolkit that can be used across industries and national boundaries has been developed and published by the HSE. Identify its constituent parts and purpose.

Answer

Constituent parts are:

- A questionnaire that is issued to employees. This contains 71 statement – type questions
- A manual outlining the survey process and how to take the results forward
- Computer software that enables organisations to customise the survey to their organisational structure
- A software manual

The main purpose of the HSE safety climate toolkit is to facilitate worker involvement in health and safety. This is done by eliciting the views of workers with regard to aspects of health and safety in the organisation and workplace.

Question 5

The US Department of Labor's Occupational Health and Safety Administration (OHSA) (2007) outline a number of practical actions that can be taken by a construction organisation seeking to improve its safety culture. Identify these improvement-enabling actions.

Answer

The improvement-enabling actions are:

- Define safety responsibilities for all levels of the organisation, e.g. safety is a line management function
- Develop upstream measures, e.g. number of reports of hazards/suggestions, number of committee projects/successes, etc.

- Align management and supervisors through establishing a shared vision of safety and health goals and objectives vs. production.
- Implement a process that holds managers and supervisors accountable for visibly being involved, setting the proper example, and leading a positive change for safety and health
- Evaluate and rebuild any incentives and disciplinary systems for safety and health as necessary
- Ensure the safety committee is functioning appropriately, e.g. membership, responsibilities/functions, authority, meeting management skills, etc.
- Provide multiple paths for employees to bring suggestions, concerns or problems forward. One mechanism should use the chain of command and ensure no repercussions. Hold supervisors and middle managers accountable for being responsive
- Develop a system that tracks and ensures the timeliness in hazard correction. Many sites have been successful in building this in with an already existing work order system
- Ensure reporting of injuries, first aids, and near misses. Educate employees on the accident pyramid and importance of reporting minor incidents. Prepare management for initial increase in incidents and rise in rates. This will occur if under-reporting exists in the organisation. It will level off, and then decline as the system changes take hold
- Evaluate and rebuild the incident investigation system as necessary to ensure that it is timely, complete and effective. It should get to the root causes and avoid blaming workers

The process of taking actions to improve safety culture should be a continuous one.