



## Workplace Safety Agreement

### 1. Introduction

This Workplace Safety Agreement outlines the responsibilities and commitments of both Bobby Jones Links ("the Company") and its team members to maintain a safe and healthy work environment.

### 2. Team Member Commitment

As a Team Member of Bobby Jones Links, I agree to:

- Adhere to all safety policies and procedures as outlined by **the Company**.
- Immediately report any unsafe conditions or hazards to my supervisor.
- Participate in all required safety training sessions.
- Act responsibly and refrain from engaging in any behavior that could put myself or others at risk.
- Use all provided safety equipment and personal protective equipment (PPE) as required.
  - Employees may be required to provide fitted personal protective equipment (PPE) when working in designated positions or within a department. (steel-toe footwear, slip-resistant footwear, prescription eye protection)
- Undergo any necessary medical treatment for a work-related injury or illness as coordinated by a claims adjuster through a managed care arrangement. Treatment received outside the Worker's Compensation managed care arrangement is not compensable unless authorized by the carrier prior to the treatment date.

### 3. Company Commitment

Bobby Jones Links commits to:

- Provide a safe work environment that complies with all relevant health and safety laws and regulations.
- Regularly inspect and maintain all equipment and work areas to ensure they are safe.
- Provide all team members with necessary safety equipment and Personal Protective Equipment (PPE) as required.
- Conduct regular safety training and education programs.
- Investigate any accidents or incidents promptly and thoroughly.
- Report all work-related injuries to our worker's compensation carrier unless the team member refuses medical treatment. A refusal of treatment must be signed by the team member in cases where treatment is refused.

#### 4. Reporting and Addressing Hazards

- Team members must report accidents, injuries, or hazards to their supervisor immediately.
- **The Company** will promptly investigate all reports and take necessary corrective action to eliminate the hazard.

#### 5. Compliance

- Team members failing to comply with safety policies and procedures may face disciplinary action, up to and including termination.
- **The Company** will regularly review and update safety policies to ensure ongoing compliance with all regulations and best practices.

#### 6. Acknowledgment

By signing this agreement, I acknowledge that I have read, understood, and agree to comply with all the terms and conditions outlined in this Workplace Safety Agreement.

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Team Member Name: [Your Name]

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Date: [Month, Day, Year]