

Instruction

Doc no: 2018-42244

Managing Safety Behaviour

Scope RWE Generation NL

Prepared by GES-M Safety Central

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Changes compared to previous version

Completely revised instruction related to application of the Mission Zero theme Just & Fair culture according to the general model "Managing Safety Behaviour" and the RWE Generation Mission Zero Safety Behaviour decision model.

Purpose instruction

Creating a safe, healthy and inspiring working environment, but also one where people may be called to account for deviations from e.g. the RWE Generation12 Lifesaving rules, the rules of conduct and the Process Safety rules. This instruction aims to explain the mandatory use of the decision model during an incident investigation so that safety behaviour is assessed in a fair and transparent way. This should ensure that only after a thorough investigation into the root causes of the safety behaviour, conclusions are drawn and measures are taken, both for undesirable and positive safety behaviour.

Target

All employees of RWE Generation NL and employees of contractors. For the purpose of applying and following this guideline, the target group are persons who are part of an investigation team of Safety incidents, Safety Advisors, Managers and Executives of RWE Generation NL.

Related documents

Type of document	Title	Code
process	Reporting, recording and following up incidents	P024
instruction	Reporting, recording and following up incidents	1024
process	Procurement	P091
process	Managing contracts	P090



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1 Introduction

1.1 A just and fair safety culture

Based on the Mission Zero objectives, the RWE organisation wants to learn from every incident, without looking for or pointing the finger of blame, while naming in a consistent, transparent and honest way what went well and what went less well prior to an incident, especially the safety behaviour shown. This requires a safety culture in which justice and fairness (Just &Fair) are paramount.

Here we can make a distinction between:

- A safety culture in which all employees are consistently, fairly and honestly rewarded for the safe behaviour shown, with attention to everyone's health and safety, and;
- A safety culture in which all employees are consistently, fairly and honestly called to account for unsafe and therefore undesirable behaviour.

A Just & Fair Culture is a culture of openness, trust and learning but also accountability for the behaviour shown.

Just and fair means that good or desirable safety behaviour is given adequate attention and encouraged and propagated, but also that consequences are attached to undesirable safety behaviour and no distinction is made between individuals within the organisation.

This instruction provides guidelines for supervisors and incident investigators to deal with this appropriately, and that when an incident occurs, independent investigations should always be conducted into the behaviour of all involved and under what circumstances it took place, before any conclusions or consequences are drawn.

Not only the victim's own behaviour, but also the circumstances, supervision, communication, how instructions were given, relevant safety documents and precautions taken are tested.

To categorise the behaviour displayed, the so-called "Safety Behaviour decision model" (Annex 5) is used in practice.

1.2 Legal compliance

This document has been prepared to provide an understanding of health and safety regulations and interpretation of relevant legislation. It is a guide to compliance with the relevant legislation. It should be read in conjunction with the relevant legislation and any related guidance or codes of practice issued by the competent authority to promote compliance.

1.3 Explanation and background

It is generally believed that all incidents are 80% caused by human behaviour and choices. The overall Managing Safety Behaviours model, as described in this document, is based on long-term



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research¹ which has shown that creating a "just and fair culture" is the key to positively influencing people's behaviour to reduce errors and rule-breaking.

The simple principles of this type of culture are:

- We recognise and respond to positive and negative behaviour equally.
- We are consistent throughout our business: same behaviour = same measures.

The cornerstone of such a culture is recognising both exemplary and undesirable behaviour, and dealing with it consistently. Why? Because too punitive a culture leads to a lack of reporting/cooperation; too lenient a culture leads to complacency and little motivation to follow the rules.

1.4 Purpose

This document provides Managers with the tools to promote this culture within their company and across RWE Generation in a consistent and structured manner.

The Safety Behaviour decision model uses a framework that:

- A consistent approach promotes both positive behaviour and human failure.
- Provides support to managers and incident investigators to categorise behaviour at events and find appropriate solutions to improve behavioural outcomes for those involved in the future

1.5 Scope

This document applies to all parts of RWE Generation NL, including contractors. The guidelines and instructions in this document should be applied at a level appropriate to the nature of the event and the likelihood of recurrence.

¹ See hyperlink under 6 References



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Safety-related incidents arising from the organisation's business activities that may require a behavioural analysis include:

- Accidents causing personal injury or property damage
- Near misses
- Failure of equipment or components **due to unsafe use or bridging**, which caused or could have caused damage.

The positive safety behaviours that deserve recognition can be identified by:

- near-accidents/dangerous situations where worse was avoided;
- proposals for safety rules and improvements;
- on-site observation, e.g. safety observation, performance of a work activity, audit;
- intervention in case of unsafe situations and actions;
- A nomination by a colleague.

2 Duties and responsibilities

2.1 Responsible managers

Responsible management, supervisors and incident investigators use this process to ensure fair treatment of all those involved in an incident and to promote and reward positive behaviour. No one is excluded from this.

Responsible managers shall ensure adequate resources for implementing the requirements of this document.

2.2 Employees

Employees have a duty to report unsafe acts, behaviour, circumstances or incidents in which they are involved or of which they are aware. Employees also have a duty to cooperate with any investigation when requested.

When employees are designated by the responsible manager to participate in the conduct of an investigation, they perform these duties in a professional, disciplined and impartial manner.

Employees should also have the opportunity to recognise positive safe behaviour of their colleagues in a sincere and valued manner. Chapter 4 provides further details on this.



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3 Model for classifying safety behaviour

3.1 When to use the model

The Safety Behaviour decision model for classifying safety behaviours is in <u>Annex 5</u> (see under section 8 Appendices). For identifying the behaviour displayed, it can be read from left to right as an increasing deviation from "normal" or "expected" behaviour. Most behaviours are expected to be on the left side of the model - i.e. it is much more likely for someone to make a mistake than to deliberately decide to perform an unsafe act (offence) that they know it could have serious consequences. Similarly, it is common for people to engage in positive behaviour by following the rules and stopping their work or others if something does not look safe. Therefore, successfully dealing with these behaviours constitutes the majority of cases for which the model should be used. It follows that this is the area where the most positive impact on behaviours and culture can occur.

For undesirable behaviour, the model should be **used only after a thorough investigation has first been completed**. The manager or investigation leader must consider all the facts revealed by the investigation to ensure that the process produces a fair result.

If the procedure is seen as fair and consistent, it will promote the likelihood of employee cooperation.

When investigating and addressing undesirable behaviour, an offender's ability and skill and whether any health and welfare problems may have led to the incident should be considered first. If health and welfare problems were a significant factor in the behaviour, **this process should not be used** and help should be sought through normal HR and occupational health avenues. If professional competence was a factor that may have led to the incident, this should be investigated and enquiries made with the manager as to what caused this, and why the tasks were assigned as they were.

Note: The model for managing safety behaviour is a tool for managers. It does not prescribe specific or coercive actions in cases of desired or undesired behaviour, and does not alter or take away a line manager's responsibility or discretion in addressing his team's behaviour.

3.2 How to use the decision model

A list of terms used in the model can be found in <u>Chapter 7</u> of this document.

First, broadly determine whether the observed behaviour was a good or undesirable practice.

Positive behaviour requires confirmation that the action was not ego-driven or attention seeking, but was performed as a genuine act of good behaviour.

Ensure that all facts relevant to an event are available and clear and that interviews with people involved have been properly conducted and recorded.

Once the above criteria have been assessed:

- Follow the Safety Behaviour decision model from START for the affected TEAMLID or MANAGER (see individual tables on page 20/21), depending on the person and their role, and go through the diagram from left to right
- 2. Based on the facts and statements, assess which category the behaviour falls into
 - a. **For positive/desirable behaviour**, ensure recognition and give timely feedback to the person concerned. Check the table to see what feedback can be given. See



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also Annex 2 - guidelines for giving positive feedback, how to make it more effective and the guiding principles of positive safety behaviour in Chapter 4. Consult and possibly suggest appropriate rewards

- b. **For undesirable behaviour**, determine which corrective actions from the table are needed that belong to the relevant category and behaviour shown. Ensure that the procedure has been applied without prejudice and based on the facts.
- 3. The manager or supervisor discusses the results of the incident investigation and the decision model with the people involved as soon as possible, and together they shape the measures and the possible improvement path.

Note: The decision model may also direct the user to other individuals whose previous behaviour may also have contributed to the incident. The decision model may therefore need to be used several times to determine the behaviour of all persons who may have contributed to an incident.

3.3 Recommendations of the model

The measures under the classified behaviour gives the manager suggestions for taking corrective action or giving recognition based on the observed behaviour. It is recognised that behaviours of contractors can also contribute to incidents, but the measures may be different from those for in-house (RWE) staff, as we do not control a contractor employee. Annex 3 therefore also contains a simple table of typically observed behaviours and suggested actions to follow when this occurs.



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4 Positive safety behaviours - Guiding principles

Each individual has a strong influence on how others behave in the workplace. It is therefore important that people know what is expected of them in terms of their safety behaviour, and that people who lead by example are recognised and praised. To help with this, the Safety Behaviour Framework has been developed. Central to the framework is a set of four core behaviours that we expect everyone (both our own staff and contractors) to adhere to. Each behaviour is supported by a clear set of actions to guide how everyone can make health and safety an integral part of their normal working life.



Figure 1 Guiding principles of positive safety behaviour



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To ensure a consistent approach in recognising and rewarding this positive safety behaviour, the guiding principles below have been established:

- Nominated staff are selected in an objective manner, with substantiation of facts showing positive behaviour and guaranteeing that there is no preferential treatment.
- In cases where contractors are legally responsible for H&S management within their assigned area, the contractual agreement should ensure that incentive schemes are in place that comply with this document.
- The initiative and supporting materials should be updated regularly. This includes support for local implementation, including selection of positive behaviour and setting the bar.
- The initiative recognises individuals for their efforts, but should also recognise the immediate supervisor where appropriate.
- It is recommended that programmes (for recognition and rewards) that may be used within the different Technologies of RWE Generation be shared with each other. This aims to improve cooperation and arrive at a single programme.
- Each person has the right to appoint another person when he witnesses positive behaviour.
- The system should be user-friendly (e.g. improvement suggestions/ suggestion boxes, electronic means if possible) and take into account employees' reading and language skills.

4.1 Process for recognising and rewarding positive behaviour

The principles for giving feedback for positive behaviour are in <u>Annex 2</u>. Ultimately, the aim is to develop a culture in which giving positive feedback is naturally embedded.

Each site should target positive behaviour and reward regularly. This should be done in two ways:

- Daily recognition "at work" by colleagues, front-line managers, etc. This can be simply giving feedback or considering more substantial rewards. Managers should encourage a system where positive behaviour can be recorded by everyone.
- Senior recognition. To promote leadership, it is recommended that the senior leader of
 each participating site provide an incentive, i.e. site manager, board members, selecting
 and promoting exemplary behaviour. The suggested frequency of assessment is monthly,
 but each site should review and correct this as necessary. For example, in case of
 short/dynamic projects, the frequency could be increased.

4.2 Rewards for positive safety behaviour

Providing appreciative feedback is considered a key element in promoting a positive safety culture. Its purpose is to recognise, reward and encourage employees' efforts to perform work in a way that continuously improves safety performance. As far as possible, rewards should be non-monetary.

For consistent implementation, rewards should be determined using a uniform list. Some examples of rewards are shown in the table below (Figure 2). Each site is encouraged to involve employees in the decision-making process for the most appropriate incentives.

National legislation should be taken into account when selecting awards so that the potential tax implications are properly understood.



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Category of remuneration	Description/Examples
Equivalent monetary value for individual	 Fruit/ healthy meal voucher at local canteen Safety equipment for hobbies such as protective clothing for cycling, high visibility clothing, hiking clothes Initiatives to promote sport and physical activity Small torch (LED light) Car first aid kit/ Winter car safety kit/ De-icer RWE accessories
Non-cash	 Oral expression of thanks from management/company Written expression of thanks from management/company Donations to non-profit organisations chosen by the winner Donations to community initiatives to improve the quality of life in society Free time to participate in charity events
On consistent exemplary behaviour	 Positive performance evaluation (SOR) Bonus/ additional reward

Figure 2 - Categories and examples of rewards

5 Files

Behaviours and results should be recorded and kept in the H&S management system (For NL, this can be in HSE meldpunt labelled "Safety Behaviour", with substantiation in the ticket/attachments, without mentioning the name of those involved). This should ensure that safety behaviour is handled consistently and consistently and previous results can be looked up and compared.

These results should be shared anonymously with the business unit safety adviser and also internally with colleagues within RWE Generation's units, so that consistency can be monitored and a consensus on best practice can be reached by cross-referencing other similar events.



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6 References

6.1 External documents and references

- Energy Institute Heart and Minds Programme

- HSG 48 Reduction of human error



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7 Terms and abbreviations

Term	Definition
Competence	In all situations, the health of the individual must be considered, this could be physical (sick or tired) or mental illness, work or life problems. If these factors are identified as affecting the person's "physical and mental ability", the manager should use the normal avenues of occupational health and wellbeing to find support for the person. The individual's skills and professional ability to do the job should also be considered, and if these are inadequate, the question of how the person gets to work should be raised.
Human failure	There are two main types of human error: mistakes and violations. A human error is an action or decision that was not intended. A violation is an intentional deviation from a rule or procedure. People can cause or contribute to (or mitigate the consequences of) accidents in a number of ways: By making a mistake, a person can directly cause an accident. However, it is not the intention of people to intentionally make mistakes. Workers are often "programmed to fail" by the way our brains process information, by our training, by the design of equipment and procedures and even by the culture of the organisation we work for. People can make disastrous decisions even when they are aware of the risks. We can also misinterpret a situation and therefore act inappropriately. Both can lead to escalation of an incident. On the other hand, we can intervene to prevent potential accidents.
Slip (attention failure)	A mistake a person makes when they are not paying attention. Examples include: grabbing the wrong part from a box, operating the wrong switch, flipping digits when copying numbers and mis ordering steps in a procedure. Typical slips include: performing an action too early in a procedure or performing it too late; omitting a step or series of steps of a task; performing an action with too much or too little force (e.g. tightening a bolt too hard); performing the action in the wrong direction (e.g. turning a control knob to the right instead of to the left, or turning a switch up instead of down); or doing the right thing but on the wrong object (e.g. flipping the wrong switch).
Lapses (memory laps)	Actions that did not go according to plan. Interruptions cause us to forget to perform an action, lose our place in a task or even forget what we intended to do. They can be reduced by minimising distractions and interruptions to tasks and by providing effective mnemonics, especially for tasks that take some time or involve waiting. A useful mnemonic can be as simple as a partially completed checklist posted in a clearly visible place for the person performing the task. Perhaps we can eliminate some of these mistakes through better design of equipment or tasks.
Mistakes (error)	Are actions that proceed as planned but do not achieve the desired goal. (Wrong decision or inadequate plan) Errors are a more complex type of human error where we do the wrong thing believing it to be right. Error involves our mental processes that determine how we plan, assess information, make intentions and judge consequences. There are two types of errors: rule-based errors and knowledge-based errors.
Rule-based errors	Emerge when our behaviour is based on remembering rules or familiar procedures. We are strongly inclined to use familiar rules or solutions even when they are not the most appropriate or efficient in a given case.
Knowledge-based errors	Emerge when, in unfamiliar circumstances, we need to fall back on conscious goal-setting, developing plans and procedures. Planning or problem solving requires us to reason from first principles or use analogies. Wrong diagnoses and calculations can result when we use this knowledge-based reasoning.



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Violation

Is an intentional deviation from a safety measure, rule, procedure or instruction

Violations of rules, are all deliberate deviations from rules, procedures, instructions and regulations. Breaking or violating health and safety rules or procedures is a major cause of many accidents and injuries at work. Removing safeguards on dangerous machinery or driving too fast clearly increases the risk of an accident. Health risks are also increased by breaking rules. For example, an employee in a noisy workplace who violates the on-site rules on wearing hearing protectors increases his risk of occupational deafness.

Our knowledge of why people break rules can help us assess the potential risks of violations and develop control strategies to manage these risks effectively. In the workplace, rules are broken for many different reasons. Most violations are motivated by the desire to perform the work despite prevailing constraints, objectives and expectations. Very rarely, they involve deliberate sabotage or vandalism.

Offences are divided into four different categories: unintentional, situational, optimisation and reckless. These can be routine, in that the wrong behaviour, is not noticed or is allowed and copied.

Routine violations

Routine violations can be identified by applying the substitution test - "was the observed behaviour the same as would be expected of colleagues in the same circumstances". If the answer is yes, a culture change must be brought about and the manager must do everything possible to address it. If the answer is no, and the individual has taken this action before, corrective action is needed, both for the individual himself and to identify the causes of the recidivism (repetition of offending) tolerated in the workplace. To reduce the number of routine violations, managers should:

- Take measures to increase the chances of detecting violations, e.g. through routine monitoring, observations;
- Check for unnecessary rules;
- Make rules and procedures more relevant and practical;
- Explain the reasons behind certain rules or procedures and their relevance (why is this important...);
- Improve the design factors affecting the likelihood of "corner cutting";
- Involve staff in rule-making to try to increase acceptance.

Situational violation (Contributing factors/ environment factors)

In the case of situational violations, the violation of the rule is due, for example, to work pressure such as time constraints, insufficient staff for the workload, unavailability of the right equipment or even extreme weather conditions. It may be very difficult to comply with the rule in a given situation or staff may think that the rule is unsafe or impossible in the circumstances.

Uncomfortable or painful working posture; excessively awkward, tiring or slow controls or equipment; difficulty in getting into or out of the operating or maintenance position; equipment or software that appears to be unnecessarily slow to respond; high noise levels that prevent clear communication; frequent false alarms from instruments; instruments perceived to be unreliable; procedures that are difficult to read or outdated; difficult to use or uncomfortable personal protective equipment; unpleasant environments, e.g. dust, fumes, extreme heat or cold.

To reduce these situational violations, managers should consider:

- improve the working environment; provide appropriate supervision;
- improve work design and work planning;
- establish a positive health and safety culture.

Risk assessments can help identify the likelihood of such violations. Encouraging workload reporting through open communication will also be helpful.

Situational violations also include exceptional violations, i.e. violations occur when new, unprecedented situations arise, often requiring quick decisions to be made, and the risks are not properly assessed.



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Unintentional Violation	Unintentional violations arise from procedures that people find impossible to follow, often because they are confusing, complex and ambiguous. People do not know how to apply the procedure, problems can arise from difficult language in procedures, many cross-references and the fact that procedures are not designed and written taking into account the level of users or; People act as if there is no procedure, if procedures are not available locally or if people are not sufficiently familiar with the procedures, people will act as if the rules or procedures do not exist.
Violation due to Optimisation for organisational or personal reasons	By not following the rules, sometimes the job can be done faster and easier or a thrill can be experienced. Optimisation can take place for organisational reasons. Optimising is done with the intention of achieving organisational goals, such as reducing downtime and keeping production going. This can be seen as a way to please the boss. Personal optimisation offences are committed to achieve a personal goal , such as less work or going home earlier. Rewards, such as a bonus for meeting targets, can encourage both types of optimisation. Personal optimisation offences can still be considered serious if the action also leads to consequences for others that were not taken into account.
Serious, reckless offence	The person who committed the offence did not think about the consequences or did not care. Gross negligence and sabotage can be part of this type of offence. In this case, HR procedures should be followed.



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	Positive behaviours				
	A person took a proactive action to address an unsafe situation or deviation from safe systems of work (e.g. during a safety observation, safety walk). The most common interventions relate to using appropriate personal protective equipment, using handrails when using stairs or ensuring required documentation is in place.				
Intervention	In extreme cases, these actions prevent catastrophic events. Someone acted with unusual skill or courage to bring an unexpected situation that posed a high risk back to the safety zone, or showed great anticipation to avoid such a situation. This is very closely related to "resilience", where people are willing to act in response to an anomaly even before they have fully diagnosed it, and demonstrate their ability to act correctly with great speed and sometimes even when receiving negative feedback.				
Excellent planning and risk management	A person clearly considered hazards and risks in the planning phase and decided on adequate risk mitigation measures, which led to a safer working environment while performing the task. (Preventively perform a thorough task risk analysis, conduct a proper LMRA with all involved prior to work). Examples: Elimination of work at height at the design stage; by installing additional lighting; ensuring safe access/entry to a workplace in advance;				
Creating a more effective working environment	By properly understanding how the system works, someone could suggest a significant improvement to the operations themselves or to the safety management system. Effective improvement demonstrates a high level of skill. This should be recognised and rewarded, not only for the individual, but also because it sets an example for others on how to use their expertise and insight to help everyone improve.				
Effective knowledge sharing	People took action to help others better understand and operate the system. This may be based on a self-experienced incident or on known events in the organisation or elsewhere. Sharing lessons is not only an important milestone in a professional's development, but also makes an important contribution to a safety culture. In this type of behaviour, sharing information learned from own failures/mistakes should be recognised.				
Normal behaviour	The person demonstrated the skills of the system as it is known. By the book, working safely as required. Working well with the system should not be trivialised. Recognising and rewarding this makes this way of working a desirable condition. Example 1: An employee appears to be constantly following life-saving rules.				
	Example 2: Completing the workplace risk assessment (LMRA) correctly and following it. The person exhibited a behaviour to promote a positive safety culture that did not fit into				
Other behaviour	other categories and should be further promoted. Examples are when employees: • meet or exceed targets; • make an extra effort; • helping colleagues; • overcoming an obstacle; • taking initiative; • need a confidence boost; • doing something small, but worth acknowledging; • challenging negative peer pressure; • demonstrate exemplary behaviour in relation to safety in an inspiring way.				

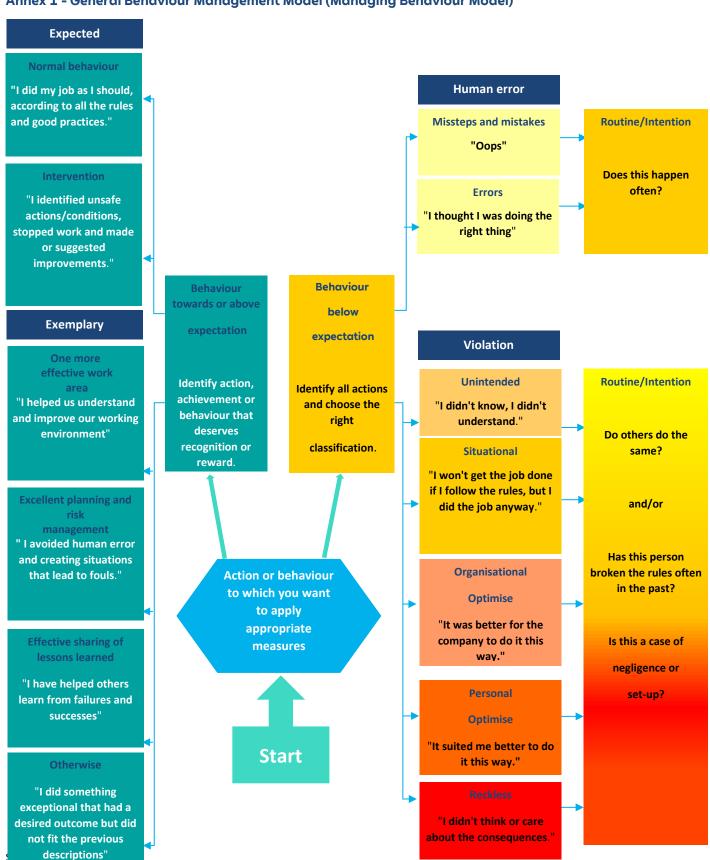


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8 Annexes

Annex 1 - General Behaviour Management Model (Managing Behaviour Model)





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Annex 2 - Guidelines for giving positive feedback

When giving feedback, the principles below should be taken into account to ensure that the feedback is more powerful:

- a) **Real** Don't praise employees lightly. People will see through you and the relationship will be ruined. Give positive feedback to your employees when you have a concrete reason. Be direct and honest.
- b) **Timely** Make sure your feedback is timely. Don't wait until a scheduled meeting or performance review to give your employees positive feedback. By waiting to give recognition to your employees, they may feel that their hard work has gone unnoticed.
- c) **Specific** Employees are more likely to learn and grow if they get specific feedback immediately. Avoid giving vague praise and say exactly what your employee has done that you find commendable. Your feedback should be crystal clear and to the point.
- d) **Focused on effort** When giving positive feedback, focus on your employees' effort and behaviour (what they do) rather than on their personality traits or talent (how they are). That way, you will encourage a growth mindset in your employees and help them build determination and resilience.
- e) **Put in a broader context** If you want to make your feedback more impactful and powerful, put your employees' performance in a broader context. Explain the impact of their performance on others and link it to business results.
- f) **Accompany with appropriate body language** Pay attention to your body language when giving positive feedback. **How** you say things is as important as **what** you say. Make sure to smile, maintain eye contact and use appropriate facial expressions and hand gestures.
- g) **Reinforce with a gesture** If you want to make your positive feedback even more powerful, reinforce it with a meaningful gesture. Think of a way to make your feedback special and celebrate your employee's success.
- h) **Personalised** Tailor your positive feedback to each of your employees. For example, some employees feel great when they receive recognition in public, while others may prefer to receive positive feedback privately. Get to know your employees and their preferences!



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Annex 3 - table of examples and measures behaviour/violation (Contractors)

Description of behaviour/ offence - examples				
Intentional destruction of protective systems and resources	1			
Being at work under the influence of illegal drugs or alcohol.	1			
Do not apply barriers, e.g. when lifting, working at height, risk of falling objects	1 2			
Unauthorised dismantling/removal/ bridging of safety devices	1 2 3			
Working without safety equipment involving exposure to falls from height	1 2			
Blocking of escape and rescue routes, access to fire extinguishers	1 2 3			
Leaving workplace with unrestricted access to installations with live parts	1 2 3			
Failure to wear prescribed personal protective equipment, wearing incorrect, or defective PPE	1 2 3			
Unauthorised modification of scaffolding	1 2 3			
Access to restricted areas / defective or unreleased scaffolding	1 2 3			
Failure to reinstate/install protective measures whose removal was temporarily authorised for the duration of the task	1 2 3			
Missing or defective covers at openings, missing railings or other safeguards against falls	1 2 3 4			
Unsafe way of hooking and lifting loads; use of faulty, untested lifting equipment/lifting gear (including crane work)	1 2 3			
Unauthorised or improper use of vehicles	2 3			
Use of damaged or unauthorised use of electrical equipment, cables, test equipment	2 3 5			
Improper use of work equipment, untested work equipment	2 3 5			
Improper handling of hazardous materials / gas cylinders (storage, transport, labelling, PPE)	2 3 4			
Endangering others through unsafe behaviour	2 3 5			
Missing or defective deposits around excavations	2 3 4 5			
Use of mobile phones or radios during work where it is not allowed (e.g.ATEX zones)	2			
Unsafe use of ladders, stairs and scaffolding, defective, untested climbing equipment	3 4			
Inadequate lighting of workstations	3			
Other offences involving increased risk	3 5			
Working without required documents such as work permit, LMRA, TRA	3 5			
Improper transport of materials and waste; Loads not secured against falling, sliding	3 4			
Inadequate cleanliness and order (including fire hazards) in the workplace	3 5			
Blocking of traffic routes (including access to workstations)	3 4			
Expired documentation and/or insufficient documentation	5			
Property damage	5			
Environmental damage	5			
Not pointing out to others if they do not follow safety rules and regulations	3 4 5			
Failure to report use of prescription/ over-the-counter drugs that may affect alertness and competence	3 4			
(Failure to supervise) Failure to enforce safety rules and regulations within the team for which one is responsible	3			
(Failure to supervise) Failure to provide/control adequate work equipment, personal protective equipment, safe access	2 3 4			
(Supervisory deficiencies) Inadequate work planning, lack of documentation	2 3			
Showing own initiative and taking action to improve H&S	6			
Timely intervention in an unsafe situation where injury or damage is almost certain to occur due to prevented	6			

Category	Proposed measures
1	Person concerned should not be allowed to continue the work and/or should be denied access to the premises for some time. Will be discussed with external management, and appropriate measures should be taken and recorded otherwise there may be consequences for future cooperation. A MAL (Notification Deviation Delivery) should be made for the company concerned.
2	Discussion with project manager and escalation to external management to take and document measures to prevent recurrence (improve education and instruction regarding overall safety). A MAL should be created for relevant firm
3	Conversation with Project leader and employee with recording of written agreement on action to be taken to prevent recurrence
4	Conversation with supervisor and person concerned, must be re-trained and retested on safety measures for the work in which the offence was committed.
5	Corrective conversation with employee and his supervisor
6	Employee is nominated to be considered for a reward or incentive scheme for positive, mean safety behaviour
	1 2 3

Whenever a deviation is found, a safety discussion should be held with the employee.

Repeated violations may result in immediate removal from the premises.

At least for category 1 and 2, the contractor's safety performance and H&S system must be examined and evaluated. In NL, according to the procurement terms and conditions that apply to contractors, a Notification of Deviation in Delivery (MAL, report on [safety] deviations) must be made.



Instruction

Annex 4 - Safety Behaviour Decision model for assessing and classifying safety behaviour

		sion model for asse		1					Ι	1
	viour Decision model -		h	-		not to follow a safety measure, pro				m at an at a
Definitions of	Exceptional behaviour/	Expected behaviour/	Unintentionally human errors		Inadvertent violation	Situational violation	Organisational Optimisation	Personal Optimisation violation	Reckless, irresponsible violation	Routine Violation
behaviour >	System improvement. An	Working according the	Slip > (No attention) An		Violations arising from	Violation where it is perceived	violation	Violation based on a desire for	violation based on a desire for	Violation that have hitherto
	employee succeeded in	system. An employee who	employee made a slip,		procedures that are impossible	as difficult to comply with the	Violation based on a desire for	perceived personal gain.	perceived personal gain	gone unnoticed or
	performing something	demonstrates the ability to			for people to follow, often	procedure or where the safety	perceived organisational gain.	This can happen if an employee	Despite awareness of the dangers	unaddressed, so they have
	exceptional. An	work with the system as it is	because he was not focused		because they are confusing,	requirements are deemed	May occur when an employee	does not follow the procedure	and risks, the decision was made	become the norm for a group.
	exceptional performance	intended indicates that he	or his attention was		complex and ambiguous.	unnecessary or impede the	takes a shortcut and does not	because it does not match their	to carry out the work or activities	It can happen when others also fai
	in the context of	is capable of completing his	distracted.		This can happen when someone is	performance of the task.	follow procedure because	personal views, opinions, goals or	in a risky manner, endangering	to follow a procedure or
	a safety culture means	assigned tasks on time and	Lapse > (omission, memory		unaware of a safety procedure,	A situational violation occurs when	otherwise the task cannot be	objectives.	one's	instruction
	that someone acted with	effectively. This also means	error) > An employee made a		has not understood it or does not	an employee has to break the	performed, is not performed on		own life or that of others or	because of a temporary situation
	unusual	that he has been able to	mistake because he forgot a		know how to apply it. Usually, the	rules to perform their assigned	time or other values or goals of		causing serious injury.	or their own interpretation of a
	skill or courage to bring an	absorb a complex set of	task or certain step in a		root cause then is a lack of	duties. This also means that	the organisation are not met			safety rule, encouraging others to
	unexpected situation that	rules and instructions,	procedure or instruction.		training or insufficient awareness.	instead of stopping work, the	(financial, downtime, operational			do it the same way or take the
	posed a high risk back to	apply them, connect them	Sometimes by interrupting his		Sometimes a procedure, rule or	employee or others continue with	or commercial reliability).			same shortcut. The original
	the safety zone, or	to his or her own	duties or being interrupted		instruction is not available for a	their duties anyway at the risk of				procedure or safe way of working
	showed that he	experience and is able to	Mistake > An employee has		specific task or situation. A hazard	violating safety rules.				is known and available, but not
	or she anticipated well to	act on them successfully.	made a mistake, but thought		may not have been identified or					used for various reasons: it is
	avoid such a situation.		he was acting correctly.		the risk may not have been					complicated, time-consuming or
			Sometimes because of his		assessed. In this case, we can say					the right tools, work equipment or
			perception of the rule, or		there was a "missing barrier".					personal protective equipment
			because he is unaware that							are not available.
			the rule has changed.							
			and the same and an angle an							
			Slip		Violation. Has the person vio	lated a safety procedure, inst	ruction, guideline or measure	in one or more of the ways list	ed below?	Possible routine (group)
Type of observed			Lapse	, 6						behavior?
behaviour >	Exceptional	Expected	Mistake	٠	1					
TEAMMEMBER?	•	Did the person exhibit the	Did the person deviate from a	1	Haintantial2	As a result of situational	Beautie of Organizational	December of Developed	Du Daaldaaanaa	Doubling / intent of violation
TEAMMEMBER?	Has the person performed	· ·			Unintential?		Because of Organisational	Because of Personal	By Recklessness,	Routine / intent of violation
	l'	expected safety	safety system, procedure,		The person was not aware of the	circumstances?	Optimisation?	Optimisation?	irresponsible behaviour?	Do others do this too?
START here	above expectations to	behaviour?	instruction or direction of his		safety procedure, instruction or	Did he believe that the safety	For a perceived gain in line with	For an alleged gain from a	Without care, with danger to self	In a way that others in the same
	improve health and		supervisor due to a slip, lapse		measure. Did not understand the	procedure was unnecessary or	other, perhaps conflicting values	personal perspective?	or others, or with intent to harm?	situation often do? Has the
	safety?		or mistake?		rules, instructions, procedures or	impeded the performance of his	of the organisation?			person/group broken the rules in
					measures, or did not know how to	duty?				the past?
	no 🔿	no 🖃	no 🖃		implement them?					
				1						
	V66	VOS	Mos							
	yes	ves	yes			1	1	1		
D	A also accide also a	-	Canadian (Canadian)		Compliant (Toulain or	Compliant Ameliana /	Canadian (anidam as (• • • • • • • • • • • • • • • • • • • •	*	0 1: " : :
Response to	Acknowledge	Encourage	Scouting/ Coaching/		Coaching/Training	Coaching/ training/	Coaching/ guidance/	Guidance/ disciplinary	Disciplinary	Coaching/training
Teammember	Respond according to	Positive reinforcement of	Training		Focus your response on removing		disciplinary	Focus response on removing	Focus response on ensuring the	Focus the response on correcting
	RWE's recognition	safe behaviour to	Focus the response on		knowledge barriers or obstacles or	Focus your response on removing	Focus response on removing	incentives to violate. For example,	integrity of our safety systems. HR	the routine violation for everyone
	guidelines. Focus the	encourage continuation of	exploring solutions that can		doing the right thing. Coach on	knowledge barriers or obstacles or	incentives to violate. For example,	are improvements needed in the	policies and procedures must be	performing the activity in the
	conversation on	desired safety behaviour.	prevent recurrence. This may		awareness and knowledge in	doing the right thing. Coach on	confirm RWE's safety values and	workplace or process? Emphasize	followed.	same way. Coach the group on
	recognizing/appreciating		include, but is not limited to,		unfamiliar situations. Consider	effective task	expectations and clearly correct	RWE safety values. Examine	Human Resources may consult	knowing the correct procedures
	the person's efforts,	immediate verbal	improving the workplace, as		whether hazards were present	planning/preparation, speak up	misconceptions.	personal value for safety (i.e., what		and speak to them when there
	actions and values in	acknowledgement/praise/	well as adjusting systems/		that were not previously identified,	when needed resources are not	Advise on balancing commercial	do these stand for and are they	necessary. In the case of a	are deviations and the procedures
	creating a safer		3 3 3						contractor, contact the	cannot be followed. Involve
	-	thank you from the	processes/ tools and tactics		or whether the rules were too	available and/or procedures	pressures with safety and	maintained). Investigate/consider		
	workplace. Consider the	thank you from the person's supervisor.			complex to apply in some	available and/or procedures cannot be followed. Coach on	pressures with safety and responsibility.	maintained). Investigate/consider trends in unsafe behavior.	company/manager.	individuals in finding a safer way to
	workplace. Consider the history of safe behavior.		processes/ tools and tactics		complex to apply in some situations. Consider whether a less	1	1	_		individuals in finding a safer way to perform the task for themselves
	workplace. Consider the		processes/ tools and tactics to address habituation.	l	complex to apply in some situations. Consider whether a less complex, safer solution can be	cannot be followed. Coach on	responsibility.	_		individuals in finding a safer way to
	workplace. Consider the history of safe behavior.		processes/ tools and tactics to address habituation. Planning safe work, identifying	l	complex to apply in some situations. Consider whether a less	cannot be followed. Coach on delaying the task until a safe	responsibility. Investigate/consider trends in	_		individuals in finding a safer way to perform the task for themselves
	workplace. Consider the history of safe behavior. Give compliments for		processes/ tools and tactics to address habituation. Planning safe work, identifying and controlling hazards and		complex to apply in some situations. Consider whether a less complex, safer solution can be	cannot be followed. Coach on delaying the task until a safe solution can be found.	responsibility. Investigate/consider trends in	_		individuals in finding a safer way to perform the task for themselves and others. Investigate trends of
	workplace. Consider the history of safe behavior. Give compliments for demonstrating effective		processes/ tools and tactics to address habituation. Planning safe work, identifying and controlling hazards and reducing interruptions that		complex to apply in some situations. Consider whether a less complex, safer solution can be found. Investigate or consider	cannot be followed. Coach on delaying the task until a safe solution can be found. Investigate/consider trends in	responsibility. Investigate/consider trends in	_		individuals in finding a safer way to perform the task for themselves and others. Investigate trends of
	workplace. Consider the history of safe behavior. Give compliments for demonstrating effective leadership behaviors and		processes/ tools and tactics to address habituation. Planning safe work, identifying and controlling hazards and reducing interruptions that disrupt work flow/ focus.		complex to apply in some situations. Consider whether a less complex, safer solution can be found. Investigate or consider	cannot be followed. Coach on delaying the task until a safe solution can be found. Investigate/consider trends in	responsibility. Investigate/consider trends in	_		individuals in finding a safer way to perform the task for themselves and others. Investigate trends of
	workplace. Consider the history of safe behavior. Give compliments for demonstrating effective leadership behaviors and		processes/ tools and tactics to address habituation. Planning safe work, identifying and controlling hazards and reducing interruptions that disrupt work flow/ focus. Investigate trends in unsafe		complex to apply in some situations. Consider whether a less complex, safer solution can be found. Investigate or consider	cannot be followed. Coach on delaying the task until a safe solution can be found. Investigate/consider trends in	responsibility. Investigate/consider trends in	_		individuals in finding a safer way to perform the task for themselves and others. Investigate trends of
	workplace. Consider the history of safe behavior. Give compliments for demonstrating effective leadership behaviors and		processes/ tools and tactics to address habituation. Planning safe work, identifying and controlling hazards and reducing interruptions that disrupt work flow/ focus. Investigate trends in unsafe		complex to apply in some situations. Consider whether a less complex, safer solution can be found. Investigate or consider	cannot be followed. Coach on delaying the task until a safe solution can be found. Investigate/consider trends in	responsibility. Investigate/consider trends in	_		individuals in finding a safer way to perform the task for themselves and others. Investigate trends of
	workplace. Consider the history of safe behavior. Give compliments for demonstrating effective leadership behaviors and		processes/ tools and tactics to address habituation. Planning safe work, identifying and controlling hazards and reducing interruptions that disrupt work flow/ focus. Investigate trends in unsafe		complex to apply in some situations. Consider whether a less complex, safer solution can be found. Investigate or consider	cannot be followed. Coach on delaying the task until a safe solution can be found. Investigate/consider trends in	responsibility. Investigate/consider trends in	_		individuals in finding a safer way to perform the task for themselves and others. Investigate trends of
Domonos to the	workplace. Consider the history of safe behavior. Give compliments for demonstrating effective leadership behaviors and		processes/ tools and tactics to address habituation. Planning safe work, identifying and controlling hazards and reducing interruptions that disrupt work flow/ focus. Investigate trends in unsafe actions.		complex to apply in some situations. Consider whether a less complex, safer solution can be found. Investigate or consider	cannot be followed. Coach on delaying the task until a safe solution can be found. Investigate/consider trends in unsafe behavior.	responsibility. Investigate/consider trends in unsafe behavior.	_		individuals in finding a safer way to perform the task for themselves and others. Investigate trends of
•	workplace. Consider the history of safe behavior. Give compliments for demonstrating effective leadership behaviors and		processes/ tools and tactics to address habituation. Planning safe work, identifying and controlling hazards and reducing interruptions that disrupt work flow/ focus. Investigate trends in unsafe actions. Does this happen		complex to apply in some situations. Consider whether a less complex, safer solution can be found. Investigate or consider	cannot be followed. Coach on delaying the task until a safe solution can be found. Investigate/consider trends in unsafe behavior. Is there any evidence that thi	responsibility. Investigate/consider trends in unsafe behavior. s was a routine action?	_	company/manager.	individuals in finding a safer way to perform the task for themselves and others. Investigate trends of
•	workplace. Consider the history of safe behavior. Give compliments for demonstrating effective leadership behaviors and		processes/ tools and tactics to address habituation. Planning safe work, identifying and controlling hazards and reducing interruptions that disrupt work flow/ focus. Investigate trends in unsafe actions. Does this happen frequently?		complex to apply in some situations. Consider whether a less complex, safer solution can be found. Investigate or consider	cannot be followed. Coach on delaying the task until a safe solution can be found. Investigate/consider trends in unsafe behavior.	responsibility. Investigate/consider trends in unsafe behavior. s was a routine action?	_		individuals in finding a safer way to perform the task for themselves and others. Investigate trends of
•	workplace. Consider the history of safe behavior. Give compliments for demonstrating effective leadership behaviors and		processes/ tools and tactics to address habituation. Planning safe work, identifying and controlling hazards and reducing interruptions that disrupt work flow/ focus. Investigate trends in unsafe actions. Does this happen frequently? Are others making the same		complex to apply in some situations. Consider whether a less complex, safer solution can be found. Investigate or consider	cannot be followed. Coach on delaying the task until a safe solution can be found. Investigate/consider trends in unsafe behavior. Is there any evidence that thi	responsibility. Investigate/consider trends in unsafe behavior. s was a routine action?	_	company/manager.	individuals in finding a safer way to perform the task for themselves and others. Investigate trends of
•	workplace. Consider the history of safe behavior. Give compliments for demonstrating effective leadership behaviors and		processes/ tools and tactics to address habituation. Planning safe work, identifying and controlling hazards and reducing interruptions that disrupt work flow/ focus. Investigate trends in unsafe actions. Does this happen frequently? Are others making the same mistake? Try to find out what		complex to apply in some situations. Consider whether a less complex, safer solution can be found. Investigate or consider	cannot be followed. Coach on delaying the task until a safe solution can be found. Investigate/consider trends in unsafe behavior. Is there any evidence that thi	responsibility. Investigate/consider trends in unsafe behavior. s was a routine action?	_	company/manager.	individuals in finding a safer way to perform the task for themselves and others. Investigate trends of
Response to the group	workplace. Consider the history of safe behavior. Give compliments for demonstrating effective leadership behaviors and		processes/ tools and tactics to address habituation. Planning safe work, identifying and controlling hazards and reducing interruptions that disrupt work flow/ focus. Investigate trends in unsafe actions. Does this happen frequently? Are others making the same mistake? Try to find out what the problem is. Find solutions		complex to apply in some situations. Consider whether a less complex, safer solution can be found. Investigate or consider	cannot be followed. Coach on delaying the task until a safe solution can be found. Investigate/consider trends in unsafe behavior. Is there any evidence that thi	responsibility. Investigate/consider trends in unsafe behavior. s was a routine action?	_	company/manager.	individuals in finding a safer way to perform the task for themselves and others. Investigate trends of
•	workplace. Consider the history of safe behavior. Give compliments for demonstrating effective leadership behaviors and		processes/ tools and tactics to address habituation. Planning safe work, identifying and controlling hazards and reducing interruptions that disrupt work flow/ focus. Investigate trends in unsafe actions. Does this happen frequently? Are others making the same mistake? Try to find out what		complex to apply in some situations. Consider whether a less complex, safer solution can be found. Investigate or consider	cannot be followed. Coach on delaying the task until a safe solution can be found. Investigate/consider trends in unsafe behavior. Is there any evidence that thi	responsibility. Investigate/consider trends in unsafe behavior. s was a routine action?	_	company/manager.	individuals in finding a safer way to perform the task for themselves and others. Investigate trends of
•	workplace. Consider the history of safe behavior. Give compliments for demonstrating effective leadership behaviors and		processes/ tools and tactics to address habituation. Planning safe work, identifying and controlling hazards and reducing interruptions that disrupt work flow/ focus. Investigate trends in unsafe actions. Does this happen frequently? Are others making the same mistake? Try to find out what the problem is. Find solutions		complex to apply in some situations. Consider whether a less complex, safer solution can be found. Investigate or consider	cannot be followed. Coach on delaying the task until a safe solution can be found. Investigate/consider trends in unsafe behavior. Is there any evidence that thi	responsibility. Investigate/consider trends in unsafe behavior. s was a routine action?	_	company/manager.	individuals in finding a safer way to perform the task for themselves and others. Investigate trends of
•	workplace. Consider the history of safe behavior. Give compliments for demonstrating effective leadership behaviors and		processes/ tools and tactics to address habituation. Planning safe work, identifying and controlling hazards and reducing interruptions that disrupt work flow/ focus. Investigate trends in unsafe actions. Does this happen frequently? Are others making the same mistake? Try to find out what the problem is. Find solutions by involving the group doing		complex to apply in some situations. Consider whether a less complex, safer solution can be found. Investigate or consider	cannot be followed. Coach on delaying the task until a safe solution can be found. Investigate/consider trends in unsafe behavior. Is there any evidence that thi	responsibility. Investigate/consider trends in unsafe behavior. s was a routine action?	_	company/manager.	individuals in finding a safer way perform the task for themselve and others. Investigate trends of



Instruction

RWE Safety Behav	viour Decision model -	· Manager		Violation: A (deliberate) decision	not to follow a safety measure, pro	cedure, standard, instruction or gu	ideline		
Definitions of	Exceptional behaviour/	Expected behaviour/	Unintentionally human errors	Inadvertent violation	Situational violation	Organisational Optimisation	Personal Optimisation violation	Reckless, irresponsible violation	Routine Violation
pehaviour >	System improvement. An	Working according the	Slip > (No attention) An	Violations arising from	Violation where it is perceived	violation	Violation based on a desire for	violation based on a desire for	Violation that have hitherto
Jenaviour >	employee succeeded in	system. An employee who	employee made a slip,	procedures that are impossible	as difficult to comply with the	Violation based on a desire for	perceived personal gain.	perceived personal gain	gone unnoticed or
	performing something	demonstrates the ability to	performed a wrong action	for people to follow, often	procedure or where the safety	perceived organisational gain.	This can happen if an employee	Despite awareness of the dangers	_
	exceptional. An	work with the system as it is	because he was not focused	because they are confusing,	requirements are deemed	May occur when an employee	does not follow the procedure	and risks, the decision was made	become the norm for a group.
	exceptional performance	intended indicates that he	or his attention was	complex and ambiguous.	unnecessary or impede the	takes a shortcut and does not	because it does not match their	to carry out the work or activities	It can happen when others also fa
	in the context of a safety	is capable of completing his		This can happen when someone is	performance of the task.	follow procedure because	personal views, opinions, goals or	in a risky manner, endangering	to follow a procedure or
	culture means that	assigned tasks on time and	Lapse > (omission, memory	unaware of a safety procedure,	A situational violation occurs when	otherwise the task cannot be	objectives.	one's	instruction
	someone acted with	effectively. This also means	error) > An employee made a	has not understood it or does not	an employee has to break the	performed, is not performed on	objectives.	own life or that of others or	because of a temporary situation
					1				
	unusual skill or courage to	that he has been able to	mistake because he forgot a	know how to apply it. Usually, the	rules to perform their assigned	time or other values or goals of		causing serious injury.	or their own interpretation of a
	bring an unexpected	absorb a complex set of	task or certain step in a	root cause then is a lack of	duties. This also means that	the organisation are not met			safety rule, encouraging others to
	situation that posed a	rules and instructions,	procedure or instruction.	training or insufficient awareness.	instead of stopping work, the	(financial, downtime, operational			do it the same way or take the
	high risk back to the	apply them, connect them	Sometimes by interrupting his	Sometimes a procedure, rule or	employee or others continue with	or commercial reliability).			same shortcut. The original
	safety zone, or showed	to his or her own	duties or being interrupted	instruction is not available for a	their duties anyway at the risk of				procedure or safe way of working
İ	that he or she anticipated	experience and is able to	Mistake > An employee has	specific task or situation. A hazard	violating safety rules.				is known and available, but not
	well to avoid such a	act on them successfully.	made a mistake, but thought	may not have been identified or					used for various reasons: it is
1	situation.		he was acting correctly.	the risk may not have been					complicated, time-consuming or
			Sometimes because of his	assessed. In this case, we can say					the right tools, work equipment or
			perception of the rule, or	there was a "missing barrier".					personal protective equipment
			because he is unaware that						are not available.
			the rule has changed.						
			eli-	Violation. Has the person vio	lated a safety procedure, inst	ruction, guideline or measure	in one or more of the ways list	ed below?	Mogelijk sprake van
			Slip			_			routinematig (groeps-)
Type of observed			Lapse						gedrag?
behaviour >	Exceptional	Expected	Mistake						900.09.
Manager?	Did the manager go	Did the manager supervise	Did the supervisor fail to	Unintentional?	Because of situational	Because of organizational	Because of personal	Because of recklessness?	Routine/intent of violation?
	beyond the expected role	the safe behavior of others	detect an employee's mistake	Was the supervisor himself also	circumstances?	optimization?	optimization?	Did the supervisor commit,	Did the leader allow
START here	model of safety behavior,	as expected and set a	or provide ineffective	unaware of the safety procedure,	Did the supervisor find the	Did the leader condone or	Did the supervisor condone,	condone or request an unsafe	unauthorized work practices
JIANT Here	or did he actively enable	good safety example?	leadership or supervision due	instruction or measure. Did he not	· ·		approve or ask for a violation of	· ·	· ·
	the improvement of		to a slip, mistake or error?	understand the rules, instructions,	procedure unnecessary or an	approve a violation of safe	safe work rules because of	act without concern for the	to exist without correction or
	safety performance of			procedures or measures, or did he	impediment to completing the		perceived personal gain?Because	risk or with intent to harm?	intervention, and do other
	others?		1	not know how to implement or	task or although he did not	organizational advantage?			leaders in the same situation
				explain them?	approve, did he fail to address		of personal optimization?		do the same?
	no 🔿			explain them:	the issues?		Did the supervisor condone,		
	yes	ves	yes	_	-		approve or ask for a violation of	_	_
	30.55	guan	3.3.3				safe work rules because of		
		•	•	*	*	*	perceived personal gain?	*	*
Response to	Acknowledge	Encourage	Scouting/ Coaching/	Coaching/Training	Coaching/ training/	Coaching/ guidance/	Begeleiding/ disciplinair	Disciplinary	Coaching/training
Manager	Respond according to	Positive reinforcement of	Training	Focus your response on removing	guidance	disciplinary	Focus response on removing	Focus response on ensuring the	Focus the response on correcting
_	RWE's recognition	safe behavior to	Focus the response on	knowledge barriers or obstacles or	Focus your response on removing	Focus response on removing	incentives to violate. For example,	integrity of our safety systems. HR	the routine violation for everyone
	guidelines. Focus the	encourage continuation of	exploring solutions to prevent	doing the right thing. Coach on	knowledge barriers or obstacles or	incentives to violate. For example,	are improvements needed in the	policies and procedures must be	performing the activity in the
	conversation on	desired safety behaviors.	a recurrence. See also	awareness and knowledge in	doing the right thing. Coach on	confirm RWE's safety values and	workplace or process? Emphasize	followed. Discuss the responsibilty	same way. Coach the group on
	recognizing/appreciating	Response will usually	Response to Team Member.	unfamiliar situations. Consider	effective task	expectations and clearly correct	RWE safety values. Examine	as a Manager to show exemplary	knowing the correct procedures
	the person's efforts,	include immediate verbal	Continue to focus on training	whether hazards were present	planning/preparation, speak up	misconceptions.	personal value for safety (i.e., what		and speak to them when there
	actions and values in	recognition/praise/thank	and coaching on effective	that were not previously identified,	when needed resources are not	Advise on balancing commercial	do these stand for and are they	this can have for his position in the	1
	creating a safer	from the supervisor. Give	leadership behaviors and best	or whether the rules were too	available and/or procedures	pressures with safety and	maintained). Emphasize showing	team	cannot be followed. Involve
	workplace. Consider the	compliments for	· ·	complex to apply in some	cannot be followed. Coach on		exemplary behavior as a leader	Human Resources may consult	individuals in finding a safer way to
	history of safe behavior.	demonstrating effective	practices. Examine trends in	situations. Consider whether a less	1	responsibility.	and what impact this can have on	with the Legal Department if	perform the task for themselves
	Give compliments for	Leadership behaviors and	unsafe behavior.	complex, safer solution can be	delaying the task until a safe	Investigate/consider trends in	a team. Analyze trends in unsafe	necessary. In the case of a	and others. Investigate trends of
	· ·	· ·			solution can be found.	unsafe behavior.	-	_	_
	demonstrating effective	practices.		found. Investigate or consider trends in unsafe behavior.	Investigate/consider trends in		behaviors.	contractor, contact the	unsafe behavior.
	leadership behaviors and			d ends in unsale benavior.	unsafe behavior.	1		company/manager.	
	practices								
					1		 		
	<u> </u>		.			↓	,	!	T
Response to the			Does this happen		Is there any evidence that thi	s was a routine action?			
-			frequently?		_	ey would in the same or a similar situ	ation?	yes -	
group	i	1	I	I]	-			
group			Are others making the same						
group (managers)			Are others making the same						
			mistake? Try to find out what						
			mistake? Try to find out what the problem is. Find solutions						
			mistake? Try to find out what						