

# Collective Agreement for Workplace Safety Measures

Date: [Insert Date]

Between:

[Company Name]

[Company Address]

AND

[Union Name]

[Union Address]

## Subject: Collective Agreement on Workplace Safety Measures

This collective agreement is made between [Company Name] and [Union Name] to ensure the health and safety of all employees. The parties agree to the following measures:

1. **Risk Assessment:** Regular risk assessments will be conducted to identify potential hazards in the workplace.
2. **Training Programs:** Mandatory safety training programs will be implemented for all employees.
3. **Safety Equipment:** Appropriate personal protective equipment (PPE) will be provided to all employees as necessary.
4. **Emergency Procedures:** Comprehensive emergency response procedures will be established and communicated to all staff.
5. **Follow-up and Review:** Safety measures will be reviewed quarterly to ensure effectiveness and compliance.

This agreement is effective as of [Effective Date] and will remain in effect until [End Date], unless modified by mutual consent of both parties.

Signed on behalf of:

[Company Representative Name]

[Title]

[Company Name]

[Signature]

[Union Representative Name]

[Title]

[Union Name]

[Signature]

Witnessed by:

[Witness Name]

[Title]

[Date]

[Signature]