

**GENERAL/MANAGEMENT/SUPERVISORY SUPPORT**

<b>PROGRAM REQUIREMENTS</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS</b>
<p>1) Is the required OSHA or DOC workplace poster displayed in your place of business as required where all employees are likely to see it?</p> <p>2) Are management officials aware of the requirement to report all workplace fatalities and any serious accidents (where 3 or more are hospitalized) to the Regional Safety Manager within 24 hours?</p> <p>3) Have management officials demonstrated an active interest in safety and health matters by defining a policy for the organization and communicating it to all employees?</p> <p>4) Have management officials designated an Area Safety Representative (ASR), in writing, or a safety committee or group that allow participating of employees in safety and health activities? designated in writing for this facility?</p> <p>5) Does management/supervisors ensure that deficiencies identified during the ASR's and RSM's inspections are corrected to ensure a place of employment which is free from recognized hazards?</p> <p>6) Does management/supervisors maintain open communication with the ASR regarding all safety concerns?</p> <p>7) Does management/supervisors ensure prompt investigation and reporting of all accidents involving their employees and send appropriate paperwork to the RSM?</p>				



### **SAFETY COUNCILS/COMMITTEES**

(If required based on size of activity and injury/illness trends and management decisions)

<b>PROGRAM REQUIREMENTS</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS</b>
1) Are members appointed in writing by management and does this include the ASR, key supervisors and a representative of the employees?				
2) Are meetings held quarterly and minutes of the meetings maintained by the ASR and copies sent to the RSM?				
3) If a field federal safety and health council is active in the local community, is the ASR encouraged to attend and become a member?				



## TRAINING

PROGRAM REQUIREMENTS	YES	NO	N/A	COMMENTS
<p>1) Is there an active management/supervisory training program available and documented to include the following requirements:</p> <p>A) Top management</p> <p>1) New employee orientation, including OSH rights and responsibilities (one hour)?</p> <p>2) Safety program annual report review (one hour per year)?</p> <p>B) Supervisors</p> <p>1) New employee orientation, including OSH rights and responsibilities (one hour)?</p> <p>2) Safety program annual report review (one hour per year)?</p> <p>3) Hearing Conservation (if applicable) (one hour per year)?</p> <p>4) Hazards of asbestos (if applicable) (one hour per year)?</p> <p>5) Respiratory protection (if applicable) (one hour per year)?</p> <p>6) Occupational safety and health topics (i.e. heat, chemicals, office safety, slip/trip/fall hazards, etc.) (½ hour per month)?</p> <p>C) Employees</p> <p>1) Same as supervisors with the exception of safety program annual report review?</p> <p>2) Any additional training in the following programs listed.</p>				



### SIGHT CONSERVATION

<b>PROGRAM REQUIREMENTS</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS</b>
<p>1) If your activity performs eye-hazardous operations has a survey of all work areas and processes been conducted to determine which job tasks are eye-hazardous, which personnel require eye protection and the type of eye protection required?</p> <p>2) Are the employees that are required to wear eye protection entered in the PPE training program listed below?</p> <p>3) Are all areas designated as eye-hazardous posted with an appropriate warning sign?</p> <p>4) Are emergency eyewash facilities meeting the requirements of ANSI Z358.1-1990 provided in all areas where the eyes of any employee may be exposed to corrosive materials? (See section on eye wash/showers)</p> <p>5) Are all employees that are required to wear protective eyewear entered into a vision screening program that consists of a vision test conducted annually?</p> <p>6) Is protective eyewear maintained in a clean and fully operational condition?</p>				



## PERSONAL PROTECTIVE EQUIPMENT (PPE) PROGRAM

(Which includes protection for eyes, ears, head, body, hands, feet)

PROGRAM REQUIREMENTS	YES	NO	N/A	COMMENTS
1) Have work processes been evaluated (hazard assessment) to identify the need for PPE?				
2) Is there an established written plan to include all work processes identified?				
3) Does all PPE conform to ANSI/OSHA standards?				
4) Are all personnel trained in:  A) When PPE is necessary? B) What PPE is necessary? C) How to properly don, doff, adjust and wear PPE? D) Limitations of PPE? E) Proper care, maintenance, useful life and disposal of the PPE?				
5) Is training documented?				
6) Is proper equipment storage provided to protect against environmental conditions which might destroy or degrade PPE?				



## INSPECTION PROGRAM

<b>PROGRAM REQUIREMENTS</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS</b>
1) Are workplace inspected at least annually?				
2) Are high hazard areas inspected more frequently?				
3) Are imminent danger situations (if any) discovered during an inspection brought to the immediate attention of the supervisor or management personnel?				
4) Are there written reports of the inspection maintained on file with the ASR for a period of five years?				
5) Is a copy forwarded to the RSM for inclusion in the activity file?				
6) Are deficiencies abated within a reasonable time frame?				
7) Is the assigned inspector a competent safety and health professional and does this individual possess the knowledge to conduct an inspection?				

 **EMPLOYEE REPORTS OF UNSAFE/UNHEALTHFUL WORKING CONDITIONS  
(HAZARD REPORTING)**

PROGRAM REQUIREMENTS	YES	NO	N/A	COMMENTS
<p>1) Are all employees encouraged to orally report unsafe or unhealthful working conditions to their immediate supervisor?</p> <p>2) Are all employees informed that they may submit a written report of an unsafe or unhealthful working condition directly to the ASR or RSM on form CD-351?</p> <p>3) Has the responder to the report filed a response in writing to the originator within 15 working days of receipt?</p> <p>4) Has management publicized the existence of the employee hazard reporting program?</p> <p>5) Does management maintain anonymity of personnel making a report if they request it?</p> <p>6) Are notices advising employees of unsafe/unhealthful working conditions and interim protective measures posted in the immediate vicinity of a hazard until it is corrected/resolved?</p>				



## RESPIRATORY PROTECTION PROGRAM

PROGRAM REQUIREMENTS	YES	NO	N/A	COMMENTS
<p>NOTE: To prevent or reduce air contamination in the workplace, engineering controls, such as enclosure or confinement of the operation, general and local ventilation and substitution of less toxic materials must be investigated. This is accomplished by obtaining an industrial hygiene survey. Only when engineering controls have been determined to be not feasible, not fully effective or are being stalled may respirators be assigned to control the exposure to eliminate the needless use of respirators. If management chooses to put employees in respirators without first obtaining an industrial hygiene survey, then a full respiratory protection program is still required.</p> <p>1) Does your facility have a worksite-specific program that describes the particular respirator selection process and how employees are to use the respirators? In addition does it include the following:</p> <ul style="list-style-type: none"><li>A) A description of the medical evaluation program?</li><li>B) A description of the fit testing protocols?</li><li>C) Proper use procedures in normal operating conditions and emergency conditions?</li><li>D) The procedures and schedules for respirator cleansing, disinfecting, storing, inspecting, repairing, discarding and maintenance?</li><li>E) The training program to inform employees of respiratory hazards to which they are or potentially are exposed?</li></ul>				





## RESPIRATORY PROTECTION PROGRAM

PROGRAM REQUIREMENTS	YES	NO	N/A	COMMENTS
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<p>F) Description of the training program including the topics covered, both initial and annual training, how the employer evaluates the employees' comprehension, and a detailed course description or checklist of training topics?</p> <p>2) If you have a voluntary respirator program are the following three steps completed:</p> <p style="padding-left: 40px;">A) Providing Appendix D of 29 CFR 1910.134 to employee?</p> <p style="padding-left: 40px;">B) Medical evaluation of fitness to wear a respirator?</p> <p style="padding-left: 40px;">C) A program to ensure proper cleaning, storage, and maintenance of respirator.</p> <p>NOTE: If the only respirators that are voluntarily worn are dust masks, the only required step is provision of Appendix D of 29 CFR 1910.134 to the employee who chooses to wear a dust mask. There are no medical limitation on the use of filtering face piece respirators when worn in a voluntary situation <b><i>WHERE RESPIRATORY HAZARDS ARE PROVEN TO NOT EXIST</i></b></p> <p>3) Is someone assigned as the qualified respiratory protection administrator for the management and administration of the line office program?</p> <p>4) If respirators are required, are the respirators, training and medical evaluations provided at "no cost" to the employee?</p> <p>5) When making respirator selections and assigning the respirators, do you provide an assortment for employee selection taking into account the hazards that are involved, humidity, climate, etc?</p>				
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**RESPIRATORY PROTECTION PROGRAM**

PROGRAM REQUIREMENTS	YES	NO	N/A	COMMENTS
<p>6) If your employees are wearing respirators in an environment that is Immediately Dangerous to Life and Health then follow 29 CFR 1910.134 (d)(2).</p> <p>7) Is the respirator medical evaluation questionnaire administered during the employees normal working hours or with the physician on a personal basis?</p> <p>8) Has the health care professional provided you with a written recommendation concerning the employee's ability to use a respirator?</p> <p>9) Is a fit test administered and passed by the employee before any tight fitting respirator is allowed?</p> <p>10) Is the fit test completed with the same make, model, style and size as that which will be worn on the job by each employee?</p> <p>11) Is the fit test completed on an annual basis? (More frequently when major facial changes or loss of weight occurs or every 6 months for lead and asbestos workers)</p> <p><b>NOTE:</b> Facial hair is prohibited on employees wearing tight fitting respirators).</p> <p>12) Is the respirator program evaluated by the employer and are work place evaluations being conducted to measure effectiveness of the program?</p>				



## RESPIRATORY PROTECTION PROGRAM

<b>PROGRAM REQUIREMENTS</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>COMMENTS</b>
13) Record keeping requirements:  A) Are medical records handled confidentially and retained for a period of 30 years after employee's employment termination? B) Do the fit test records include the employee's name or ID, type of fit test performed, respirator identification, date of test and test results for a period of one year? C) The written respirator program shall be retained by the employer and can be discarded when a new, up to date program is implemented.				



### SAFETY INSPECTION CHECKLIST

AISLES/PASSAGEWAYS/HOUSEKEEPING	YES	NO	N/A	ACTION REQ'D
<p>1) Are aisles, doorways, and corners free of obstructions to permit visibility and movement?</p> <p>2) Are materials or equipment stored in such a way that sharp projections will not interfere with the walkway?</p> <p>3) Is adequate headroom provided for the entire length of any aisle or walkway?</p> <p>4) Are changes of direction or elevations readily identifiable?</p> <p>5) Is there safe clearance for walking in aisles where motorized or mechanical handling equipment is operating?</p> <p>6) Are wet surfaces covered with non-slip materials?</p> <p>7) Are permanent aisles marked, i.e. warehouses, store rooms, machine shops?</p> <p>8) Is smoking permitted in designated areas only?</p> <p>9) Are NO SMOKING signs prominently posted in areas containing combustibles and flammables?</p> <p>10) Are washing facilities provided?</p> <p>11) Are all areas of your facility adequately illuminated?</p> <p>12) Are floor load capacities posted in second floors, lofts, storage areas?</p>				



### SAFETY INSPECTION CHECKLIST

ELECTRICAL	YES	NO	N/A	ACTION REQ'D
1) Are all electrical enclosures such as switches, receptacles, junction boxes, etc. provided with tight-fitting covers, plugs or plates?  2) Is a 36" clearance maintained in front of all power panels?  3) Are all breakers/circuits labeled according to equipment serviced?  4) Is all equipment properly grounded?  5) Are all electrical workbenches equipped with Ground Fault Circuit Interrupters (GFCI)?  6) Do electrical receptacles indicate correct polarity?  7) Ensure extension cords are not being used in place of permanent wiring?  8) Ensure only UL approved extension cords are being used?  9) Ensure no flexible cords are running through walls, floors or ceilings?  10) Do all portable electrical heaters have tip over shut-off switches?				



### SAFETY INSPECTION CHECKLIST

<b>ELECTRICAL</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>ACTION REQ'D</b>
11) Are electrical cords checked for integrity (i.e. flash guards, fraying, splicing and removed from service if integrity is compromised)?				
12) Are employees utilizing a Lock-out/Tag-Out Program when working on electrical equipment?				
13) Are there Standard Operating Procedures written for each type of operation utilizing Lock-Out/Tag-Out?				



### SAFETY INSPECTION CHECKLIST

EXITS	YES	NO	N/A	ACTION REQ'D
1) Are there at least two means of egress from the building?				
2) Are all exits marked with an exit sign and illuminated by a reliable light source?				
3) Is there clear access to all exits, at least 28"?				
4) Do all emergency exits remain unlocked or have panic hardware from the inside?				
5) Are all doors that can be mistaken for an exit marked "NOT AN EXIT"?				
6) Are emergency egress plans posted?				
7) Are the directions to exits, when not immediately apparent, marked with visible signs?				
8) Are emergency exit light tested weekly?				





### SAFETY INSPECTION CHECKLIST

<b>FIRE/LIFE SAFETY RELATED</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>ACTION REQ'D</b>
1) Are all fire extinguishers specifically located and mounted?				
2) Are all fire extinguishers visually inspected monthly and inspection tag signed by the inspector?				
3) Is there clear access to all fire extinguishers?				
4) Is there an 18" clearance maintained around sprinkler heads?				
5) Are all fire alarm switches clearly labeled?				
6) Are only non-combustible trash containers utilized?				
7) Is the fire alarm system tested and documented?				
8) Are annual fire drills completed and documented?				



### SAFETY INSPECTION CHECKLIST

FIRE/LIFE SAFETY RELATED	YES	NO	N/A	ACTION REQ'D
<p>9) Is there an Emergency Action Plan for the facility which includes:</p> <ul style="list-style-type: none"><li>A) emergency escape route and procedures?</li><li>B) procedures for employees who remain to operate or shut-down critical and sophisticated equipment?</li><li>C) procedures to ascertain that handicapped employees and/or visitors have assistance in evacuating the building?</li><li>D) procedures to account for all employees after an evacuation of a building or buildings at the site?</li><li>E) rescue and medical first aid duties to be performed and by whom?</li><li>F) the preferred means of reporting fires and other emergencies?</li><li>G) names or job titles of persons who can be contacted by employees for further information or explanation of duties under the plan?</li></ul>				



### SAFETY INSPECTION CHECKLIST

EYE WASH AND SHOWER STATIONS	YES	NO	N/A	ACTION REQ'D
1) Is there an eye wash station (plumbed or green 16 gallon portable) in all required areas (use of chemicals or caustics)?  2) Are the plumbed eye wash stations flushed for 5 minutes per week and documented on a log?  3) Are the portable eye wash stations cleaned and serviced according the manufacturer's instructions and documented on a log (normally once per month if not using anti bacterial agents)?  4) Is there clear access to all eye wash stations and showers (10 seconds or 100 feet unobstructed travel) and provide not less than 0.4 gallons of flushing time per minute for 15 minutes?  5) Are eye wash stations/showers readily identifiable by a sign?				



### **SAFETY INSPECTION CHECKLIST**

<b>MACHINERY AND RELATED EQUIPMENT</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>ACTION REQ'D</b>
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<p>1) Is there a training program to instruct employees on safe methods of machine operation?</p> <p>2) Is there a roster of personnel authorized to use the machinery posted in the immediate vicinity of the machinery?</p> <p>3) Are all machines or operations that expose operators or other employees to rotating parts, pinch points, flying chips, particulates or sparks adequately guarded?</p> <p>4) Are portable circular saws having a blade greater than 2" in diameter equipped with guards above and below the base plate or shoe?</p> <p>5) Are all wood working machinery blades provided with a guard?</p> <p>6) Are all mechanical power transmission machines provided with a power down reset switch within reach of the operator's position?</p> <p>7) Are all emergency stop buttons colored red?</p> <p>8) Are mechanical power transmission belts and pinch points guarded?</p> <p>9) Is exposed power shafting less than 7 feet from the floor guarded?</p> <p>10) Are power saws and similar equipment provided with safety guards?</p> <p>11) Are abrasive grinding wheel tool rests adjusted to within 1/8" of the periphery of the wheel and tongue guards adjusted to 1/4" of the periphery of the wheel?</p>				
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### SAFETY INSPECTION CHECKLIST

<b>MACHINERY AND RELATED EQUIPMENT</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>ACTION REQ'D</b>
12) Are bench and pedestal grinders permanently mounted to floor or work surface?				
13) Are goggles or face shields always worn when grinding?				
14) Is only non-ferrous materials used on grinder wheels?				
15) Are small hand tools inspected periodically for burred ends, cracked handles, etc?				
16) Is compressed air used for cleaning a shop reduced to less than 30 psi?				
17) Are valve protection caps in place at all times when cylinders are not in use?				
18) Are compressed gas cylinders examined regularly for obvious signs of defects, deep rusting or leakage?				
19) Are compressed gas cylinder always secured to prevent tipping or knock over?				
20) When storing cylinders inside a building, are fuel gas cylinders separated from oxidizing gases (oxygen) and combustible materials by a minimum of 20 feet?				



### SAFETY INSPECTION CHECKLIST

<b>LADDERS</b>	<b>YES</b>	<b>NO</b>	<b>N/A</b>	<b>ACTION REQ'D</b>
1) Are all ladders maintained in good condition, joints between steps and side rails tight, all hardware and fittings securely attached and movable parts operating freely without binding or undue play?  2) Are non-slip feet provided on each ladder and rung?  3) Are ladder rungs and steps free of grease and oil?  4) Are aluminum ladders used around electrical equipment?  6) Are portable metal ladders marked with signs reading "Caution - do Not Use Around Electrical Equipment" or equivalent wording?				



### SAFETY INSPECTION CHECKLIST

OFFICE SAFETY	YES	NO	N/A	ACTION REQ'D
1) Are file cabinets and storage closets arranged so drawers and doors do not open obstructing walkways?  2) Are all chairs and stools in good repair?  3) Are phone lines and electrical cords secured under desks or along side baseboards to prevent a trip hazard?  4) Are computers plugged directly into a surge suppressor and then the surge suppressor directly into the outlet?  5) Are all file cabinets, bookcases and shelving units stable?  6) Are all broken glass or plexiglass covers on desks removed/replaced?				





### SAFETY INSPECTION CHECKLIST

FORK LIFT OPERATIONS	YES	NO	N/A	ACTION REQ'D
<p>1) Are only trained personnel allowed to operate forklift trucks?</p> <p>2) Does the training program include the following:</p> <ul style="list-style-type: none"><li>A) Identifying the distinguishing features of a powered industrial truck?</li><li>B) The primary differences between automobile stability and forklift stability?</li><li>C) Locating and identifying the nameplate ID on a forklift?</li><li>D) Explaining forklift stability as it relates to:<ul style="list-style-type: none"><li>1) load height</li><li>2) load weight</li><li>3) load shape</li><li>4) load center</li><li>5) wheel base</li><li>6) ground surface</li><li>7) housekeeping practices</li></ul></li><li>E) Identifying hazards of forklift operations as they relate to:<ul style="list-style-type: none"><li>1) falling loads</li><li>2) ramps and loading docks</li><li>3) collisions</li><li>4) pedestrians</li></ul></li></ul> <p>3) Are pre-trip inspections completed and documented?</p> <p>4) Is overhead protection provided on high lift rider trucks?</p>				