

Interim Occupational Health and Safety Survey Tool - Shelters
Centers for Disease Control and Prevention

Last Updated 09/03/2005 17:00

1. Surveying Agency Data				
Agency/Organization doing the assessment		Group #	Surveyor name	
		Date of Assessment (dd/mm/yyyy)		
2. Facility Name & Spatial Data				
Location Name		Street Address		City
				State
				Zip
Location Description		Latitude/Longitude		Number of Employees
Contact:		Phone (work)	Phone (cell)	Email
Area	Assessment Item	Acceptable (yes)	Acceptable (no)	Comment
01	Are staffing levels adequate for providing shelter services?			
02	Is a program in place to provide and monitor employee Health and Safety?			
03	Is an occupational health and safety training provided to all new shelter employees and volunteers?			
04	Is there a recordkeeping system in place to collect worker illness and injury data?			<i>Method:</i>
05	Are Standard Precautions included in the orientation?			
06	Are PPE requirements included in the orientation?			
07	Are supplies of worker Personal Protective Equipment (PPE) adequate?			<i>Inadequate:</i>
08	Are procedures in place for: a. infectious waste handling b. isolation of potentially infectious patients c. handling of laundry d. cleaning the facility			
09	Are there Infection Control issues at this site? <i>If yes, describe in the comment box</i>			
10	Is there a safe system for providing food for workers?			
11	Is there a system for providing rest breaks for the workers?			
12	Are adequate hand-washing facilities provided?			
13	Is there a main safety and health concern among workers at this site? <i>If yes, describe in the comment box..</i>			
14	Is information needed about any specific occupational risk or exposures? <i>If yes, describe in the comment box.</i>			