



Safety Committee Toolkit

Prepared for:
Date:

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Our safety evaluations, reports and recommendations are made solely to assist your organization in reducing hazards and the potential of hazards and accidents. These recommendations were developed from conditions observed and information provided at the time of our visit. They do not attempt to identify every possible loss potential, hazard or risk, nor do they guarantee that workplace accidents will be prevented. These safety evaluations, reports and recommendations are not a substitute for ongoing, well-researched internal safety and risk management programs. This report does not warrant that the property inspected, and its operations are compliant with any law, rule or regulation.

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PROGRAM OVERVIEW

I. Introduction

This plan was developed to bring employees and management together to help achieve and maintain a safe and healthy workplace. The safety committee will advise management and employees on safety matters pertaining to overall company operations.

II. Objective

The objective of the safety committee is to improve health and safety in the workplace by helping to identify problems and resolve concerns. This is done, in part, by:

- Helping management identify, assess and control hazards
- Identify current employee injury trends within the organization
- Helping to establish and promote a positive safety culture
- Providing a channel of communication between management and workers
- Conducting regular inspections
- Talking with workers about health and safety concerns
- Helping management develop and monitor policies, plans and programs
- Meeting to discuss concerns and make recommendations for corrective action

III. Scope

The success of the safety committee will require representation, commitment and involvement at all levels of the organization: employees, supervisors and administration. The safety committee will elect a chairperson and the chairperson will meet with administration on a regular basis to provide an update on the progress of the committee.

IV. Purpose

The safety committee will meet at regular intervals to proactively address safety concerns, discuss accidents and preventative measures and assist management in evaluating safety policies and procedures. In addition, the committee will encourage employee involvement and promote safety in the workplace.

V. Guidelines

- a) Management will develop guidelines for the safety committee. At a minimum, the guidelines will cover:
 - Frequency of meetings
 - Time and place of meetings
 - Members (management and employee representation from all departments)
 - Attendance requirements
 - Meeting agenda topics
 - Committee members' roles and responsibilities
 - Committee members' terms
 - Meeting minutes and documentation
 - Handling of confidential information
- b) The committee and management will establish priorities for activities. Items to consider include:
 - Goals to eliminate known or potential loss sources
 - Safety education for employees, supervisors and committee members
 - Safety inspections to help identify and control workplace hazards
 - Review of facility/equipment/operational/process changes — from a safety standpoint
 - Job hazard analysis (JHA)
 - Annual review of safety policies and procedures

VI. Organization

The safety committee will be comprised of employees representing all departments of the organization as well as volunteer employee representatives elected by their peers. Management will consider rotating the employee representatives after serving on the committee for a set term. Since the safety committee needs a level of authority to correct unsafe conditions, the committee will always include a member of the management team. Members may be added or supplemented at any time based on new direction or special projects.

VII. Member Qualifications

Qualities of a strong safety committee member include, but are not limited to:

- Interested in safety and health issues in the workplace
- Respected by management and colleagues
- Displays leadership skills
- Familiar with organization's operations, policies and procedures
- Interested in the needs of the entire work force
- Willing to attend meetings and work on projects
- Receptive to new ideas

VIII. Conducting a Safety Committee Meeting

The following is a sample committee meeting process:

- Call to order
- Roll call
- Review and approve minutes of the previous meeting
- Unfinished business
- Review of accidents and determine corrective actions
- Safety education (a member will discuss a new topic at each meeting)
- Inspection and recommendation review
- New business
- Assignments for next meeting
- Adjournment

IX. Typical Safety Committee Duties/Responsibilities

The following is a list of typical safety committee duties/responsibilities.

- Safety inspections – detect unsafe physical conditions, including follow-up on past recommendations
- Accident investigations – determine specific preventative actions that have been or should be taken
- Safety committee meetings – review the two items from above and carry forward new issues brought up from a variety of sources, such as new laws, new processes, injury trends, etc.
- Injury/loss review committee – determines injury causes in a group setting with the injured employee and supervisor involved
- Job safety observations (JSO) – conduct employee observations on a wide variety of circumstances, such as new employees, follow-up on accident investigations, new processes, etc.
- Job hazard evaluations – for new or existing jobs or to comply with outside standards
 - Example: OSHA PPE standard
- Potential topics to cover with the committee and OSHA regulations:
 - Personal protective equipment (PPE)
 - Hazard communication (HAZCOM)
 - Bloodborne pathogens

- Lockout/tag out procedures
- Ergonomics
- Emergency procedures
- Housekeeping
- Other topics relevant to the health and safety of the company's employees

X. Hazard Assessment and Inspections

The committee is responsible for conducting safety and health inspections in the workplace. Self-inspections are essential in helping identify where probable hazards exist and whether they are under control. These assessments provide indication of where to begin and safety changes to implement. The checklists serve as a starting point and will likely need to be edited as the needs of the business evolve.

For assistance developing a checklist specific to the needs of your organization, contact your United Heartland loss control consultant. For more information on self-inspections, refer to the [OSHA website](#).

XI. State Requirements

To ensure your organization is compliant with state safety committee requirements, contact your Department of Labor, local OSHA office, workers' compensation board or applicable agency.

Refer to the [OSHA: Safety and Health Programs in the States White Paper](#) for additional state plan requirements.

Date Adopted

Date Revised

MEETING MINUTES

A copy of this report should be kept on file and posted in a central employee area for review.

Meeting Details			
Company Name:		Date of Meeting:	
Meeting Location:		Time of Meeting:	
Members Present:		Members Absent:	

Order of Business

	Responsible Person	Proposed Completion Date
Review of Prior Minutes		
Old Business		
•		
•		
•		
New Business		
•		
•		
•		

Facility Inspection Review		
•		
•		
•		
Incident & Injury Reports (since last meeting)		
•		
•		
•		
General Comments or Other Business		
•		
•		
•		

Date and time of next meeting:	
--------------------------------	--

Committee Chairperson Signature

Date

SELF-EVALUATION CHECKLIST

Complete this form individually or together with the committee. A 'yes' response confirms the organization is fully meeting the intent. For any items that require improvement or are not being completed, select 'no' or 'N/A' depending on which response is most appropriate. The line items defined below follow general safety committee best practices and may not include all state specific requirements.

Facility Name

Assessed By

Date

PURPOSE

The safety committee brings workers and management together in a non-adversarial, cooperative effort to promote safety and health.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
The safety committee goals and objectives aligned with corporate goals and objectives.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
The safety committee or safety meetings assist the employer in making continuous improvement to the safety and health programs.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Comments:

FORMATION AND MEMBERSHIP

The committee has equal representation of management and non-management employees.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Most of the members of the safety committee agreed on a chairperson.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Members serve a minimum of one year when possible.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Committee members represent the major activities/departments of the business.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Safety meetings held on company time.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Safety meeting attendees paid at their regular rate of pay.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Safety meetings are held at a routine frequency.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Meetings include at least one employer representative authorized to ensure correction of safety and health issues.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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Comments:

TRAINING

Committee members have been trained on the principles of accident and incident investigation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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Committee members have training in hazard identification?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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Comments:

COMMITTEE MEETINGS

Committee members provided with the meeting minutes?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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Written records of each safety committee meeting kept for three years.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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<p>Written records include each of these elements:</p> <ul style="list-style-type: none"> Names of attendees Meeting date All safety and health issues discussed, including tools, equipment, work environment and work practice hazards identified Recommendations for corrective action and a reasonable date by which management agrees to respond Person responsible for follow-up on any recommended corrective actions All reports, evaluations and recommendations made by the committee 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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Comments:

DUTIES AND RESPONSIBILITIES

The safety committee works with management to establish, amend or adopt accident investigation procedures that will identify and correct hazards.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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The safety committee has a system that allows employees an opportunity to report hazards and safety and health related suggestions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
The safety committee established procedures for reviewing inspection reports and for making recommendations to management.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
The safety committee evaluates all accident and incident investigations and makes recommendations for ways to prevent similar events from occurring.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Safety committee ensures meeting minutes are available for all employees to review.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
The safety committee evaluates management’s accountability system for safety and health and recommends improvements. Examples include use of incentives, discipline and evaluating success in controlling safety and health hazards.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Comments:

CENTRALIZED SAFETY COMMITTEE

If a centralized safety committee has been formed because the organization has multiple locations – the committee represents the safety and health concerns of all locations.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
The centralized safety committee meets the requirements for safety committees.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
The centralized safety committee has a written safety and health policy that: <ul style="list-style-type: none"> • Represents management commitment • Requires and describes effective employee involvement • Describes how the company will hold employees and managers accountable for safety and health • Explains specific methods for identifying and correcting safety and health hazards at each location • Includes an annual written comprehensive review of the committees’ activities to determine effectiveness 	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Comments:

INSPECTIONS

The safety committee established procedures for conducting workplace safety and health inspections.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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Comments:

DISCUSSION

<p>Safety committee meetings include discussions of:</p> <ul style="list-style-type: none"> • Safety and health issues • Injuries since last meeting • Incident/injury trends <p>Accident investigations, causes and suggested corrective actions</p>	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
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Comments:

OTHER

	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Notes:

HAZARD ASSESSMENT FORM

The committee is responsible for conducting safety and health inspections in the workplace. Self-inspections are essential in helping identify where probable hazards exist and whether they are under control. These assessments provide indication of where to begin and safety changes to implement. The checklists serve as a starting point and will likely need to be edited as the needs of the business evolve.

For assistance developing a checklist specific to the needs of your organization, contact you United Heartland loss control consultant. For more information on self-inspections, refer to the [OSHA website](#).

A ‘yes’ response confirms the organization is fully meeting the intent. For any items that require improvement or are not being completed, select ‘no’ or ‘N/A’ depending on which response is most appropriate.

Facility Name	
Assessed By	Date

POLICY & PROGRAM			
A formal, written safety program is in place, posted and/or issued to all employees and reviewed/updated periodically.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Safety procedures/rules are actively enforced.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Efforts are in place to identify, analyze and develop strategies for reducing or eliminating risk.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Adequate personnel have been assigned, trained and given the time needed to ensure that safety programs are supported.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Supervisors are held accountable for safety.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
An active safety committee meets regularly and has a clear mission.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
A safety coordinator has been assigned to lead committee efforts.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Safety champions have been designated for each location with assigned responsibilities.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
A formal driving policy is in place – this policy includes mandatory annual motor vehicle record checks.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
The driving policy prohibits the use of cell phone and other electronic devices while driving.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
A formal footwear policy is in place for all facilities staff.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
EMPLOYEE HIRING			
Hiring practices include job-specific screenings such as physical/functional capacity, drug screens and motor vehicle record checks.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
New employees are required to complete a comprehensive safety orientation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
EMPLOYEE TRAINING			
Supervisors receive training on topics such as impact of injuries, loss trends, as well as their roles and responsibilities in safety.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Job-specific safety training is conducted for all employees. (check all that apply):			
<input type="checkbox"/> Lockout/tagout – electrical <input type="checkbox"/> Chemical safety/safety data sheets <input type="checkbox"/> Bloodborne pathogens <input type="checkbox"/> Material handling <input type="checkbox"/> Personal protective equipment (PPE) <input type="checkbox"/> Ladder safety <input type="checkbox"/> Powered industrial truck <input type="checkbox"/> Confined space <input type="checkbox"/> Grounds equipment <input type="checkbox"/> Floor cleaning/maintenance equipment <input type="checkbox"/> Aerial lifts/scaffolding <input type="checkbox"/> Three-point contact <input type="checkbox"/> Defensive driving <input type="checkbox"/> Emergency action plans <input type="checkbox"/> Fire protection	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Safety trainings are documented for all necessary programs annually.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Employees are provided hands on, knowledge-based training at the time of hire, annually, following an incident or near miss and whenever unsafe behaviors or practices are observed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Safety communications elevate awareness about loss leaders (e.g. strains/sprains; slips, trips and falls; struck by/against injuries; motor vehicle crashes, etc.).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Employees are trained on proper accident reporting procedures.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
INJURY MANAGEMENT			
Formal accident reporting procedures are in place.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
A formal post-injury program is in place which includes a prompt reporting requirement.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Procedures are in place for thorough root cause investigation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
A process to identify and implement preventative measures and/or corrective actions has been developed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
A formal modified duty program is in place.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Guidelines for developing job-specific tasks to accommodate work restrictions are in place.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
A designated medical provider has been identified for the organization.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Designated supervisory staff maintain communication with injured workers.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Communication is planned and maintained among all parties (e.g. employer, employee, medical provider and insurance provider) to ensure efficient claim management.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
HAZARD-SPECIFIC SAFETY PROGRAMS			
The following hazard-specific safety programs and/or policies are in place (check all that apply):			
<input type="checkbox"/> Active shooter program			
<input type="checkbox"/> Behavior management program			
<input type="checkbox"/> Footwear policy			
<input type="checkbox"/> Winter safety program	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Fleet safety program			
<input type="checkbox"/> Athletic participation policy			
<input type="checkbox"/> Contractor safety policy			
<input type="checkbox"/> Chemical hygiene program			
A process for equipment safety assessment (donation, installation, relocation and/or modification) is in place.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
JOB-SPECIFIC EXPOSURES			
Manual Material Handling			
Vendors are responsible for delivering products to designated storage areas.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Employees are required to use appropriate equipment for specific tasks (e.g. desk/chair movers, carts, dollies, pallet jacks, forklifts, etc.).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Team lift criteria in place for any large, awkwardly shaped items or when requested.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Items that weigh 25 lbs. or more are stored at waist height.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Personal protective equipment is provided to employees when needed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Physically challenging tasks have been eliminated or are controlled (check all that apply):			
<input type="checkbox"/> Lifting overfilled trash containers/bags			
<input type="checkbox"/> Lifting trash containers/bags over shoulder height into dumpster			
<input type="checkbox"/> Cafeteria tables – lifting/moving alone	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Lifting items in excess of 50 lbs.			
<input type="checkbox"/> Food or supplies handling and transport			
<input type="checkbox"/> Other (specify):			
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
JOB-SPECIFIC EXPOSURES			
Slips/Trips/Falls			
Employees are required to wear slip-resistant footwear.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Manufacturer instructions for floor cleaning products are followed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Floors are regularly inspected and thoroughly cleaned to remove water, grease, spilled food products, condensation or other liquids.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
The following are readily available to remove slip/fall exposures (check all that apply):			
<input type="checkbox"/> Mops/squeegees	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

<input type="checkbox"/> Floor fans			
<input type="checkbox"/> Wet/dry vac			
<input type="checkbox"/> Caution signs			
<input type="checkbox"/> Anti-slip mats			
<input type="checkbox"/> Step ladder/step stools			
<input type="checkbox"/> Anti-slip floor mats			
<input type="checkbox"/> Step stools/ladders/mobile stairs			
<input type="checkbox"/> Traction control devices (snow/ice)			
Wet floor signs are conveniently stored in kitchen and common areas available for use.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
A snow/ice removal program is in place and includes formal inspection process.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Motorized snow removal equipment is provided and used.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Interior and exterior site inspections are conducted to identify slip, trip, and fall hazards.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Approved ladders are provided to staff and required when working at heights.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Ladders are inspected prior to each use and removed from service if defects are found.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Approved steps stools are conveniently stored and available for use.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
A written fall prevention plan is in place and enforcing appropriate equipment to be used when working at heights (e.g. bulb/fixture replacement, HVAC filter changes, orchestra pits, stages, catwalks, balconies, loading docks, etc.).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
JOB-SPECIFIC EXPOSURES			
Lacerations/Punctures			
Cut-resistant gloves are required when working with sharp objects.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Appropriate tools and equipment are provided and used for the task.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Tools and equipment are inspected.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Saws and related mechanical devices are inspected and properly guarded.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Broken glass or other sharp objects are stored in separate containers for disposal.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Box cutters with retractable blades are provided/used.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
JOB-SPECIFIC EXPOSURES			
Chemical Safety			
Personal protective equipment is provided/used when working with chemicals.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Only approved chemicals are allowed onsite.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Chemicals are used according to manufacturer specifications.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
A Certified Pool Operator (CPO) is on staff.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

JOB-SPECIFIC EXPOSURES

Driver Safety

The organization maintains a formal list of qualified drivers.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Vehicles are inspected and part of a preventive maintenance program.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Equipment is provided to staff who make deliveries, such as lift gates, ramps, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

JOB-SPECIFIC EXPOSURES

Bloodborne Pathogens

The following are available and readily accessible in the event of an emergency (check all that apply):			
<input type="checkbox"/> Sharps containers			
<input type="checkbox"/> First-aid kit			
<input type="checkbox"/> PPE (e.g., latex gloves, goggles, pocket masks, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Fire extinguishers			
<input type="checkbox"/> Eyewash stations			
<input type="checkbox"/> AED			
<input type="checkbox"/> Other (specify):			
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

OTHER

	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Notes: