
(Company Name)

HEALTH AND SAFETY PLAN

INDEX

- I Safety Policy Statement**
- II Accident/Injury Analysis Component**
- III Safety Program Recordkeeping Component**
- IV Health and Safety Education and Training Component**
- V Safety Inspection Component**
- VI Accident Investigation Component**
- VII Health and Safety Plan Review**

- Appendix A Safety Training Attendance List**
- Appendix B Inspection Form**
- Appendix C Safety Hazard Report**
- Appendix D Vehicle Inspections**
- Appendix E Accident Investigation Form**
- Appendix F Annual Health and Safety Plan Review**

I **Safety Policy Statement**

It is the policy of this company to work continually toward improving our Safety Policy, as well as our safety procedures.

It is the company's intent to provide a safe working environment in all areas, for all employees. Accident and injuries are prevented by controlling the work environment and the actions of employees. Therefore, safety will take precedence over expediency or shortcuts. Every attempt will be made to reduce the possibility of accident occurrence. Protection of employees, the public, and company property and operation is paramount. Management considers no phase of the operation more important than the health and safety of the employee.

Employee safety is to be the first consideration in the operation of the business. Safe practices on the part of the workers must be part of all operations. Employees must understand their personal responsibility for the prevention of injuries on and off the job. Accident prevention and efficient production go hand-in-hand. All injuries can and should be prevented!

Management will continue to be guided and motivated by this policy, and with the cooperation of all employees, will actively pursue a safer working environment throughout the company.

(Management)

Assignment of Responsibilities

The _____ will be the primary person responsible for the implementation and enforcement of the Company Safety Policy.

In the absence of the _____, the _____ will assume the responsibility for enforcing the program.

Additionally, the _____ will be responsible for all documentation and records developed as a result of safety training, meetings, accident investigations and hazard reports required by this plan.

II Accident/ Injury Analysis Component

The _____ (management) and _____ will review and maintain all accident investigation reports, hazard reports, incident reports, inspection reports, the OSHA 300 log, and the loss run (from your insurance carrier or TPA) on a _____ (monthly/ quarterly/ annual) basis, or as needed, to determine any trends in accidents or hazards that may be developing.

The _____ will recommend corrective actions to be taken to prevent recurrence of similar accidents or hazards. The _____ will be responsible for implementing corrective actions and for tracking the status of the corrective actions.

Documentation of these reviews will be retained by the _____ for a period of 12 months.

III Safety Program Recordkeeping Component

The _____ will be responsible for maintaining all documentation of training, accident reports, OSHA logs, hazard reports, incident reports, the loss run (from your insurance carrier or TPA) and any other documentation incidental to the implementation of this Health and Safety Plan.

Blank forms for all safety related training and documentation will be available in the _____.

Injury Records:

An injury log will be maintained in the _____. Injuries will be recorded on an OSHA 300 log, or equivalent, within 24 hours of being reported.

The summary portion of the OSHA 300 log will posted from February 1st to April 30th each year in a place where employee notices are normally placed.

Injury records will be retained for a period of five (5) calendar years.

Inspection Records will be kept in the _____.

Safety Meetings/ Training Records will be kept in the _____.

Accident Investigation Records will be kept in the _____.

IV Health and Safety Education and Training Component

The _____ will be responsible for identifying the education and training needs of this facility on an annual basis.

Employees will attend monthly safety meetings/training which will be conducted by the _____. All employees will attend the following training:

*****List training topics that address the injuries that this business has had and any other topics applicable for this business.***
(If you don't know what those topics should be, contact your APSS.)**

New employee orientation will include all of the above - mentioned health and safety training topics.

Refresher training on these health and safety topics will be given as needed.

Safety meetings and safety training will be documented and records will be maintained by the _____ for a period of 24 months or as required by law or directives.

Documentation will include:

- 1) Date of training,
 - 2) Name of trainer,
 - 3) Subject(s) covered, and
 - 4) Attendance roster with employees' signatures.
- (see Appendix A)

V Safety Inspection Component

The _____ will be responsible for conducting and documenting _____ (weekly or monthly) safety inspections within the facility. Items to be checked are listed on the appropriate Inspection Form (see Appendix B).

*****Choose the appropriate inspection form for your type of business.***
(Select only one or two of the attached inspection forms. If you don't know which form is appropriate for your type of business, contact your APSS.)**

Records of all inspections will be kept by the _____

Employees are responsible for inspecting their work stations for potential hazards. (see Appendix C) Potential and/or real hazards will be reported in writing to the _____.

The _____ will recommend corrective actions to be taken.

Reports will be filed in a log and maintained in the _____ until all discrepancies are corrected or at least 12 months, whichever is longer.

Documentation will include:

- 1) Date of inspection,
- 2) Name of inspector,
- 3) Discrepancies found,
- 4) Person responsible for corrections, and
- 5) Estimated date of corrections.

Documentation of these inspections will be kept by the _____
_____ for a period of 12 months.

***** (If applicable, any vehicles being operated will be inspected thoroughly by the driver before use.) (see Appendix D)*****

VI Accident Investigation Component

An accident can be defined as any occurrence that interrupts or interferes with the orderly progress of the job and usually occurs suddenly and unexpectedly. Some accidents involve human injury. Accidents arise from a combination of unsafe acts and unsafe conditions.

The intent of an accident investigation should be to determine what basic condition or act caused the accident so corrective measures can be taken to prevent reoccurrence and not to identify the guilty party.

Accidents should be investigated as soon as possible and at least within the first 24 hours of the occurrence. The sooner the information is gathered, the more accurate the facts will be.

Accident Investigation Procedures:

- 1) Investigations are required on all accidents, including those “near misses” not producing injuries. “Near misses” will be documented on an accident report and forwarded to the _____ and _____ for review. “Near misses” are reviewed to determine if a recurring hazard exists. Therefore, they must be thoroughly investigated and reported. Accidents that do not produce injury have probably produced other job hindrances, such as delays, damaged material, damaged equipment, etc.
- 2) All accidents are to be investigated and documented by the _____ (management) and _____ of the employee involved. Investigations will be conducted as soon as possible, but no later than 24 hours after the accident.
- 3) Accident reports will be forwarded to the _____ and _____ for review. All incident reports, hazard reports, accident investigation reports and inspection checklists will be reviewed by company management to determine if trends are occurring.
- 4) The steps for a thorough and effective investigation include:
 1. Interview the employee(s) involved, if possible, to evaluate the situation and potential liability.
 2. Have the involved employee(s) step through the sequence of events of the accident.
 3. Locate, interview and get statements from any witnesses.
 4. Gather facts about the investigation (who, what, where, how, why).
 5. Evaluate any evidence found at the scene and reconstruct events.

6. Take pictures or draw diagrams of the accident scene. Don't rely on memory - accident scenes change.
 7. Do not disturb the accident scene until you are satisfied with the investigation.
 8. Before leaving the scene of the accident, warn, protect and/or repair any exposure areas to prevent another accident from occurring.
 9. Re-interview the involved employee(s) or witnesses, if necessary.
 10. Prepare a written detailed report before leaving for the day.
 11. Recommend corrective actions.
 12. Follow-up on the recommendations to ensure the corrective actions have been implemented.
 13. Double check the corrective action(s) to ensure they are effective.
- 5) Once the investigation is completed, it must be directed to the appropriate person for review. The review committee will consist of the following:
1. Immediate supervisor of employee involved,
 2. _____ or _____, and
 3. Others, as deemed necessary by the _____
_____.
- 6) Each person in the review process is responsible for assuring thorough investigations and following up on corrective action(s) to make sure it is (they are) effective
- 7) Written accident investigation reports will be filed in a log in the _____ where it is available for review. The accident investigation process is documented by the _____ and will be retained for a period of 24 months or as required by law or directives. (see Appendix E)

VII Health and Safety Plan Review

The _____ (management) and _____ will review the Health and Safety Plan on an annual basis.

This review will be to determine if all areas of exposure are addressed in the Health and Safety Plan. Any new hazards identified during the review will be included in the Health and Safety Plan and employees will receive immediate training when required.

Annual reviews will be documented showing date of review and any new areas of exposure identified. Documentation will be maintained by the _____ . (see Appendix F)

Appendix B

SELF-INSPECTION FORM

Date of Inspection: _____

Location or Departments Inspected: _____

Signature: _____

	<u>Yes</u>	<u>No</u>	<u>Date Corrected</u>
1. Housekeeping - Is the work area clean and orderly?	<input type="checkbox"/>	<input type="checkbox"/>	_____
2. Floors - Are floors in good condition - smooth, clear surfaces, without holes, cracks, or humps?	<input type="checkbox"/>	<input type="checkbox"/>	_____
3. Aisles - Are aisles and passageways clear, dry, and free of tripping hazards?	<input type="checkbox"/>	<input type="checkbox"/>	_____
4. Stairways - Are stairs in good condition, with handrails, and adequate lighting?	<input type="checkbox"/>	<input type="checkbox"/>	_____
5. Storage - Are materials, products, or supplies properly and safely stored to a workable height?	<input type="checkbox"/>	<input type="checkbox"/>	_____
6. Ladders - Are ladders provided where needed, of standard construction, and in good physical condition?	<input type="checkbox"/>	<input type="checkbox"/>	_____
7. Machines & Equipment - Are machines and equipment in safe operating condition? Are the necessary guards provided and used?	<input type="checkbox"/>	<input type="checkbox"/>	_____
8. Hand Tools - Are the right tools for the job being used? Are they in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	_____
9. Electrical - Are all required grounds provided on power tools and extension cords? Is equipment in good operating condition?	<input type="checkbox"/>	<input type="checkbox"/>	_____
10. Lighting - Is adequate lighting provided in all work areas?	<input type="checkbox"/>	<input type="checkbox"/>	_____
11. Eye Protection - Are all employee provided with suitable eye protection when around operations that produce flying particles?	<input type="checkbox"/>	<input type="checkbox"/>	_____
12. First Aid - Are first aid supplies provided if needed?	<input type="checkbox"/>	<input type="checkbox"/>	_____
13. Fire Extinguishers - Are fire extinguishers easily accessible, unblocked, and properly serviced?	<input type="checkbox"/>	<input type="checkbox"/>	_____
14. Entrances - Are entrances kept dry or provided with nonskid mats?	<input type="checkbox"/>	<input type="checkbox"/>	_____
15. Exits - Are emergency exits marked, clear, and easily accessible? Are exit doors unlocked and do they swing toward the outside?	<input type="checkbox"/>	<input type="checkbox"/>	_____
16. Exterior (sidewalks, parking lots, etc.) - Are sidewalks and parking lots smooth and free of cracks, holes, and tripping hazards?	<input type="checkbox"/>	<input type="checkbox"/>	_____
17. Training - Are all employees trained in proper lifting techniques and material handling?	<input type="checkbox"/>	<input type="checkbox"/>	_____
18. Signs - Are safety instructions and warning signs posted where needed?	<input type="checkbox"/>	<input type="checkbox"/>	_____

Deficiencies: _____

Appendix B

CONSTRUCTION JOB SELF-INSPECTION FORM

Person conducting inspection _____ Date of inspection _____

Job _____ Location _____

Description of job _____

EXPOSURES	N/A	Sat.	Needs Action	EQUIPMENT	N/A	Sat.	Needs Action
1. Job site protection	___	___	___	15. Ladders	___	___	___
2. Bldg. perimeter guarded	___	___	___	16. Scaffolds	___	___	___
3. Floor and roof openings guarded	___	___	___	17. Material Hoists	___	___	___
4. Adjacent properties	___	___	___	18. Manhoists	___	___	___
5. Fire protection	___	___	___	19. Rampways	___	___	___
6. Traffic control and posting	___	___	___	20. Shoring	___	___	___
7. Compressed gas cylinders	___	___	___	21. Power tools	___	___	___
8. Flammables	___	___	___	22. Hand tools	___	___	___
9. Blasting	___	___	___	23. Salamanders	___	___	___
10. Lasers	___	___	___	24. Equipment guards	___	___	___
11. Excavation /Trenching	___	___	___	25. Equipment maintenance	___	___	___
12. Underground	___	___	___	26. Operating rules posted	___	___	___
13. Demolition	___	___	___	27. Cranes/Booms	___	___	___
14. _____	___	___	___				
PERSONAL PROTECTIVE EQUIP.	N/A	Sat.	Needs Action	HOUSEKEEPING.	N/A	Sat.	Needs Action
28. Hard hats	___	___	___	40. Debris cleanup	___	___	___
29. Safety shoes	___	___	___	41. Debris removal	___	___	___
30. Safety glasses	___	___	___	42. Material storage	___	___	___
31. Gloves	___	___	___	Miscellaneous			
32. Lifelines	___	___	___	43. Access to jobs	___	___	___
33. Safety nets	___	___	___	44. Nails in lumber	___	___	___
34. Hearing protection	___	___	___	45. Protruding rods or wire	___	___	___
35. Rain gear	___	___	___	46. Form stripping	___	___	___
36. Safety signs posted	___	___	___	47. Electrical wiring	___	___	___
37. Illumination	___	___	___	48. _____	___	___	___
38. Ventilation	___	___	___	49. _____	___	___	___
39. _____	___	___	___				
MANAGEMENT	Sat.	Needs Action	RECOMMENDATIONS				
50. Accident investigation	___	___	No recommendations				
51. Job site safety meetings	___	___	Recommendations listed below				
52. First Aid	___	___					
53. Adequate supervision	___	___	Recommendations discussed				
54. Control of subs	___	___	Recommendations not discussed				
55. _____	___	___	In compliance				

RECOMMENDATIONS: _____

Appendix B

GENERAL INDUSTRY SELF-INSPECTION FORM

Person conducting inspection _____ Date of inspection _____

Name of facility _____ Location _____

Description of operations _____

EXPOSURES	N/A	Sat.	Needs Action	EQUIPMENT	N/A	Sat.	Needs Action
1. Fire protection	___	___	___	15. Ladders	___	___	___
2. Compressed gasses	___	___	___	16. Material Hoists	___	___	___
3. Flammables	___	___	___	17. Rampways	___	___	___
4. Hazardous waste	___	___	___	18. Power tools	___	___	___
5. Welding/cutting	___	___	___	19. Hand tools	___	___	___
6. Chemicals	___	___	___	20. Salamanders	___	___	___
7. Exits	___	___	___	21. Equipment guards	___	___	___
8. Walking surfaces	___	___	___	22. Equipment maintenance	___	___	___
9. Floor landings	___	___	___	23. Operating rules posted	___	___	___
10. Railings	___	___	___	24. Powered industrial trucks	___	___	___
11. Stairs	___	___	___	25. Utilities: gas or electric	___	___	___
12. Spray finishings	___	___	___	26. _____	___	___	___
13. Fleet of vehicles	___	___	___				
14. _____	___	___	___				
PERSONAL PROTECTIVE EQUIP.	N/A	Sat.	Needs Action	HOUSEKEEPING.	N/A	Sat.	Needs Action
27. Hard hats	___	___	___	38. Debris cleanup	___	___	___
28. Safety shoes	___	___	___	39. Debris removal	___	___	___
29. Safety glasses	___	___	___	40. Material storage	___	___	___
30. Gloves	___	___	___	Miscellaneous			
31. Respiratory protection	___	___	___	41. Hazard Communication	___	___	___
32. Hearing protection	___	___	___	42. Bloodborne Pathogens	___	___	___
33. Safety signs posted	___	___	___	43. Confined Spaces	___	___	___
34. Illumination	___	___	___	44. Lockout/Tagout	___	___	___
35. Ventilation	___	___	___	45. Records	___	___	___
36. Eye wash/shower	___	___	___	46. _____	___	___	___
37. _____	___	___	___	47. _____	___	___	___
MANAGEMENT	Sat.	Needs Action		RECOMMENDATIONS			
48. Accident investigation	___	___		No recommendations			
49. Management involvement	___	___		Recommendations listed below			
50. First Aid	___	___					
51. Adequate supervision	___	___		Recommendations discussed			
52. Control of subs	___	___		Recommendations not discussed			
53. _____	___	___		In compliance			

RECOMMENDATIONS: _____

Appendix B

GROCERY STORE INSPECTION CHECKLIST

Name of Grocery Store _____ **Location** _____

Name of Inspector _____ **Date** _____

RECEIVING AREA	OK	Needs Improvement	Date of Correction
1. Are stairs and handrails to loading dock or other food and beverage areas in good condition?			
2. Are floors in a safe condition and free from tripping hazards, such as broken tiles, defective flooring, etc.)?.			
3. Are employees using correct handling methods for various containers (sacks, boxes, etc.) that are received?			
4. Are adequate tools (hammers, wire cutters, cardboard carton openers and pliers) available for opening crates, barrels, cartons, etc.?			
5. Are truck trailers adequately chocked while loading and unloading?			
STORAGE AREAS, ATTIC	OK	Needs Improvement	Date of Correction
1. Are floors clean, dry and in good condition?			
2. Are aisles free of boxes or clutter?			
3. Are electrical panels accessible and properly labeled?			
4. Are doors and latches working properly?			
5. Are products or supplies properly stored? (Light items on top, arranged to avoid toppling.)			
6. Is shelving in good condition?			
7. Are combustibles kept away from heat sources? (Heating unit, hot water tank, electrical boxes, etc.)			
8. Are outlets, switches and electrical components working properly?			
9. Are ladders in good condition and properly stored?			
10. Are chemicals separated from foodstuffs?			
11. Is trash compactor in good repair?			
12. Is first aid kit adequately stocked and accessible?			
13. Are lights working properly?			

FREEZERS	OK	Needs Improvement	Date of Correction
1. Are floors in walk-in freezers free of ice?			
2. Is the emergency interior door latch of the walk-in freezer or refrigerator in good working order?			
3. Are the walk-in boxes equipped with an alarm bell button for people accidentally locked in the freezer?			
FOOD PREPARATION AND COOKING AREA	OK	Needs Improvement	Date of Correction
1. Are floors clean, dry and in good condition?			
2. Are aisles free of clutter?			
3. Are drain screens being cleaned regularly?			
4. Are doors and latches working properly?			
5. Is food preparation and storage equipment in good repair?			
6. Is grill and fryer exhaust system clean and in good repair?			
7. Has the fire extinguishing system been inspected and serviced within last 6 months? (Check tags)			
8. Have portable fire extinguishers been inspected and serviced within last year? (Check tag and gauge.)			
9. Are combustibles kept away from heat sources? (Ovens, grill, fryer, toaster, etc.)			
10. Are outlets, switches and electrical components working properly?			
11. Are lights working properly?			
DINING AND RESTROOM AREAS	OK	Needs Improvement	Date of Correction
1. Are floors clean, dry and in good condition?			
2. Are highchairs, tables and seating in good condition?			
3. Are floor mats in good condition? (Lay flat, smooth edges)			
4. Is product display equipment in good repair? (½ gallon cases, shelving, cooler doors, etc.)			
5. Are exit signs illuminated?			
6. Are outlets, switches and electrical components working properly?			
7. Are fixtures in restrooms in good condition?			
8. Are lights working properly?			
EXTERIOR (WALKWAYS AND PARKING LOT)	OK	Needs Improvement	Date of Correction
1. Are sidewalks and curbs in good repair?			
2. Is landscaping trimmed away from walks and to eliminate possible hiding places?			
3. Is the parking lot free of pot holes or tripping hazards?			
4. Is the dumpster area in good condition?			

5. Is the garden hose properly stored?			
6. Are outside lights working properly?			
SAFE WORKING PRACTICES	OK	Needs Improvement	Date of Correction
1. Do employees demonstrate a team approach in preventing accidents?			
2. Are spills or dropped items cleaned up promptly?			
3. Are "Wet Floor" warning signs displayed when needed?			
4. Are employees wearing proper footwear?			
5. Are floors thoroughly cleaned at closing?			
6. Are employees instructed in proper lifting techniques?			
7. Do employees "practice" proper lifting techniques?			
8. Are all cleaning supplies properly labeled?			
9. Do employees know where Material Safety Data Sheets are kept?			
10. Do employees practice safe ladder usage?			
11. Do employees use mechanical hand when changing marquee?			
12. Are proper posters displayed? (OSHA, Workers' Compensation, etc.)			
13. Have all maintenance issues been reported as required?			
14. Other:			
FOLLOW-UP		YES	NO
1. Have the hazards that were identified last month been corrected? (If "NO", specify which hazards below.)			
2. Have maintenance-related items been reported, called in or entered on the store computer?			
3. Have unsafe practices been addressed with all employees?			
4. Comments: (Describe all areas that have been marked "Needs improvement")			

Appendix B

HOTEL INSPECTION CHECKLIST

Hotel Name _____ Location _____

Name of Inspector _____ Date _____

PARKING LOTS:

	Yes	No	Comments/ Correction Date
1. Is the garage/lot well-lighted?	---	---	-----
2. Is the parking surface smooth and free of tripping hazards?	---	---	-----
3. Is the garage/lot periodically inspected to detect hazards?	---	---	-----
4. Are parking lanes and directional signage readily visible?	---	---	-----
5. Does signage include a notice about valuables?	---	---	-----
6. Are curbs, sidewalks, speed bumps, tire stops and handicapped spaces clearly visible and in good repair?	---	---	-----

FRONT DRIVE/HOTEL ENTRANCE:

	Yes	No	Comments/ Correction Date
1. Is the drive surface smooth and free of tripping hazards?	---	---	-----
2. Is the area kept clear for emergency vehicles?	---	---	-----
3. Are changes in elevation (i.e. curbs, handicapped ramps) clearly marked to avoid tripping?	---	---	-----
4. Are entrance doors operating properly and are they free of sharp edges?	---	---	-----
5. Are procedures for addressing inclement weather conditions in evidence?	---	---	-----
6. Is appropriate signage in place and conspicuous?	---	---	-----
7. Is the threshold plate firmly in place with no sharp edges or protrusions?	---	---	-----
8. Are glass windows near entrance doors clearly marked to distinguish them from the doors?	---	---	-----
9. Are door closing mechanisms operating properly?	---	---	-----
10. Are security cameras correctly aimed and functioning properly?	---	---	-----
11. Is the night time door lock mechanism functioning properly?	---	---	-----

HOTEL LOBBY:

	Yes	No	Comments/ Correction Date
1. Is all carpet free of snags and tears?	---	---	-----
2. Are other walking surfaces (tile, marble, wood) in good condition and free of slipping/tripping hazards?	---	---	-----
3. Is general area free of obstructions and obstacles?	---	---	-----

4.	Are traffic pathways unobstructed?	---	---	-----
5.	Are front desk security cameras (if used) correctly aimed, functioning properly and connected to a VCR?	---	---	-----
6.	Are floor surfaces free of hazards?	---	---	-----

OTHER PUBLIC PLACES:

		<u>Yes</u>	<u>No</u>	<u>Comments/ Correction Date</u>
1.	Are fire exits clearly marked and unobstructed?	---	---	-----
2.	Are exit signs fully illuminated (two bulbs operating)?	---	---	-----
3.	Are handrails provided on all stairways?	---	---	-----
4.	Are stairways, hallways, ramps, etc., adequately illuminated?	---	---	-----
5.	Is general signage clear?	---	---	-----
6.	Are transition areas from carpet to hard surfaces smooth?	---	---	-----
7.	Are changes in elevation clearly marked?	---	---	-----
8.	Are doors leading to hotel service areas properly marked to indicate "employees only"?	---	---	-----
9.	Are doors to restricted areas locked?	---	---	-----
10.	Are fire extinguishers in good condition, unobstructed and clearly visible?	---	---	-----
11.	Are emergency lighting units correctly aimed and functioning properly?	---	---	-----

MEETING FACILITIES:

		<u>Yes</u>	<u>No</u>	<u>Comments/ Correction Date</u>
1.	Are room doors locked, with lights out, when rooms are not in use?	---	---	-----
2.	Are exit signs fully illuminated (two bulbs operating)?	---	---	-----
3.	Are fire exits visible, unobstructed and operable from the inside?	---	---	-----
4.	Is carpet free of snags and tears?	---	---	-----
5.	Are floor surfaces clean?	---	---	-----
6.	Are all electrical cords taped down to prevent tripping hazards?	---	---	-----
7.	Are rooms inspected for safety prior to use?	---	---	-----
8.	Are chairs, tables, risers, platforms and steps inspected prior to use?	---	---	-----
9.	Are risers and platforms set up in such a manner as to prevent falls in any direction?	---	---	-----
10.	Are riser steps free of defects, secure and steady?	---	---	-----
11.	Are service (non-exit) doors clearly marked?	---	---	-----
12.	Are service doors marked for IN and OUT?	---	---	-----
13.	Are normal traffic pathways clear and unobstructed?	---	---	-----
14.	Is illumination adequate?	---	---	-----
15.	Are bus areas clean and free from hazards?	---	---	-----
16.	Do employees know how to clean up spills properly and is equipment for doing so provided?	---	---	-----
17.	Have employees been instructed in the Heimlich Maneuver?	---	---	-----

KITCHENS:

	<u>Yes</u>	<u>No</u>	<u>Comments/ Correction Date</u>
1. Are all areas well-lighted?	---	---	-----
2. Are light fixtures protected to prevent damage?	---	---	-----
3. Is the floor surface clean and free of chips, cracks or loose tiles?	---	---	-----
4. Is the floor cleaned during serving hours?	---	---	-----
5. Are aisles clear and unobstructed?	---	---	-----
6. Are electrical panels clearly marked, closed and unobstructed?	---	---	-----
7. Are hood systems cleaned daily, and are filters in place?	---	---	-----
8. Is the extinguishing system in the hood inspected and tested every six months?	---	---	-----
9. Are fire extinguishers properly mounted, easily visible and serviced annually?	---	---	-----
10. Are employees wearing proper footwear?	---	---	-----
11. Are walk-in coolers and freezers at the proper temperature?	---	---	-----
12. Are their floor surfaces clean?	---	---	-----
13. Are kitchen utensils (i.e. pots, pans) properly stored?	---	---	-----
14. Is food-processing equipment (slicers, choppers, grinders, mixers, etc.), inspected daily?	---	---	-----
15. Is personal protective equipment provided, and is it used?	---	---	-----

DISHWASHING AREA:

	<u>Yes</u>	<u>No</u>	<u>Comments/ Correction Date</u>
1. Are walking surfaces clean and free of obstructions?	---	---	-----
2. Are floor mats used in wet areas and are they in good condition?	---	---	-----
3. Do garbage disposals have rubber guards to prevent flatware from entering?	---	---	-----
4. Is there adequate space for stacking and storage?	---	---	-----
5. Is waste disposed of regularly?	---	---	-----
6. Are employees using aprons and gloves, as required?	---	---	-----

STORAGE AREAS:

	<u>Yes</u>	<u>No</u>	<u>Comments/ Correction Date</u>
1. Is the area well-lighted?	---	---	-----
2. Is the floor clean and free of slip/trip obstacles?	---	---	-----
3. Is shelving sturdy and in good condition?	---	---	-----
4. Are heavy items placed on lower shelves?	---	---	-----
5. Is storage maintained at 18" below sprinkler heads?	---	---	-----
6. Are storeroom doors clearly marked to indicate the presence of chemicals and emergency equipment?	---	---	-----
7. Do employees use proper lifting techniques?	---	---	-----
8. Are hand trucks and carts available for use with heavy items?	---	---	-----
9. Are hand trucks and carts in good condition?	---	---	-----

GUESTROOM HALLWAYS:

	<u>Yes</u>	<u>No</u>	<u>Comments/ Correction Date</u>
1. Are floor surfaces (carpet, tile) free of defects?	---	---	-----
2. Are exits clearly marked with illuminated signs?	---	---	-----
3. Are exit stairways free of stored items?	---	---	-----
4. Do exit doors open and close easily?	---	---	-----
5. Are fire extinguishers clearly marked, unobstructed and serviced annually?	---	---	-----

GUESTROOMS:

	<u>Yes</u>	<u>No</u>	<u>Comments/ Correction Date</u>
1. Does the door lock work properly?	---	---	-----
2. Is emergency evacuation and security information provided in the room?	---	---	-----
3. Is information on the Innkeepers Statute provided?	---	---	-----
4. Are all electrical cords free of cuts, tape and splices?	---	---	-----
5. Are outlets in the bathroom ground-fault protected?	---	---	-----
6. Is the carpet free of snags and tears?	---	---	-----
7. Is the furniture in good condition free of protrusions and sharp edges?	---	---	-----
8. Are windows restricted in how much they can open?	---	---	-----
9. Are electrical appliances in good condition?	---	---	-----
10. Are armoires securely fastened to the wall?	---	---	-----
11. Is a peephole provided and does it function properly? Is it positioned lower in handicapped rooms?	---	---	-----
12. Is a door bar/chain provided?	---	---	-----

RECREATIONAL FACILITIES:

	<u>Yes</u>	<u>No</u>	<u>Comments/ Correction Date</u>
1. Are the correct depths of swimming pools clearly marked (in feet/meters) on the sides and on the pool deck?	---	---	-----
2. Are "No Diving" signs/indicators clearly visible?	---	---	-----
3. Are pool/spa/hot tub water chemical readings taken and recorded during the day?	---	---	-----
4. Is appropriate lifesaving equipment (i.e. life ring, shepherd's crook) readily available?	---	---	-----
5. Are pool/spa/hot tubs/sauna rules properly posted?	---	---	-----
6. Is the hot tub/spa temperature maintained at a maximum of 102 ⁰ F?	---	---	-----
7. Is the pool deck clean and free of tripping hazards?	---	---	-----
8. Is there a phone near the pool with emergency numbers?	---	---	-----

Appendix B

LOGGING SAFETY INSPECTION

INSPECTED BY: _____ **DATE:** _____

PERSONAL SAFETY	YES	NO	CORRECTION DATE
Approved hard hats worn			
Proper footwear/safety boots worn			
Hand protection/gloves worn where needed			
Eye/face protection worn where needed			
Hearing protection worn where needed			
Leg protection worn where needed			
Complete 1 st aid kit on site			

EQUIPMENT SAFETY	YES	NO	CORRECTION DATE
.Chainsaw equipped with chainbrake			
Woods equipment clean of debris, oil, etc			
Woods equipment with approved operable fire extinguisher			
Tractor/trailer/vehicles maintained for safe operation			

OPERATIONAL SAFETY	YES	NO	CORRECTION DATE
Safe operating techniques used in felling			
Safe operating techniques used in skidding			
Safe operating techniques used in loading			
Hazard trees safely grounded using equipment			
Flammable liquids stored in approved containers			
Flammable liquids stored for safe transportation			
Flammable liquids /fuels properly labeled			
Log deck and loading area safe for worker and equipment movement			
All personnel working over 18 years of age			

Appendix B

RESTAURANT SAFETY CHECKLIST

Restaurant and Location _____

Inspector _____ **Date of inspection** _____

STORAGE AREAS, ATTIC	OK	Needs Improvement	Date of Correction
1. Are floors clean, dry and in good condition?			
2. Are aisles free of boxes or clutter?			
3. Are electrical panels accessible and properly labeled?			
4. Are doors and latches working properly?			
5. Are products or supplies properly stored? (Light items on top, arranged to avoid toppling.)			
6. Is shelving in good condition?			
7. Are combustibles kept away from heat sources? (Heating unit, hot water tank, electrical boxes, etc.)			
8. Are outlets, switches and electrical components working properly?			
9. Are ladders in good condition and properly stored?			
10. Are chemicals separated from foodstuffs?			
11. Is trash compactor in good repair?			
12. Is first aid kit adequately stocked and accessible?			
13. Are lights working properly?			
FOOD PREPARATION AND COOKING AREA	OK	Needs Improvement	Date of Correction
1. Are floors clean, dry and in good condition?			
2. Are aisles free of clutter?			
3. Are drain screens being cleaned regularly?			
4. Are doors and latches working properly?			
5. Is food preparation and storage equipment in good repair?			
6. Is grill and fryer exhaust system clean and in good repair?			
7. Has Ansul extinguishing system been inspected and serviced within last 6 months? (Check tags)			
8. Have portable fire extinguishers been inspected and serviced within last year? (Check tag and gauge.)			
9. Are combustibles kept away from heat sources? (Ovens, grill, fryer, toaster, etc.)			
10. Are outlets, switches and electrical components working properly?			
11. Are lights working properly?			

DINING AND RESTROOM AREAS	OK	Needs Improvement	Date of Correction
1. Are floors clean, dry and in good condition?			
2. Are highchairs, tables and seating in good condition?			
3. Are floor mats in good condition? (Lay flat, smooth edges)			
4. Is product display equipment in good repair? (½ gallon cases, shelving, cooler doors, etc.)			
5. Are exit signs illuminated?			
6. Are outlets, switches and electrical components working properly?			
7. Are fixtures in restrooms in good condition?			
8. Are lights working properly?			
OUTSIDE SEATING AREAS/ PLAYGROUND	OK	Needs Improvement	Date of Correction
1. Are walking surfaces clean, dry and in good condition?			
2. Are tables and seating in good condition?			
3. Are gates and access passage locked?			
4. Is playground equipment in good condition? (No missing parts, holes or tears, sharp objects, clean, etc.)			
5. Is playground equipment inspected on a daily basis?			
6. Is playground area clean and free of debris or clutter? (Balls returned to pit area)			
7. Are proper signs in place?			
8. Are lights working properly?			
EXTERIOR (WALKWAYS AND PARKING LOT)	OK	Needs Improvement	Date of Correction
1. Are sidewalks and curbs in good repair?			
2. Is landscaping trimmed away from walks and to eliminate possible hiding places?			
3. Is the parking lot free of pot holes or tripping hazards?			
4. Is the dumpster area in good condition?			
5. Is the garden hose properly stored?			
6. Are outside lights working properly?			
SAFE WORKING PRACTICES	OK	Needs Improvement	Date of Correction
1. Do employees demonstrate a team approach in preventing accidents?			
2. Are spills or dropped items cleaned up promptly?			
3. Are "Wet Floor" warning signs displayed when needed?			
4. Are employees wearing proper footwear?			

SAFE WORKING PRACTICES (continued)	OK	Needs Improvement	Date of Correction
5. Are floors thoroughly cleaned at closing?			
6. Are employees instructed in proper lifting techniques?			
7. Do employees "practice" proper lifting techniques?			
8. Is cooking oil at room temperature before changing or straining?			
9. Are knives cleaned safely? (Not left in soapy water)			
10. Are slicers cleaned and stored properly?			
11. Are employees instructed in the proper use of slicers?			
12. Are all cleaning supplies properly labeled?			
13. Do employees know where Material Safety Data Sheets are kept?			
14. Do employees practice safe ladder usage?			
15. Do employees use mechanical hand when changing marquee?			
16. Are proper posters displayed? (OSHA, Workers' Compensation, etc.)			
17. For ice-cream dipping restaurants: Are squares "tempered" before placed in dip cabinets?			
Are squares "rotated" as needed?			
Do employees place hip against dip cabinet for leverage when dipping?			
Is ice cream temperature in dip cabinets kept in the proper temperature range?			
18. Have all maintenance issues been reported as required?			
19. Other:			
FOLLOW-UP		YES	NO
1. Have the hazards that were identified last month been corrected? (If "NO", specify which hazards below.)			
2. Have maintenance-related items been reported, called in or entered on the restaurant computer?			
3. Have unsafe practices been addressed with all employees?			
4. Comments: (Describe all areas that have been marked "Needs improvement")			

Appendix B

SAW MILL SAFETY INSPECTION

INSPECTED BY: _____ **DATE:** _____

LOG YARD AND DECK	YES	NO	CORRECTION DATE
Approved hard hats worn by all persons			
Safety boots worn by all persons			
Hand protection/gloves worn where needed			
All yard equipment maintained for safe operation			
Log yard storage areas maintained orderly			
Log deck equipped with stops, chains, or other safeguards to prevent logs from rolling down			
All belts, pulleys, rotating shafts, chains, sprockets, and gears properly guarded			
Area around debarker and conveyors guarded to prevent access by unauthorized personnel			
Debarker operator protected by panel of safety glass, and wear appropriate personal protective equipment			
Buck saw guarded by a barrier guard, railings, or other suitable means			
Eye protection worn			
Hearing protection worn where needed			

PART II

SAW MILL AREA	YES	NO	CORRECTION DATE
Approved hard hats worn by all persons			
Safety boots worn by all persons			
Hand protection/gloves worn where needed			
Eye protection worn where needed			
Hearing protection worn where needed			
All belts pulleys, rotating shafts, chains, sprockets, gears properly guarded			
All electrical motors & hand tools grounded			
All electrical wires maintained			
All electrical junction boxes, outlets, and switches maintained in good conditions			
All electrical breaker switches identified as to their use			
LO/TO used when repairs made			
All side-hinged doors leading to outside are marked as "Exit"			

All abrasive wheel grinder grounded			
Abrasive wheel grinder anchored to table			
Abrasive wheel grinder equipped with work rest, side shield, tongue guard			
Have work rest adjusted to 1/8" and tongue guard to 1/4"			
All oxygen and acetylene secured			
Oxygen and acetylene secured with valve protection caps			
Oxygen and acetylene separated by 20' when stored			
Oxygen and acetylene have all gauges in good condition			
Use special wrench on cylinders when required			
Hoses on cylinders in good condition			
Fire extinguishers located within in 50' travel distance			
Fire extinguishers fully charged			
Annual inspection on Fire extinguishers			
Fire extinguishers not blocked and accessible			
All floors, aisles, and passageways clean, dry, and unobstructed			
All overhead storage area floors marked with capacity			
All stairways having four or more risers equipped with stair rails or handrails			
All ladders in good condition-no broken rungs or split rails			
Mechanical ventilation provided when welding or cutting if workers exposed to hazardous chemicals			
Air compressors maintained			
Air compressors have relief valve and gauge operating			
Air compressors have pulleys and belts guarded			
All overhead hoists legibly marked with rated load weight			

PART III

SAW MILL EQUIPMENT	YES	NO	CORRECTION DATE
Log carrier runway equipped with bumpers, and travel either barricaded or signs posted to keep out unauthorized personnel			
Head saw operator protected from flying debris			
Anti-kickback device installed on back of edger blades			
All saws and pressure-feed rolls guarded against accidental contact			
Chippers and hogs guarded to prevent contact with cutting blades			
Lumber stacked properly to prevent falling			

PART IV

GENERAL	YES	NO	CORRECTION DATE
Recordkeeping: OSHA poster			
OSHA Form 301 and 300 log maintained			
Material Safety Data Sheets maintained			
Adequate first aid supplies available			
Emergency telephone numbers posted			
Fuel dispensing areas maintained			
No smoking signs posted around tanks			
Vehicle barrier around tanks			
Contents of tanks labeled			
Approved fire extinguisher kept near tanks			

Appendix B

SCHOOL SAFETY CHECKLIST

School _____

Inspector _____ Date of Inspection _____

I. ENTRANCES	<u>YES</u>	<u>NO</u>
1. Is lighting adequate with no glare or shadows?	_____	_____
2. Is inclement weather protection provided, i.e. mats, safety strips, de-icers, etc.?	_____	_____
3. Are tripping hazards eliminated, e.g. threshold plates in good repair, absence of cords, etc.?	_____	_____
4. Is safety glass provided in all doors?	_____	_____
5. Are doors, windows, exterior vents, hatches and chimneys secure with locks, chains, etc.?	_____	_____
6. Other (Comment on all items checked "No"): _____		

II STAIRS AND HALLWAYS	<u>YES</u>	<u>NO</u>
1. Is housekeeping adequate, e.g. floor finish properly applied, adequate sweeping and pick-up procedures, etc.?	_____	_____
2. Is lighting adequate to eliminate glare and shadows?	_____	_____
3. Are treads in good repair and nonskid material?	_____	_____
4. Are handrails provided on both sides and in good repair?	_____	_____
5. Are landings free of storage materials, equipment, etc.?	_____	_____
6. Are ramps provided with nonskid surfaces and in good condition?	_____	_____
7. Are all elevation differences between floors clearly defined and properly lighted?	_____	_____
8. Are fire alarms, extinguishers and sprinkler systems presently in good working order?	_____	_____
9. Other (Comment on all items checked "No"): _____		

III CLASSROOMS	<u>YES</u>	<u>NO</u>
1. Is housekeeping adequate?	_____	_____
2. Are desks, chairs and tables in good repair?	_____	_____
3. Is adequate aisle space provided so that a quick exit of students is possible?	_____	_____
4. Are floors in good condition and not slippery?	_____	_____
5. Are potential hazards protected, e.g. extension cords across aisles, covered, electrical equipment properly grounded, etc.?	_____	_____
6. Other (Comment on all items checked "NO"): _____		

VI SHOPS	<u>YES</u>	<u>NO</u>
1. Are tools in good condition and properly stored?	_____	_____
2. Are all machines properly guarded and are guards and machines in good repair (points of operation, belts, gears, etc. guarded)?	_____	_____
3. Are self-closing containers (safety cans) available for storage of flammable liquids in use?	_____	_____
4. Are ladders provided where needed in storage areas?	_____	_____
5. Are heavy items stored on floor or bottom shelves?	_____	_____
6. Are shelves adequate for intended load and fastened to walls?	_____	_____
7. Is personal protective equipment provided and utilized?	_____	_____
a. Eye protection, welding hoods, goggles, etc.?	_____	_____
b. Apron for welding, etc.?	_____	_____
c. Gloves?	_____	_____
d. Respirators?	_____	_____

- | | | | |
|-----|---|-------|-------|
| 8. | Is housekeeping adequate, e.g. proper storage, clear aisle space, proper furniture and equipment arrangement, etc.? | _____ | _____ |
| 9. | Are pressurized cylinders secured and capped properly? | _____ | _____ |
| 10. | Are nonskid floor surfaces provided by or near machines? | _____ | _____ |
| 11. | Is all electrical equipment properly grounded and in good repair? | _____ | _____ |
| 12. | Are safety devices on car lifts in good working order? | _____ | _____ |
| 13. | Are tool rests adjusted to no more than 1/8 inch? | _____ | _____ |
| 14. | Are switches and other danger areas on machines, etc., color coded? | _____ | _____ |
| 15. | Is adequate space available for safe operation, e.g., machines and equipment not crowded and arranged properly? | _____ | _____ |
| 16. | Is all equipment permanently fastened to the floor? | _____ | _____ |
| 17. | Are welding curtains provided in the welding area? | _____ | _____ |
| 18. | Is the shop adequately ventilated? | _____ | _____ |
| 19. | Is proper ventilation provided for toxic vapors, e.g. solder, paint, etc.? | _____ | _____ |
| 20. | Are personal items of clothing, such as rings, ties, etc., removed before operating equipment? | _____ | _____ |
| 21. | Other (Comment on all items checked "No".): _____ | _____ | _____ |

V LABORATORIES AND LABORATORY STOREROOMS YES NO

- | | | | |
|-----|---|-------|-------|
| 1. | Is the amount of glassware and chemicals kept to a minimum in work areas? | _____ | _____ |
| 2. | Is the housekeeping satisfactory? | _____ | _____ |
| 3. | Is all electrical equipment properly grounded? | _____ | _____ |
| 4. | Is eye protection available and worn when needed? | _____ | _____ |
| 5. | Are ladders available in the storage room if needed? | _____ | _____ |
| 6. | Are heavy items stored on lower shelves? | _____ | _____ |
| 7. | Are chemicals kept at a sufficient operating level, e.g., not overstocking? | _____ | _____ |
| 8. | Are chemicals clearly labeled? | _____ | _____ |
| 9. | Are like materials stored together? | _____ | _____ |
| 10. | Are large containers of acids stored together on bottom shelves or in acid storage cabinets? | _____ | _____ |
| 11. | Are areas available for working (burning, heating, hot plate, mixing, etc.) other than in stock rooms? (Stock room should be for storage only.) | _____ | _____ |
| 12. | Are shelves fastened to the wall? | _____ | _____ |
| 13. | Is the ventilation adequate for the work performed? | _____ | _____ |
| 14. | Other (Comment on all items checked "No".): _____ | _____ | _____ |

VI KITCHEN YES NO

- | | | | |
|----|--|-------|-------|
| 1. | Are heavy items stored on lower shelves in storage areas? | _____ | _____ |
| 2. | Are knives and other utensils in good condition and stored properly, e.g. on racks, hooks, etc.? | _____ | _____ |
| 3. | Are employees properly instructed in the use of equipment, knives, etc.? | _____ | _____ |
| 4. | Are chairs, table, and other equipment items in dining room and kitchen in good repair? | _____ | _____ |
| 5. | Other (Comment on all items checked "No".): _____ | _____ | _____ |

VII MISCELLANEOUS YES NO

- | | | | |
|----|---|-------|-------|
| 1. | Are lockers in good condition and secured to the floor or wall without sharp projections? | _____ | _____ |
| 2. | Have sharp projections and edges been eliminated? | _____ | _____ |
| 3. | Is the gym equipment in good condition? | _____ | _____ |

- | | | | |
|-----|---|-------|-------|
| 4. | Are obstructions removed before playing games, gymnastics, wrestling, etc.? | _____ | _____ |
| 5. | Are the bleachers in good condition and structurally adequate, both indoors and outdoors? | _____ | _____ |
| 6. | Is the condition of playing fields satisfactory, devoid of holes, rocks, glass, etc.? | _____ | _____ |
| 7. | Are shower controls working properly, e.g. water not too hot? | _____ | _____ |
| 8. | Are floors in shower area clean and not slippery ? | _____ | _____ |
| 9. | Is the playground equipment in good condition? | _____ | _____ |
| 10. | Are there adequate parking lot lights? | _____ | _____ |
| 11. | Are traffic controls adequate on school grounds? | _____ | _____ |
| 12. | Are guard rails situated where needed? | _____ | _____ |
| 13. | Are the sidewalks in good repair? | _____ | _____ |
| 14. | Are stage areas in good repair, e.e. safety chains on overhead lights, etc.? | _____ | _____ |
| 15. | Are shelves bolted to the wall? | _____ | _____ |
| 16. | Is there adequate first aid equipment placed appropriately throughout the building? | _____ | _____ |
| 17. | Other (Comment on all items checked "No".): _____ | | |

Appendix B

WOODWORKING FACILITIES

SAFETY INSPECTION FORM

Inspector's Name _____ **Date** _____

Name of Facility _____ **Dept.** _____

I	Wiring	Yes	No	Date Corrected
1.	Is the insulation around the wiring in good condition? (No fraying, cracking, wearing)	_____	_____	_____
2.	Has all temporary wiring been removed or replaced?	_____	_____	_____
3.	Is wiring and conduit adequately supported?	_____	_____	_____
4.	Is conduit free from physical damage?	_____	_____	_____
5.	Are all fittings tight?	_____	_____	_____
6.	Are all junction box covers in place?	_____	_____	_____
7.	Are all receptacles in good condition?	_____	_____	_____
II	Service Panels			
1.	Are all covers kept closed?	_____	_____	_____
2.	Are all panels clearly labeled?	_____	_____	_____
3.	Are all panels free from physical damage?	_____	_____	_____
4.	Are all open knockouts plugged?	_____	_____	_____
5.	Are insides of panels clean?	_____	_____	_____
6.	Are areas around panels free from storage of combustible material by 3 feet?	_____	_____	_____
7.	Are all fittings tight?	_____	_____	_____
8.	Are bus bar covers in place?	_____	_____	_____
9.	Are fuses of the proper size and amp. rating for the anticipated load?	_____	_____	_____
10.	Are grounding wires intact?	_____	_____	_____
11.	Are fuses free from tampering? (No wire, aluminum foil, copper)	_____	_____	_____
12.	Is the panel sized to accommodate current and anticipated electrical loads?	_____	_____	_____

III	Motors	Yes	No	Date Corrected
1.	Are covers plates in place?	_____	_____	_____
2.	Is wiring enclosed in conduit?	_____	_____	_____
3.	Are all fittings tight?	_____	_____	_____
4.	Are grounding wires intact?	_____	_____	_____
5.	Are name plates intact?	_____	_____	_____
6.	Are cooling fins and screens clear of dust and debris?	_____	_____	_____
7.	Are motors all operating in their specific temperature rating range?	_____	_____	_____
IV	Electrical			
1.	Is all wiring properly supported and connected?	_____	_____	_____
2.	Are any motors, fuse boxes or control equipment overheating?	_____	_____	_____
3.	Are any covers off fuse boxes, control boxes or junction boxes?	_____	_____	_____
4.	Are motors, fuse boxes and control boxes kept clean of dust accumulations?	_____	_____	_____
5.	Are all non-production electrical appliances (vending machines, extension cords, vacuum cleaners, etc.) grounded?	_____	_____	_____
6.	Are fluorescent fixtures properly covered?	_____	_____	_____
7.	Are fluorescent bulbs working properly? (No flickering, darkened ends or humming)	_____	_____	_____
8.	Are portable hand tools properly grounded?	_____	_____	_____
9.	Are ground fault circuit interrupters (GFCI's) in place and tested?	_____	_____	_____
10.	Are portable hand tools in good condition?	_____	_____	_____
11.	Are extension cords free from physical damage?	_____	_____	_____
12.	Is there sufficient space around electrical equipment to allow easy access for operation and repairs?	_____	_____	_____
13.	Are multiple plug adapters prohibited?	_____	_____	_____

V.	Heating Equipment	Yes	No	Date Corrected
1.	Do heat producing units (stoves and heaters) have clearance from combustibles?	_____	_____	_____
2.	Are these units adequately vented or equipped with stacks, as needed?	_____	_____	_____
3.	Are fuel supplies installed safely and solid fuels handled safely?	_____	_____	_____
VI	Dry Kilns, Dryers and Ovens			
1.	Do temperature charts or thermometers indicate overheating?	_____	_____	_____
2.	Are all safety controls on gas or oil-fired units working as designated?	_____	_____	_____
3.	Are dry kiln doors in good condition and have the sign "Keep Doors Closed in Case of Fire"?	_____	_____	_____
4.	Are sprinklers or automatic steam heads in operative condition?	_____	_____	_____
VII	Fire Protection			
1.	Are all extinguishers charged and located on their hangers?	_____	_____	_____
2.	Are sprinkler control valves fully open?	_____	_____	_____
3.	Is stock kept at least 18 inches below sprinklers?	_____	_____	_____
4.	Are standpipe hoses and fire hoses in good condition?	_____	_____	_____
5.	Are spanner wrenches and nozzles provided at hose station?	_____	_____	_____
VIII	Housekeeping			
1.	Is refuse removal adequate?	_____	_____	_____
2.	Are floors, walls and overhead clean?	_____	_____	_____
3.	Is grease or oil allowed to accumulate on floors, bearing, etc.?	_____	_____	_____
4.	Are metal waste cans provided if needed?	_____	_____	_____
5.	Are tall grass and weeds removed from near buildings and stock?	_____	_____	_____
IX	Miscellaneous	Yes	No	Date Corrected
1.	Are necessary precautions taken during cutting and welding?	_____	_____	_____
2.	Are fire doors free from obstructions and			

working properly? _____

3. Are clear spaces maintained between buildings and stock? _____

4. Are flammable liquids stored and handled safely? _____

Comments: _____

Was the appropriate action taken to make repairs? _____

Appendix C

SAFETY HAZARD REPORT

NAME: _____

DATE: _____

-

DAY OF WEEK: _____ **TIME:** _____

-

LOCATION: _____

HAZARD DESCRIPTION:

RECOMMENDATION:

DATE CORRECTION IS MADE:

Appendix D

VEHICLE INSPECTIONS

Name of Inspector/Driver: _____

Beginning Date of Week of Inspections: _____

Vehicle # _____

✓ Satisfactory

X Needs Servicing

N/A Not Applicable

Tires:	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Correct air pressure							
Tire free of wear, high and low spots, damage							
Rims free of damage							
All lugs present and tight							
Properly matched tires							

Lights:

Turn on lights - use low beams							
Check high beams, left and right turn signals, brake lights, and parking lights.							

Brakes:

Parking brake: apply parking brake with vehicle moving slowly. Vehicle should stop.							
Service brake: push brake pedal firmly with vehicle going about 5 miles per hour. Vehicle should stop with no pulling to one side or delayed stopping action.							
Test steering with vehicle moving. Steering should be smooth and consistent with no play in the steering wheel.							

Appendix E

ACCIDENT INVESTIGATION FORM

Employer's Name: _____ Date of this report: _____

Injured Employee: _____ Age: _____

Department/Job Title: _____

Date and time of injury: _____ AM/PM? _____

Where injury happened: _____

Nature of Injury/Property Damage: _____

Object or equipment that inflicted the injury, if applicable? _____

Describe the incident (What happened?): _____

Contributing factors? _____

Witnesses: _____

What action(s) are being taken, and by whom, to prevent recurrence of this type of injury in the future? _____

Was the report to supervisor or first aid delayed? _____ Why? _____

Was medical treatment required? _____ Who administered the medical treatment? _____

Where was medical treatment administered? _____

What is the severity potential for lost time? High/Major _____ Medium/Serious _____ Low/Minor _____

Probable Recurrence Rate: Frequent _____ Occasional _____ Rare _____

Supervisor's signature: _____ Date: _____

Investigated by: _____ Date: _____

Reviewed by: _____ Date: _____

Appendix F

ANNUAL HEALTH AND SAFETY PLAN REVIEW

Date of Review: _____

New Exposures Identified: _____

Action Taken: _____

Reviewed By:
