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**Cal/VPP Site: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Cal/VPP Contact Person(s): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Team Members:** **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

# Site Description

**Description of Site and Nature of Work. Include:**

□ Age and Area of the Building and Acreage.

□ Nature of work and brief description of the process. Recent major awards.

□ All employees’ bargaining unit(s).

□ Number of shifts.

□ Names of VPP Contact, H&S Manager, and Plant and/or General Manager(s).

□ Identity of mentor and company, and time spent by the site in preparing for submittal of the Cal/VPP application (for new sites only)

□ Total Number of employees at site and employees interviewed by team.

□ Maximum Number of approved nested and scheduled contractors (Companies) including temporaries.

□ Number of nested and scheduled contractor & temporary employees working at the site during the on-site interviews.

□ Number of nested and scheduled contractor, interns, and temporary employees interviewed.

□ DOSH Compliance Resource Person & District office phone number.

□ Compliance History for the last 3 years.

□ Leading indicators to improve site’s safety performance.

□ If an existing Star site requested re-evaluation visit be postponed, briefly describe the reason(s).

**FIELD NOTES:**

# Injury & Illness Rates

**Injury & Illness Rates for the three most recent completed years:**

**NAICS CODE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |
| --- | --- | --- | --- |
| **RATES** | **RATES FOR EACH YEAR** | **3 YRS Average** | **Industry Average** |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | 20\_\_\_ | 20\_\_\_ | 20\_\_\_ |  |  |
| TCIR |  |  |  |  |  |
| DART |  |  |  |  |  |

Add rate reduction plan if site injury rates exceed BLS rates.

**FIELD NOTES:**

# MANAGEMENT

Note: Develop an action item for Business Value survey if you’re performing reevaluation visit.

1. **Is Authority and Responsibility for employee safety and health clearly defined and integrated into the company’s management system? Is the system written?**

**Does it address the following issues?**

**Yes No N/A**

1. Management responsibilities for implementation of Health and Safety Programs

and Cal/VPP elements are defined and communicated?

1. Accountability system for all management levels?
2. Effectiveness of Communication System necessary for the flow of information

through the site and organization?

1. Adequate training & time to perform tasks.
2. Site leadership has established and communicated clear, measurable safety goals

for all levels of management and employees?

1. Goals and plans are based on leading indicators?
2. Process for evaluating the quality and effectiveness of leading indicators?
3. Top and middle management support and involvement?
4. Employee recognition program and disciplinary action policy for employees

and managers?

1. Cal OSHA Enforcement visit policy?
2. Worksite policies and programs are reviewed and updated annually?

**FIELD NOTES:**

1. **Has the company committed adequate resources to ensure workplace safety and health is addressed? How are the resources distributed? Are there committed funds (a budget) to address required safety and health necessities, such as:**

**Yes No N/A**

1. Staffing & Budget?

There is a process for Health and Safety management to routinely brief Senior

management on safety risks, their root causes, required resources and staffing

to maintain workplace safety and health?

1. Equipment (PPE, Safety/I.H. monitoring, others)?
2. Promotion activities & recognition based on leading indicators?
3. Training and annual professional development for health and safety staff

including VPP coordinator?

1. Professional Expertise such that Certified Safety Professionals, Industrial

Hygienists and Professional Engineers are identified and readily accessible

when needed by the site?

1. Systems & policies to manage organizational changes

(e.g., new, or key staff changes)?

**FIELD NOTES**

1. **Is top management involved in worker safety and health concerns at the site? Does this involvement meet the following criteria:**

**Yes No N/A**

1. Top management is visible and accessible?
2. Sets examples of safe and healthful behavior?
3. Responds to employee concerns?
4. Knowledgeable about site hazards?
5. Reviews site safety performance and measures (KPI’s), such as, contractor

activities, incidents, self-inspections, and follow up on actions

from previous audits?

1. Supports safety & health staff and promotes employee involvement?
2. Commitment statement that clearly states the employer’s intention of

meeting and maintaining the requirements of Cal/VPP and which

supports all safety and health policies?

1. Employees perceive that all levels of management positively support

employee involvement in health and safety policies, practices & activities?

Questions:

1. Who oversees your Health and Safety Programs and Cal/VPP Elements?
2. How do you ensure that your health and safety programs and Cal/VPP elements are implemented?
3. Can you explain your Communication System effectiveness related to disseminating information through the site and organization?
4. What capacity of involvement does your top and middle management have?
5. Do your management and employees have adequate training to perform the tasks safely?

Required Documents:

1. Management/safety and health written policies, laws, and system.
2. Performance reviews (KPIs), audits, inspections, comprehensive surveys, corrective action reports.
3. Communication System procedures, committee minutes and agenda , site postings, and meeting reports.
4. IIPP, Safety policies, procedures, list of responsibilities, employee recognition/incentive programs, committee minutes, and reports.
5. Training topics and records.

**FIELD NOTES**

**AREAS FOR IMPROVEMENT**

A.

B.

C.

# CONTRACTOR PROGRAM

**Is there an active contract worker safety and health program that describes the following:**

**Yes No N/A**

1. Contractor selection criteria including: (a) DOSH compliance history &    other information describing their past safety & health performance

(b) Effective implementation and maintenance of an Injury and

Illness Prevention Program (c) Injury and Illness Log 300 information

that reflects rates below their primary (NAICS), and (d) Current ex-mod rates

and efforts made by the applicant to help the contractor

reduce their rates below 1.25?

1. Monitoring on-site contractor activities to verify compliance with

Cal/OSHA T8 regulations and host site health & safety rules applicable

to their activities. Auditor must regularly review and ensure site retention

of contractor monitoring records for a minimum of one year?

1. Formal communication of contractor’s corrective actions?
2. Verification that contractor employees receive the required safety

and health training specific to the task they will be performing,

i.e., Lock-Out/Block out, Confined Space Entry,

Hazard Communication, Emergency Operations, PSM, etc.?

Site retention of contractor training records for a minimum of one year?

1. At least once every year, provide host company orientation to ALL    contractor employees that come on site (not just the contractor representatives)?
2. A system that adequately controls and tracks contractor employee    entrance to and exit from the site?
3. How contractors inform the company of potential hazards that they may    introduce to the site during their visit, i.e., chemical cleaners, soldering compounds, trenching /shoring equipment, compressed gases.
4. Train temporary employees on the site's IIPP and all applicable safety and    health policies and programs?

Questions:

1. What criteria are used to select contractors?
2. How are contractor employees tracked upon entry and exit of the site?
3. How long are contractor training records maintained?
4. How do you verify contractors are below injury and illness rate averages for their primary (NAICS)/industry?

Required Documents:

1. Contractor Program.
2. Site entry and exit policy.
3. Evidence of recordkeeping system and some examples of filed records.
4. 300 logs and industry SIC results.

**FIELD NOTES:**

**AREAS FOR IMPROVEMENT**

A.

B.

C.

# EMPLOYEE NOTIFICATION

**Is there a system in place that allows employees to notify management in person and/or in writing of hazardous conditions? Does the system ensure the following:**

**Yes No N/A**

1. Employees are informed of their California Labor Code rights, which

include the right to complain while being protected from employer

reprisals for expressing or reporting their safety and health concerns?

2. Timely and appropriate responses to employee concerns?

3. A documented tracking system which follows all reported concerns

through investigation to resolution and closure?

4. Written notification on how the issue was resolved?

Questions:

1. How are employees informed on California Labor Code Rights?
2. What is the timeline for management to respond to employee safety concerns?
3. What tracking system is used for employees to report employee safety concerns?
4. How are employees notified that safety hazard correction actions have been tracked until completion?
5. How are safety concerns reported?
6. How are employees informed about safety suggestions that are not implemented?

Required Documents:

1. Copy of California Labor Code Right. Proof and method/s employees are informed.
2. Procedures explaining timeline to respond employee safety concerns.
3. Safety concern tracker and system used.
4. Evidence employees have been kept informed on the status of safety hazard corrections until completion.
5. Safety concern reporting system and some submissions in format used by employees.
6. Evidence employees have been kept informed on rejected safety suggestions and why they were not implemented.

**FIELD NOTES:**

**AREAS OF IMPROVEMENT**

A.

B.

C.

# MEDICAL PROGRAM

**Describe the medical program used by the company. Does the program include:**

**Yes No N/A**

1. Responsible person(s) to administer the medical program?
2. The availability of physician services, hospitals, medical clinics, etc.?
3. Occupational health services specific to the nature of the of the

occupational hazards at the site?

1. Off-hour services including transportation, EMT’s?
2. First-aid/CPR available in a timely manner onsite?
3. Method of proving adequate response time for any medical emergency?

Questions:

1. What on-site medical services are provided to employees?
2. How are occupational health services evaluated to treat site occupational hazards?
3. How far is hospital/ clinic to the site?
4. Who is responsible for administering the site medical program?

Required Documents:

1. Valid First-aid/CPR/AED certifications for all shifts. (this is not required, unless the hospital or nearest fire department is farther than 5 min driving distance).
2. Policy and documentation.
3. Site medical program.

**FIELD NOTES:**

**AREAS FOR IMPROVEMENT**

A.

B.

C.

# INDUSTRIAL HYGIENE PROGRAM

1. **How does the company address Industrial Hygiene concerns at the site?**

**Yes No N/A**

1. Has a qualitative industrial hygiene survey been conducted covering

operations at the site?

1. Does the survey include description of the IH qualifications of those

who conducted the survey?

1. Have Industrial Hygiene hazards been accurately identified and corrective

Actions implemented for all site activities?

1. Is the company able to present health surveys, I.H. monitoring, and other

supporting documentation?

1. Are engineering controls considered/implemented for IH hazards such as,

noise or chemicals?

1. Are there separate programs that address the various I.H. concerns?
2. Is the effectiveness of written programs reviewed annually?

**FIELD NOTES**

1. **Can the company provide assurances that support their use of nationally recognized procedures and standards for all Industrial Hygiene and Engineering testing, calibration, analysis, and sampling?**

**Yes No N/A**

1. Are there written records of the results, i.e., engineering design and

inspection records, certification of I.H. labs used, etc.?

1. Are these records available for review?
2. Are the various procedures and labs recognized through certification, etc.,

by approving agencies/associations, i.e., ASHRAE, NIOSH, OSHA, AIHA?

Questions:

1. What are the IH qualifications for the person/s responsible for conducting IH surveys?
2. How are IH hazards identified, and corrective actions tracked until completion?
3. Which JHAs are associated with IH hazards? In a JHA all the hazards ( safety and health) must be addressed.
4. How are all IH concerns documented in programs?
5. How are chemical inventories tracked at your site?
6. How are sensors calibrated and ventilation systems tested?
7. What standards and procedures are used for IH engineering testing, calibration, analysis, and testing?

Required Documents:

1. Provide IH qualification documents for the person/s responsible for conducting IH surveys.
2. Procedures for identifying IH hazards and corrective action tracker.
3. JHAs associated with IH hazards.
4. Program/s for various IH concerns.
5. Chemical inventory list.
6. All sensor calibration records and ventilation test reports.
7. Any Nationally recognized standards and procedures they use for IH Engineering Testing, calibration, analysis, and testing.

**FIELD NOTES:**

**AREAS FOR IMPROVEMENT**

A.

B.

C.

# TRAINING

1. **Through the use of safety and health training, can it be demonstrated that supervisors:**

**Yes No N/A**

1. Understand the hazards associated with any job they are required

to oversee?

1. Realize their potential safety and health effects (influence) on employees?
2. Understand their roles as supervisors in ensuring that employees prevent

occupational injury and avoid illness through the teaching and

enforcement of safety and health rules, procedures, and work practices?

1. Understand what to do in emergency situations?
2. Completed training covering Supervisor’s safety and health

responsibilities?

1. Can explain in detail how the Cal/VPP Management Systems

(Cal/VPP elements) work?

**FIELD NOTES**

1. **Can the company demonstrate that all supervisors are appropriately trained through the use of the following tools:**

**Yes No N/A**

1. Training matrix which is reviewed annually to ensure regulatory and site

Specific compliance?

1. Tracking system to identify supervisors who missed training sessions?

**FIELD NOTES**

1. **Is there a system in place that assures employees are made aware of hazards and the safe work procedures to follow to protect themselves from hazards, through:**

**Yes No N/A**

1. Initial training programs to ensure awareness of immediate hazards,

emergency operations, etc.?

1. Training to address the concerns with the operation of new equipment?
2. Refresher training?
3. Methods of evaluating employee knowledge?
4. Measuring effectiveness of training through scheduled reviews?
5. Training matrix which is reviewed annually?
6. Tracking system that picks up employees who missed training sessions?

Questions:

1. How are supervisors trained on explaining how the Cal/VPP Management Systems work?
2. How are supervisors trained in what to do in emergency situations?
3. What are the supervisor’s safety and health responsibilities and roles?
4. How are supervisors made aware of hazards associated with jobs they oversee?

Required Documents:

1. Proof supervisors are trained in the Cal/VPP Management Systems.
2. Emergency response training for supervisors and roster of all supervisors including their roles during an emergency if applicable.
3. Policy and list describing supervisor safety and health responsibilities.
4. JSAs and associated policy/ies for jobs supervisors oversee.

**FIELD NOTES:**

**AREAS FOR IMPROVEMENT**

A.

B.

C.

# PRE-USE ANALYSIS / MANAGEMENT OF CHANGE (MOC)

1. **Does the employer have a system in place to perform Pre-Use surveys of health and safety hazards prior to the installation of new or modified equipment or processes or the introduction of new materials/chemicals?**

**Yes No N/A**

1. Written procedure for pre-use and management of change with appropriate

Checklist to ensure all potential issues are assessed?

1. Pre-Use analysis includes evaluations of potential IH as well

as Safety hazards?

1. Pre-Use screening is performed for new chemicals based on the

chemical’s latest SDS?

1. Gate-keeper system set-up to prevent introduction of new chemicals

without screening?

1. Corrective actions are based on the Hierarchy of Controls

(Engineering. Controls, Admin. Controls, PPE)?

1. Emergency Action Plan evaluated and modified as needed?
2. Access (working space) to new equipment during maintenance

and set-up operations?

1. Records are maintained and recommendations are implemented?
2. Is there a process to ensure that drawings and equipment specifications

are updated?

1. Preventive Maintenance (PM) items given to Maintenance for inclusion

in the PM program?

1. Pre-Use valuation results are communicated to the managers,

employees, and contractors?

1. Confirmation that newly acquired equipment and materials

meet specifications?

**FIELD NOTES**

1. **Prior to the start-up of new or modified procedures or equipment, does the procedure ensure that the following activities have been performed and documented:**

**Yes No N/A**

1. Operating and maintenance procedures, JSA’s, etc. have been created or updated?

1. Operations and Maintenance personnel have been trained in the

new or modified procedures, JSA’s, etc.?

Questions:

1. What pre-use and MOC procedures are used to assess all potential hazards?
2. What is the process for introducing new chemicals into the workplace?
3. When was the last time the emergency action plan was updated due to pre-use or MOC?
4. How is hierarchy of controls associated with corrective actions?
5. How are pre-use valuation results communicated to employees and contractors?
6. What preventive programs are used?
7. How are corrective action results tracked and documented?
8. Do your pre-use surveys confirm that prior to introduction of new chemicals or materials, that safety,

operating, maintenance & emergency procedures are in place and adequate?

Required Documents:

1. Pre-use and MOC potential hazard checklist.
2. Chemical and SDS tracking system.
3. Emergency action plan.
4. JHAs reflecting hierarchy of controls.
5. Program/s and proof pre-use valuation results are communicated to employees and contractors.
6. Preventive maintenance program.
7. Corrective actions tracker and documentation.
8. Pre-use surveys documenting the introduction of new chemicals or materials ensuring safety, operation, maintenance, and emergency procedures are in place and adequate emergency action plan.

**FIELD NOTES:**

**AREAS FOR IMPROVEMENT**

A.

B.

C.

# COMPREHENSIVE SURVERYS

**Is the company performing comprehensive safety and health surveys in accordance with the following schedules/requirements:**

**Yes No N/A**

1. Surveys are performed annually (minimum), or more frequently if

appropriate for the nature of workplace operations?

1. Conducted by a team of qualified/trained personnel who:
2. Can recognize existing and potential hazards?
3. Team includes at least one person with an IH background,

knowledgeable about health hazards and regulatory requirements?

1. Team is knowledgeable regarding Title 8 requirements

(vs. federal standards)?

1. To provide a new perspective, team consists of personnel not

normally stationed at the site?

**NOTE:** Review personnel can be private consultants, corporate

EHS staff, EHS/STM personnel from a different VPP site, etc.

1. Survey includes evaluation of all Cal/VPP elements and site safety & health    programs, which include programs that address

all applicable Title 8 standards?

1. Recommendations are tracked and implemented?
2. Comprehensive surveys are used for continuous improvement and

Identifying leading indicators?

Questions:

1. What is the scope of the comprehensive surveys?
2. How is the team who conducts comprehensive surveys trained on T8 requirements?
3. Who conducts comprehensive surveys with an IH background?
4. How are recommendations prioritized, assigned, and tracked until completion? And communicated with the entire workforce.
5. How are comprehensive surveys used to identify leading indicators?
6. What are the roles and responsibilities of the comprehensive survey team?
7. Who is part of the comprehensive survey team?

Required Documents:

1. Copy of comprehensive survey used (Verification Cal/VPP elements, Title 8 regulations, and scope).
2. Evidence comprehensive survey team is trained in T8 regulations and Cal/VPP elements.
3. IH certification/s for comprehensive survey team members who have an IH background.
4. Recommendation/corrective action tracker.
5. Leading indicator implementation into comprehensive surveys.
6. Scope and method of how leading indicators are part of comprehensive surveys. Leading indicator training.
7. Roster of team who conducts comprehensive surveys.

**FIELD NOTES:**

**AREAS FOR IMPROVEMENT**

A.

B.

C.

# ACCIDENT INVESTIGATIONS

**Is there an accident/near-miss investigation system? Does it include the following:**

**Yes No N/A**

1. Written procedures or guidance describing:
2. Explanation of when and at what level incident investigations

will be conducted?

1. Definition of Near-misses?
2. Analytical method of incident analysis (Root Cause Analysis)?
3. Root causes focus on breakdowns in management systems/VPP

Elements rather than human error or blame?

1. Method of tracking corrective actions to closure?
2. How records will be retained?
3. How results of incident investigations will be communicated?
4. When injuries and illnesses must be reported

to Cal/OSHA Compliance?

1. Documentation of accidents, near-misses, and first aids that have

occurred in the past 3 years?

1. Employees knowledgeable on recognition and reporting of near-misses?
2. Facilitator trained in site’s chosen method of Root Cause Analysis?
3. Documentation of corrective actions taken?
4. Documented trend analysis regarding incidents?
5. Communication of investigation findings to affected employees?

Questions:

1. How are corrective actions from accidents and near-missed tracked until completion?
2. How do employees recognize and report near-misses?
3. How are investigation findings and corrective actions communicated to employees?
4. How and who is trained in root cause analysis?
5. When are injuries and illnesses reported to Cal/OSHA Compliance?
6. How and who is trained in conducting accident and near-miss investigations?

Required Documents:

1. Corrective action tracker and Safety Committee minutes.
2. Near-miss program and IIPP.
3. Evidence investigation findings are communicated to employees and Safety Committee minutes.
4. Proof and method of root cause analysis training.
5. Policy for reporting. Are injuries and illnesses reported to Cal/OSHA Compliance?
6. Proof and method of accident and near-miss investigation training.

**FIELD NOTES:**

**AREAS FOR IMPROVEMENT**

A.

B.

C.

# EMERGENCY PREPAREDNESS

**Are there written procedures addressing responses to emergencies, i.e. HazWoper or other? Are the procedures in place communicated to all employees (including contractor and site employees on all shifts) in a manner that ensures they understand what to do in emergency situations? Do the existing procedures address the following requirements:**

**Yes No N/A**

1. Procedures, Emergency Action plan, Fire Prevention Plan,

Hazwoper, etc. are current and accessible?

1. Chemical releases and any other possible emergencies,

i.e. earthquakes, fire, bomb scares, work place violence, etc.,

are addressed in the Plan?

1. Alarm annunciation, chain of command and employee

communication is addressed?

1. All areas of the worksite can hear emergency alarms

and announcements?

1. Personal protective equipment is accessible for use in emergencies?
2. First-aid and medical care are accessible?
3. Incipient firefighting equipment accessible and satisfies 6151(e)(2) & (e )(3)?
4. First aiders, incipient fire fighters, and First Responders are trained

and present on every shift?

1. Exit routes, incident command center &/or assembly points

are defined and communicated? Emergency evacuation maps are posted?

1. Emergency telephone numbers, & employee rosters are available

at assembly points? Lists are kept current?

1. Drills are conducted at least annually on all shifts?
2. Drills are critiqued and results communicated to employees?
3. Workplace Violence is defined and procedures to follow are

included in the training?

Questions:

1. How often are drills conducted for each shift?
2. How are the critiqued results from drills communicated to employees on all shifts?
3. How are exit routes and assembly points communicated to employees?
4. What emergencies does your site train for?
5. What on-site medical services are provided to employees?

Required Documents:

1. Emergency Action Plan.
2. Associated site policy.
3. Emergency Action Plan, training materials, and evacuation maps.
4. Emergency Action Plan and training materials.
5. Valid First-aid/CPR/AED certifications for all shifts.

**FIELD NOTES:**

**AREAS FOR IMPROVEMENT**

A.

B.

C.

# EMPLOYEE INVOLVEMENT

**Does the employer have a system that ensures meaningful employee involvement at the site?**

**Can the system be described by one or both of the following?**

1. **A joint labor-management committee for safety and health, which has the following characteristics:**

**Yes No N/A**

1. Site has a written policy and/or by laws, which describes:
   1. Responsibilities of the committee?
   2. How members are selected and duration of service?
   3. Membership is cross functional, and make-up is approximately 50%

Management and 50% hourly?

* 1. Methods of employee participation such things as:

Periodic site inspections, input into hazard resolution,

input into incident investigations and analysis?

1. Committee meets regularly, minutes of all meetings maintained?
2. Minutes are communicated effectively and made available to all employees?
3. Observes or assists in the investigation and documentation of

all major accidents and addresses concerns regarding

near-miss incidents?

1. Can access all relevant safety and health information, i.e.,

Title 8CCR, when required?

1. Is provided with adequate training to perform their roles

and responsibilities effectively?

1. Employees perceive that all levels of management positively

support employee involvement in health and safety policies,

practices and activities?

1. **And/or – provide an equally effective way for employees to participate in safety and health problem identification and resolution, to include but are not limited to:**

**Yes No N/A**

1. The formation of Ad-Hoc committees:
2. Safety and Health Hazard Analysis Committee.
3. Special committees to address In-house safety and

health concerns.

1. Behavior Based Safety Observations committees.
2. Safety and Health training of co-workers.
3. JSA, PPE Hazard Assessments, Ergonomics.
4. Emergency Response Team (ERT)
5. Written policy and/or by laws mentioned in item 11.A.1(a) through(c )

Above also applies to Ad Hoc committees?

1. Ad Hoc Committees report out to the Leadership Team the

committee’s plans, findings, roadblocks, accomplishments,

and ETAs for corrective actions.

Questions:

1. Do you have a labor and management committee for safety and health?
2. How are committee members selected and in what capacity?
3. What are the various methods of employee participation?
4. What type of training is provided to employees?
5. Do you resolve or abate all identified findings, problems, and hazards in a timely manner?

Required Documents:

1. Safety Committee and Ad-Hoc Committee records and documents.
2. Safety Committee, Ad Hoc Committee minutes, reports, and documented selection process and criteria.
3. JSAs, Hazard Assessment reports, Inspection reports, investigation reports, and Root Cause Analysis reports.
4. All training records.
5. Comprehensive survey reports, Corrective action reports, Log 300, and committee reports.

**FIELD NOTES:**

**AREAS FOR IMPROVEMENT**

A.

B.

C.

# JOB SAFETY ANALYSIS

**Does the company routinely review job hazards for inclusion in training and hazard control programs? What types of reviews are used at the site?**

**Yes No N/A**

1. Job Safety/Task analysis addresses safety and health potential Hazards?
2. Analysis performed by employees and supervisor familiar

with the process?

1. Hazard Evaluation conducted prior to work permit issued or

Work Order started?

1. New and revised analysis documents are critiqued by EHS?
2. Results of analysis, i.e., end products (JSA, JHA, SOP) are

readily available in the work area?

1. JSA’s are reviewed annually by supervisors and employees?
2. JSA’s are incorporated into new and modified task or job training?
3. JSA’s are effectively used/implemented by employees?
4. JSA’s are reviewed after incidents and near-misses?

Questions:

1. How is hazard analysis conducted for different jobs?
2. How are JSAs effectively used and implemented by employees?
3. How often are JSAs reviewed by supervisors and employees?
4. How are JSAs associated with incident or near-miss investigations?

Required Documents:

1. Hazard analysis results i.e., JSA, JHAs, SOPs
2. Employee interviews.
3. Evidence of JSA review with supervisor and interviews.
4. Incident or near-miss investigations.

**FIELD NOTES:**

**AREAS FOR IMPROVEMENT**

A.

B.

C.

# PREVENTIVE MAINTENANCE

**Does the company have a procedure to assure that on-going monitoring and maintenance of workplace equipment is performed to prevent it from becoming hazardous?**

**Does this program include:**

**Yes No N/A**

1. Process to identify new and existing critical equipment?
2. Methods to ensure tests are performed in accordance with

the critical equipment manufacturers’ recommendations, good

engineering practices, or other established/equivalent procedures?

1. Method of tracking PM due dates?
2. Method of trending test readings to detect deterioration in such

Criteria as transformer and lube oil quality and vibration

levels in equipment?

1. Tracking system to assure appropriate turnaround times for

the correction of identified deficiencies?

1. Technicians are trained in appropriate procedures

(LOTO, proper PPE, etc.)

1. On-time completion of PM activities as one of the

key performance indicators?

1. Training of maintenance employees on safe practices

and the tracking system?

Questions:

1. How do you identify new and test existing critical equipment?
2. What procedures are used to maintain, inspect, and check your process equipment?
3. What tracking method do you use to make sure deficiencies in equipment are corrected in a timely manner?
4. What Kind of Training do you give to your Maintenance Personnel?

Required Documents:

1. Preventive Maintenance Program.
2. Tracking System records.
3. PM, Tracking System documents, Safety Meeting reports.
4. Training Records.

**FIELD NOTES:**

**AREAS FOR IMPROVEMENT**

A.

B

C.

# SELF-INSPECTIONS

**Is there a system for conducting routine self-inspections for the various work areas/department? Is it documented? Does the system include the following:**

**Yes No N/A**

1. Types of routine inspections and their respective frequencies

appropriate for the risk?

1. Written procedures for conducting these routine inspections

have been created and are available?

1. Inspectors who are qualified personnel, Title 8 trained, and

familiar with the hazards and able to perform Hazard Recognition?

1. Findings are shared with employees and managers?
2. A hazard prioritizing and tracking system appropriate for the    size and complexity of the operations?
3. QC and timeliness of inspections monitored by S&H Dept

or responsible individual?

1. Investigating hazards, determining their causes, and taking actions

in order to avoid their recurrence?

1. A process for maintaining an effective housekeeping program?

Questions:

1. How are findings shared with employees and managers?
2. How are inspectors trained in Title 8 regulations?
3. How are site hazards investigated post self-inspections?
4. How are root causes determined for safety hazards?
5. How are safety hazards tracked until completion?

Required Documents:

1. Communication plan and proof findings are shared with employees and managers.
2. Title 8 training for inspectors.
3. Site hazard investigations.
4. Root cause analysis for hazards identified and training records.
5. Safety hazard corrective action tracker.

**FIELD NOTES:**

**AREAS FOR IMPROVEMENT**

A.

B.

C.

# SAFETY AND HEALTH PROGRAMS AS REQUIRED BY STANDARDS

1. **Injury & Illness Prevention Program T8CCR 3203**

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1. **Carcinogen registration T8CCR 5203**

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1. **BBP/TB T8CCR 5193 & 5199**

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1. **Hearing Conservation T8CCR 5095-5100**

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1. **Confined Space T8CCR 5156-5158**

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1. **Outdoor Heat Illness T8CCR 3395 &/or 3203**

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1. **Indoor Heat Illness T8CCR 3396**

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1. **Hazcom T8CCR 5194**

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1. **PPE T8CCR 3380-3387**

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1. **Respiratory Protection T8CCR 5141(C) & 5144**

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1. **Chemical Hygiene T8CCR 5191**

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1. **Lead T8CCR 1532.1 & 5198**

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1. **Asbestos T8CCR 1529 & 5208**

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1. **Respirable Crystalline Silica T8CCR 5204**

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1. **Ventilation & IAQ T8CCR 5142-5143, & 5154.1 & 5154.2. Potential 5150-5154**

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1. **Ergo T8CCR 5110**

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1. **Hoist & Crane T8CCR 4965-5035 & Sling T8CCR 5040-5049**

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1. **Forklifts/Site Vehicles T8CCR 3650-3668**

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1. **Hotwork Permit & Welding & Cutting T8CCR 4845 & 4848, & 4850-4853**

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1. **Fire Protection T8CCR 6150-6184**

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1. **Lockout/Tagout T8CCR 3314**

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1. **Electrical T8CCR 2300-2589.2 & 2700-2989.1**

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1. **Machine Guarding – Point of Operation: T8CCR 4184(b) & 4189-4647**

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**Machine Guarding –** **Power Transmission: T8CCR 4002 & 3940-4086**

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1. **Fall Protection T8CCR 1669-1670**

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1. **Permits to Operate- Boilers: T8CCR780(c)**

**Compressed Air tanks:** **T8CCR 461(c )**

**And Elevators:** **T8CCR 3001(C)**

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1. **Radiation (ionizing and non-ionizing) T8CCR 5075-5085**
2. **Process Safety Management T8CCR 5189**

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1. **Workplace Violence Prevention Program Senate Bill (SB) 553**

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# LIST OF EMPLOYEES INTERVIEWED

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| **Employee  Last Name** | **Employee  First Name** | **Job Title/Position** | **Shift/Work Hours** |
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# CONTRACTOR EMPLOYEES INTERVIEWED

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| **Employee  Last Name** | **Employee  First Name** | **Contractor Company** | **Nested (Y/N)** | **Job Title/Position** | **Shift/Work Hours** |
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# ADDITIONAL NOTES

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# ABBREVIATIONS

# Checklist Completed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

# Date of Completion: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**