

CAL/VPP EVALUATION Check list  
Revised 05/15/17

EMPLOYER: \_\_\_\_\_  
Contact: \_\_\_\_\_

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

---



---



---



---

**Include:**

- ⇒ Age & Area of the building(s), Area of site, Nature of work & a brief description of Process, Recent major awards
- ⇒ All employees' bargaining unit(s)
- ⇒ Number of shifts
- ⇒ Names of VPP Contact, H & S Manager, Plant and/or General Manager(s)
- ⇒ Identity of mentor and company, and time spent by the site in preparing application(new sites)
- ⇒ Total NUMBER of Employees at site & Employees interviewed by team
- ⇒ Max 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 review. NUMBER of nested and scheduled Contractor & temporary employees interviewed.
- ⇒ DOSH Compliance Resource Person & district office phone number, Compliance History last 3 years
- ⇒ Leading indicators to improve site's safety performance
- ⇒ If an existing Star site requested a reevaluation visit to be postponed, briefly describe the reason(s)

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

**NAICS Code:** \_\_\_\_\_ **XXXXXX** \_\_\_\_\_

RATES	RATES FOR EACH YEAR			BEST 3-YEAR AVERAGES	INDUSTRY AVERAGES
	2014	2015	2016		
TCIR					
DART					

**EMPLOYER**

---

**1) MANAGEMENT**

**A) 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:**

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
⇒ Management responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Accountability system for all management levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Effectiveness of Communication system for necessary information through the site and organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Adequate training & time to perform tasks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Identification of leading indicators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Measurable goals and objectives relative to the conditions at the site clearly stated & communicated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Top and middle management support and involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Employee recognition program and disciplinary action policy for employees and managers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Cal OSHA Enforcement Visit Policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Worksite policies and programs are reviewed and updated annually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

---

**B) 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:**

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
⇒ Staffing & Budget	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Equipment (PPE, safety / I.H. monitoring, other)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Promotion & recognition based on leading indicators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Training and professional development for health and safety staff including VPP coordinator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Professional Expertise such that Certified Safety Professionals, Industrial Hygienists and Professional Engineers are identified and that the site has ready access to them as needed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Systems and policies to manage organizational changes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

---

**C) Is top management involved in worker safety and health concerns at the site? Does this Involvement meet the following criteria:**

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
⇒ Top management visible and accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Sets examples of safe and healthful behavior	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Responds to employee concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Knowledgeable about site hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**EMPLOYER**

---

**MANAGEMENT cont'd**

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
⇒ Reviews site safety performance & measures such as contractor activities, incidents, self inspections, and follow up on actions from previous audits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Supports safety & health staff and promotes employee involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Commitment statement that clearly states the employer's intentions of meeting and maintaining the requirements of Cal/VPP and which supports all safety and health policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Employees perceive that all levels of management positively support employee involvement in health and safety policies, practices and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

---

---

**2) EMPLOYEE INVOLVEMENT (By team leader or back up team leader ONLY)**

**Does the employer have a system that describes employee involvement at the site? Can the system be described by one of the following?**

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
⇒ A joint labor-management committee for safety and health, which has the following characteristics:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Responsibilities of committee spelled out in a policy and/or by laws, i.e., including employee participation in inspections, input in hazard resolution and tracking of identified hazards, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Membership duration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Meets regularly, minutes of all meetings maintained. Minutes made available to all employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Requires at least half of the committee members to represent both management and employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Observes or assists in the investigation and documentation of all major accidents and addresses concerns regarding near -miss incidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Can access all relevant safety and health information when required, and	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Is provided with adequate training in hazard recognition with additional training as needed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Employees perceive that all levels of management positively support employee involvement in health and safety policies, practices and activities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* 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:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**EMPLOYER**

---

**EMPLOYEE INVOLVEMENT (By team leader or back up team leader ONLY) cont'd**

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
⇒ <b>The formation of Ad-Hoc committees:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <b>Safety and Health Hazard analysis</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <b>Special committees to address in-house safety and health concerns</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <b>Behavior Based Safety Observations committees</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <b>Safety and Health training of co-workers</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <b>Other systems (provide details/effectiveness)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <b>Emergency Response Team (ERT)</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• <b>EHS Area Audit Teams</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**3) CONTRACTOR PROGRAM**

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

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
* <b>Contractor selection criteria including: 1) DOSH compliance history and other information describing their past safety and health performance 2) Effective implementation and maintenance of an Injury and Illness Prevention Program 3) Injury and Illness Log 300 information that reflects rates below their primary SIC, and 4) Current ex-mod rates and efforts made by the applicant to help the contractor reduce their rates below 1.25.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* <b>Monitoring on-site contractor activities to verify compliance with Cal/OSHA T8 regulations and host site health and safety rules applicable to their activities. Auditor must review and ensure site retention of contractor monitoring records for a minimum of one year.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* <b>Formal communication of contractor's corrective actions.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* <b>Verification that contractor employees receive the required safety and health training specific to the tasks they will be performing, i.e., Lock-Out/Block Out, Confined Space Entry, Hazard Communication, Emergency Operations, PSM, etc. Auditor must review written records/documentation. Ensure site retention of contractor training records for a minimum of one year.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
* <b>At least once every year, provide host company orientation to ALL contractor employees that come on site (not just the contractor representatives).</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ <b>A system that contractor's entry and exit from the site is adequately controlled.</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ <b>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 gasses</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**EMPLOYER**

---

---

---

**4) 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:**

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
⇒ Employees are informed of their California Labor Code rights, which include the right to complain while being protected from employer reprisals for acknowledging their safety and health concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Timely and appropriate responses to employee concerns	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ A documented tracking system which follows all concerns investigated/reported to resolution/closure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Written notification on how the issue was resolved	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

---

---

**5) MEDICAL PROGRAM**

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

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
⇒ Responsible person(s) to administer the medical program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ The availability of physician services, hospitals, medical clinics, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Occupational health services specific to the nature of the occupational hazards at the site	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Off -hour services including transportation, EMT's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ First-aid/CPR available in a timely manner onsite	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ The response time for any medical emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

---

---

**6) INDUSTRIAL HYGIENE PROGRAM**

**A) How does the company address Industrial Hygiene concerns at the site?**

**EMPLOYER**

---

**INDUSTRIAL HYGIENE PROGRAM con'td**

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
⇒ Are there separate programs that address the various I.H. concerns?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Have they identified and evaluated Industrial Hygiene hazards associated with activities?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Is the company able to present health surveys, I.H. monitoring, and other supporting documentation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Are the engineering controls exhausted for IH hazards such as noise or chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Who performs the evaluations; what are their IH qualifications?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Is the written program's effectiveness reviewed annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

---

---

**B) 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?**

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
⇒ Are there written records of the results, i.e., engineering design and inspection records, certification of I.H. labs used, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Are these records available for review?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Are the various procedures and labs recognized through certification, etc. by approving agencies/associations, i.e., ASME, NFPA, NIOSH, OSHA, AIHA, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

---

---

**7) TRAINING**

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

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
⇒ Understand the hazards associated with any job they are required to oversee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Can realize their potential safety and health effects on employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Understand their roles as supervisors in assuring that employees prevent occupational injury and illness, through the teaching and enforcement of safety and health rules, procedures and work practices	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**EMPLOYER**

---

**TRAINING cont'd**

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
⇒ Understand what to do in emergency situations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Completed training covering Supervisor's safety and health responsibilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Can explain in detail how the safety and health system works	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

---

---

**B) Can the company ensure that all supervisors are appropriately trained through the use of the following tools:**

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
⇒ Training matrix which is reviewed annually to ensure regulatory and site specific compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Tracking system to identify supervisors who missed training sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

---

---

**C) 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:**

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
⇒ Initial training programs to ensure awareness of immediate hazards, emergency operations, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ OJT training to address the concerns with the operation of new equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Refresher training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Methods of evaluating employee knowledge	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Measuring effectiveness of training through scheduled reviews	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Training matrix which is reviewed annually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Tracking system that picks up employees who missed training sessions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

---

---

**8) PRE-USE ANALYSIS**

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

**EMPLOYER**

---

**PRE-USE ANALYSIS cont'd**

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
⇒ Pre-Use IH and Safety evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Management of change	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Evaluation results are communicated to the managers, employees and contractors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Records are maintained and recommendations are implemented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Pre-Use Management of Change (MOC) and Pre-Start up Safety Review (PSSR) or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Process Hazard Analysis (PHA) and/or MOC and PSSR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ JHA's for Maintenance & Operations generated/modified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Process Safety Information (PSI) updated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Preventive Maintenance (PM) items given to Maintenance for inclusion in PM program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Emergency Action Plan modified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Pre-Use for Chemicals. SDS Approval database program.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Admin & Engineering Controls & required PPE have been reviewed, modified, changed, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

---

---

---

**9) COMPREHENSIVE SURVEYS**

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

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
⇒ Annual basis (minimum), or at intervals appropriate for the nature of workplace operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Conducted by qualified/trained personnel who can recognize existing and potential hazards and can affect the required changes to remedy any identified hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Review personnel do not include site employees, but rather non-resident EHS professionals (i.e. regulatory staff, corporate EHS staff, EHS consultants, EHS insurance consultants or, EHS staff from other VPP sites etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Covers evaluation of all safety & health programs and management systems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Recommendations are tracked and implemented	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Annual audit of VPP elements	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Comprehensive survey is used for continuous improvement and setting goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Process Safety Management (PSM) audits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Corporate H&S Audit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**EMPLOYER**

---

**COMPREHENSIVE SURVEYS cont'd**

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
⇒ Fire Marshall Audit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Insurance company audit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

---

---

**10) ACCIDENT INVESTIGATIONS**

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

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
⇒ Written procedures or guidance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• How procedure is initiated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Near-misses defined	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Employees trained on recognition and reporting of near misses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ A record of accidents, near-misses and first aids that have occurred in the past 3 years	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Documented trend analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Analysis of incident (root cause) and findings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Facilitators trained in root cause analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Hazards tracked and corrected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Communication of findings to employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

---

---

**11) EMERGENCY PREPAREDNESS**

**Are there written procedures addressing responses to emergencies, i.e HazWoper or others? 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:**

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
⇒ Procedures, Emergency Action Plan, Fire Prevention Plan, HazWoper, etc. are current and accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Chemical releases, PSM and any other possible emergencies, i.e., earthquakes, fire, bomb scares, work place violence, etc., are accounted for	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**EMPLOYER**

---

**EMERGENCY PREPAREDNESS cont'd**

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
⇒ Alarm annunciation, chain of command, employee communication is addressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Personal protective equipment accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ First-aid and Medical care accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Incipient firefighting equipment accessible and satisfies 6151(e)(2) and (e)(3)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ First aiders, incipient fire fighters, and First Responders are trained and present on every shift	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Emergency egress, incident command center &/or assembly points defined and communicated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Emergency telephone numbers, & employee roster available at assembly points	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Exit routes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Drills & evaluation of results. Evaluation results communicated to employees.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Workplace Violence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

---

---

---

---

**12) 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?**

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
⇒ Job Safety/Task analysis addresses safety and health potential hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Performed by employees familiar with the methodology	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Operating procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Process hazard review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Reviewed annually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

---

---

---

---

**13) PREVENTIVE MAINTENANCE**

**Describe the program the company uses to assure that on-going monitoring and maintenance of workplace equipment is performed to prevent it from becoming hazardous. Does this program include:**

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
⇒ Procedures to ensure tests are performed in accordance with the equipment manufacturers recommendations, good engineering practices, or other established/equivalent procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Explain the system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Tracking system for PM due dates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• *Vibration analyses, lube oil contaminant testing, electrical infrared checks, transformer oil testing, fire detection system, vehicle PM, Ultrasonic Testing (UT)/mag particle/radiography testing, Positive Material Identification (PMI)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Technicians are trained in appropriate procedures (LOTO, proper PPE, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• *Tracking of test readings for UT, transformer & lube oil quality, vibration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Tracking system to assure appropriate turnaround times for the correction of identified deficiencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Accountable staff for smooth operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Training of maintenance employees on safe practices and tracking system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ System is effective and appropriate re hazard level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ *Process Safety Information (PSI) confirms that equipment and components comply with acceptable good engineering practices and /or nationally recognized standards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ *Non Destructive Examination (NDE) certificates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Note: * PSM covered facility			

---



---



---



---

**14) SELF -INSPECTIONS**

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

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
⇒ Types of routine inspections and their respective frequencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**EMPLOYER**

---

**SELF –INSPECTIONS cont’d**

	<u>Yes</u>	<u>No</u>	<u>N/A</u>
⇒ Written procedures for conducting these routine inspections-should be named and copies produced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Ensure inspectors are qualified personnel familiar with the hazards. Able to perform- Hazard Recognition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Findings are shared with employees and managers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Includes a hazard prioritizing and tracking system by whom or name of software	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Hazard Evaluation conducted prior to work permit issued or Work Order started	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Positive Material Identification system to confirm specifications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ QC and timeliness of inspections monitored by S&H Dept or responsible individual	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Investigating hazards, determining their causes and taking actions in order to avoid their recurrence	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
⇒ Title 8 specific training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

---

---

---

---

---

**SAFETY AND HEALTH PROGRAMS AS REQUIRED BY STANDARDS**

**1. Injury & Illness Prevention Program (T8 3203)**

---

---

---

**2. Carcinogen Registration (T8 5203)**

---

---

---

**3. BBP/TB (T8 5193 & 5199)**

---

---

---

**EMPLOYER**

---

**SAFETY AND HEALTH PROGRAMS AS REQUIRED BY STANDARDS cont'd.**

**4. Hearing Conservation (T8 5095-5099)**

---

---

---

**5. Confined Space (T8 5156-5158)**

---

---

---

**6. Heat Illness (T8 3395 and/or 3203)**

---

---

---

**7. Hazcom (T8 5194)**

---

---

---

**8. PPE (T8 3380-3387)**

---

---

---

**9. Respiratory Protection (T8 5144)**

---

---

---

**10. Chemical Hygiene (T8 5191)**

---

---

---

**11. Lead (T8 1532.1 & 5198)**

---

---

---

**12. Asbestos (T8 1529 & 5208)**

---

---

---

**EMPLOYER**

---

**SAFETY AND HEALTH PROGRAMS AS REQUIRED BY STANDARDS cont'd.**

**13. Ventilation & IAQ (T8 5142-5143, 5154.1 & 5154.2)**

---

---

---

**14. Ergo (T8 5110)**

---

---

---

**15. Hoist & Crane (T84965-5035) & Sling (T8 5040-5049)**

---

---

---

**16. Forklifts / Site Vehicles (T8 3650-3668)**

---

---

---

**17. Hot Work Permit & Welding & Cutting (T8 4794-4848 & 5105)**

---

---

---

**18. Fire Protection (T8 6150, 6184)**

---

---

---

**19. Lockout/Tagout (T8 3314)**

---

---

---

**20. Electrical (T8 2300-2589.2 & 2700-2989.1)**

---

---

---

**21. Machine Guarding (T8 4189-4647)**

---

---

---

**EMPLOYER**

---

**SAFETY AND HEALTH PROGRAMS AS REQUIRED BY STANDARDS cont'd**

22. **Fall Protection** (T8 1670)

---

---

---

23. **Boilers Compressed Air Tanks (T8 454-560), Elevator Inspection Documents and Valid Permits** (T8 300-3146)

---

---

---

24. **Radiation (ionizing and non-ionizing)** (T8 5075-5085)

---

---

---

25. **Process Safety Management (T8 5189)**

---

---

---

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

Date: \_\_\_\_\_

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

---

---

---