

**Safety Shield**



SafetyShield

## Injury & Illness

66. Has the company trained employees about how to report an injury? If yes, please provide the policy AND the training sign-in sheet in the supporting documentation.

*Select between 1 and 1 choices.*

Yes

No

67. Does the company have a safety incentive program? If yes, please provide a copy of the policy or program in the supporting documentation.

*Select between 1 and 1 choices.*

Yes

No

68. Does the company have a post-accident drug and alcohol testing policy? If yes, please provide the policy in the supporting documentation.

*Select between 1 and 1 choices.*

Yes

No

<b>Lockout / Tagout</b>
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69. Does the company have a written lockout/tagout program?
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<i>Select all that apply.</i>
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<input type="checkbox"/> Yes	(Answer question number 69.1.)
<input type="checkbox"/> No	

69.1 Does the program have machine-specific procedures? If yes, please provide an example of a machine-specific procedure you have with your supporting documentation.

*Select all that apply.*

Yes

No

70. Have all employees in the company been trained on Lockout/Tagout? If yes, please provide the training sign-in sheet in the supporting documentation.

*Select all that apply.*

Yes

No

71. Does the company have a list of each authorized employee and the pieces of equipment that they are trained to lockout? If yes, please provide the list of each authorized employee with the supporting documentation.

*Select all that apply.*

Yes

No

72. How often are employees assessed on their knowledge of lockout procedures for each piece of equipment that they are expected to lockout? If such an assessment is performed, please provide a completed assessment form with the supporting documentation.

*Select between 1 and 1 choices.*

One year

Two years

Three years

Four years

Five years or more

<b>Fire Prevention</b>
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73. Does the company expect employees to use fire extinguishers?
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<i>Select between 1 and 1 choices.</i>
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- |                              |                                |
|------------------------------|--------------------------------|
| <input type="checkbox"/> Yes | (Answer question number 73.1.) |
| <input type="checkbox"/> No  |                                |

73.1 Has the company trained employees on fire extinguisher use in the past 12 months? If yes, please provide training sign-in sheet with the supporting documentation.
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<i>Select between 1 and 1 choices.</i>
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- |                              |
|------------------------------|
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No  |

74. Have the fire extinguishers in the facility been inspected? Please provide the most recent inspection with the supporting documentation.
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<i>Select between 1 and 1 choices.</i>
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- |  |
|--|
| <input type="checkbox"/> No                        |
| <input type="checkbox"/> Annually                  |
| <input type="checkbox"/> Every two years           |
| <input type="checkbox"/> Every three years or more |

75. Does the company have a fire suppression system (i.e.: a sprinkler system or something comparable). Please provide the most recent inspection with the supporting documentation.
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<i>Select between 1 and 1 choices.</i>
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- |                              |
|------------------------------|
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No  |

<b>Emergency Action</b>
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76. Does the company have a signal or alarm for different types of emergencies (i.e.: fire, tornado, power outage, etc.)
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<i>Select between 1 and 1 choices.</i>
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- |                              |                                |
|------------------------------|--------------------------------|
| <input type="checkbox"/> Yes | (Answer question number 76.1.) |
| <input type="checkbox"/> No  |                                |

76.1 Please describe the signal or alarm that is used for each particular type of emergency.
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77. Have rally points been determined for employees in the event of an evacuation? If yes, please provide your evacuation map.
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<i>Select all that apply.</i>
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- |                              |
|------------------------------|
| <input type="checkbox"/> Yes |
| <input type="checkbox"/> No  |

78. Does the company perform evacuation drills?
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<i>Select between 1 and 1 choices.</i>
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- |                              |                                |
|------------------------------|--------------------------------|
| <input type="checkbox"/> Yes | (Answer question number 78.1.) |
| <input type="checkbox"/> No  |                                |

78.1 How often are evacuation drills performed? Please provide training records with the supporting documentation.


**Hazard Communication**

79. Has the company conducted Hazard Communication training for all employees handling chemicals since January 1, 2013? If yes, please provide the training materials with the supporting documentation.

*Select between 1 and 1 choices.*

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

80. Does the company have an inventory of each chemical that is used at each facility? If yes, please provide the most current inventory form with the supporting documentation.

*Select all that apply.*

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

81. Does the company keep safety data sheets in a central location accessible to employees for review?

*Select between 1 and 1 choices.*

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

82. Is the central location where the safety data sheets are accessible a computer terminal?

*Select all that apply.*

<input type="checkbox"/>	Yes	(Answer question number 82.1.)
<input type="checkbox"/>	No	

82.1 Does the company have a back-up system for employees to access safety data sheets in the event of a power outage?

*Select all that apply.*

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

83. Does the company have a secondary container labeling system in place? If yes, please describe the system and provide a photograph or label with the supporting documentation.

*Select between 1 and 1 choices.*

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

**Equipment Safety**



84. Do employees perform a safety check of all equipment? If yes, please provide all policies, checklists, or training materials that establish this procedure with the supporting documentation.

*Select between 1 and 1 choices.*

<input type="checkbox"/>	Yes	(Answer question number 84.1, 84.2, 84.3.)
<input type="checkbox"/>	No	(Answer question number 84.1, 84.2, 84.3.)

84.1 Do employees verify all guards are properly in place?	
<i>Select between 1 and 1 choices.</i>	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

84.2 Do employees verify that all safe stop buttons and interlocks are operating correctly?	
<i>Select between 1 and 1 choices.</i>	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

84.3 How frequently are these checks performed?	

<b>Walking &amp; Working Surfaces</b>
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85. Does the company have employees <b><u>or contractors</u></b> that work on any of the following surfaces? Mark all that apply:		
<i>Select between 1 and 1 choices.</i>		
<input type="checkbox"/>	Press deck	(Answer question number 85.1, 85.3.)
<input type="checkbox"/>	Roof	(Answer question number 85.1, 85.3.)
<input type="checkbox"/>	Loading dock	(Answer question number 85.1, 85.3.)
<input type="checkbox"/>	Mezzanine	(Answer question number 85.1, 85.3.)
<input type="checkbox"/>	Man lift / Scissor lift	(Answer question number 85.1, 85.3.)

85.1 Which of these surfaces above four feet or higher? Mark all that apply:	
<i>Select all that apply.</i>	
<input type="checkbox"/>	Press deck
<input type="checkbox"/>	Roof
<input type="checkbox"/>	Loading dock
<input type="checkbox"/>	Mezzanine
<input type="checkbox"/>	Man lift / Scissor lift

85.2 Are employees who work on these elevated surfaces trained on the needs and uses of fall protection? If yes, please provide training sign-in sheets with the supporting documentation.	
<i>Select all that apply.</i>	
<input type="checkbox"/>	Yes
<input type="checkbox"/>	No

85.3 Do any of these elevated surfaces have guard rails? Mark all that apply:	
<i>Select all that apply.</i>	
<input type="checkbox"/>	Press deck
<input type="checkbox"/>	Roof
<input type="checkbox"/>	Loading dock
<input type="checkbox"/>	Mezzanine
<input type="checkbox"/>	Man lift / Scissor lift

86. Do employees use ladders?		
<i>Select all that apply.</i>		
<input type="checkbox"/>	Yes	(Answer question number 86.1, 86.2.)
<input type="checkbox"/>	No	

86.1 Are employees trained on the proper use of ladders? If yes, please provide training records and/or materials with the supporting documentation.

*Select between 1 and 1 choices.*

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

86.2 Are ladders inspected before each use? If yes, please provide an inspection checklist with the supporting documentation.

*Select all that apply.*

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

\*87. Are all powered industrial trucks (i.e.: forklifts, pallet jacks, roll clamp trucks) inspected before each shift? If yes, please provide an inspection checklist that is used for this purpose and /or to train employees to operate this equipment, with the supporting documentation.(\*Required)

*Select between 1 and 1 choices.*

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

### **Material Handling**

88. Does the company have overhead material handling equipment (i.e.: hoists or cranes)?

*Select between 1 and 1 choices.*

<input type="checkbox"/>	Yes	(Answer question number 88.1.)
<input type="checkbox"/>	No	

88.1 How often is material handling equipment inspected?


**Electrical Safety**

89. What is the minimum clearance area in front of all electrical panels? Please provide photographs or videos with the supporting documentation.


90. Yes No

*Select between 1 and 1 choices.*

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

<b>Program Management</b>
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91. Does the company have procedures in place for addressing violations of an established safety rule?
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<i>Select between 1 and 1 choices.</i>
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- |                              |                                |
|------------------------------|--------------------------------|
| <input type="checkbox"/> Yes | (Answer question number 91.1.) |
| <input type="checkbox"/> No  |                                |

91.1 Please describe the procedures for addressing violations of an established safety rule. Please include any written policy or procedure with the supporting documentation.
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92. Does the company assess employee comprehension of safety training?
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<i>Select between 1 and 1 choices.</i>
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- |                              |                                |
|------------------------------|--------------------------------|
| <input type="checkbox"/> Yes | (Answer question number 92.1.) |
| <input type="checkbox"/> No  |                                |

92.1 Please describe the company's method of assessing comprehension of safety training and provide a sample with the supporting documentation.


93. Does the company have a safety budget? If yes, please provide information indicating the budget with the supporting documentation.

*Select between 1 and 1 choices.*

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

94. Does the company set safety goals each year? If yes, please provide examples with the supporting documentation.

*Select between 1 and 1 choices.*

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

95. Does the company stay current with regulatory requirements and changes?

*Select between 1 and 1 choices.*

<input type="checkbox"/> Yes	(Answer question number 95.1.)
<input type="checkbox"/> No	

95.1 Please describe the company's method of determining when employees need to be trained or retrained. If you have a written policy or procedure, please provide it with the supporting documentation.


96. Do managers and supervisors receive additional training related to their responsibilities? If yes, please provide an example with the supporting documentation.

*Select between 1 and 1 choices.*

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