

GENERAL APPLICANT INFORMATION

Agency Name: _____ Agency Code: _____

Effective Date: _____

Applicant: _____

Mailing Address: _____

Website Address: _____

Employee Selection and Training

1. Turnover:

Average annual turnover rate? _____%

2. Hiring:

Which of the following applies to your employee placement procedures?

- ☐ Written job descriptions ☐ Written job descriptions with physical job demands
☐ Post-offer physical exams ☐ Post-offer drug testing

3. Benefits:

Which of the following employee benefits are offered to full-time employees?

- ☐ Health Benefits ☐ 401K ☐ Subsidizes ACA ☐ Pension ☐ Wellness Program

4. Training:

Which of the following applies to your employee training programs?

- ☐ Formal new hire orientation
☐ Documented training in the following OSHA Safety programs as applicable:
 ☐ Accident Reporting and Investigation Plan
 ☐ Confined Space Entry
 ☐ Emergency Action Plan
 ☐ Hazard Communication Program
☐ Supervisors have completed OSHA 10 hour or 30 hour training for General Industry

Safety Programs

1. Lockout-Tagout (LOTO):

Which of the following applies to your LOTO program?

- ☐ Written program ☐ Documented employee training ☐ General and Machine-specific procedures
☐ Documented annual reviews to confirm compliance ☐ Applies to all energy sources

2. Machinery and Guarding :

Which of the following applies to your machinery and guarding practices?

- ☐ Most frequently used machinery is automated, CNC
☐ Most frequently used machinery is manually operated
☐ Most frequently used machinery is less than 25 years old
☐ Compliance with ANSI guarding standards is a requirement for purchase of machinery
☐ Older machines are updated to meet current guarding standards



3. Slip/Trip/Fall—Housekeeping:
Which of the following apply to your Slip/Trip/Fall—Housekeeping Program?
☐ Written program ☐ Documented floor maintenance program
☐ Slip resistant flooring ☐ Slip resistant footwear required
 _____ # of employees that use ladders and/or similar equipment that reach more than 10 feet above floor level
4. Ergonomics:
Which of the following applies to your ergonomic or material handling programs?
☐ Team lifts or mechanical equipment is required for weights over _____ lbs.
☐ An ergonomic committee is in place and tasked with improved MMH and repetitive motion safety
5. Forklifts:
Which of the following applies to your forklift operations?
☐ Forklift and similar powered trucks are equipped with warning lights, back-up alarms, and horns
☐ Forklift drivers are certified and trained according to OSHA standard
☐ Formal forklift maintenance and inspection program is in place
6. Personal Protective Equipment (PPE):
Have documented workplace hazard assessments been completed? ☐ Yes ☐ No
Which of the following is required PPE for your employees?
☐ Safety glasses ☐ Safety shoes ☐ Gloves ☐ Respirators ☐ Other (Describe) _____
Are your employees trained in the proper use of PPE? ☐ Yes ☐ No

Claim Management

1. Accident Investigation:
Which of the following applies to your accident investigation process?
☐ Written program ☐ Documentation of follow up ☐ Includes root cause analysis
☐ Management/Safety Committee Review ☐ Timeline for corrective actions
2. Return To Work (RTW):
Which of the following applies to your return to work program?
☐ Written program ☐ Program includes descriptions of transitional jobs
☐ Descriptions of transitional jobs that include physical demands
3. Medical Management:
Have company medical facilities been identified? ☐ Yes ☐ No
If Yes, what is the name of the medical facility?: _____
Are identified medical facilities arrangements communicated to employees? ☐ Yes ☐ No

OSHA Summary of Work-Related Injuries and Illnesses (OSHA's Form 300A)

	TOTAL # OF NON-FATAL WORK-RELATED INJURIES/ ILLNESSES (H+I+J)	TOTAL # OF CASES INVOLVING DAYS AWAY FROM WORK (H)	TOTAL # OF CASES INVOLVING JOB TRANSFER OR RESTRICTED WORK (I)	TOTAL # OF OTHER RECORDABLE CASES (J)	# OF HOURS WORKED BY ALL EMPLOYEES
Current year					
Prior year					
2nd Prior year					