

HAZARD ASSESSMENT FORM

The committee is responsible for conducting safety and health inspections in the workplace. Self-inspections are essential in helping identify where probable hazards exist and whether they are under control. These assessments provide indication of where to begin and safety changes to implement. The checklists serve as a starting point and will likely need to be edited as the needs of the business evolve.

For assistance developing a checklist specific to the needs of your organization, contact you United Heartland loss control consultant. For more information on self-inspections, refer to [OSHA’s website](#).

A ‘yes’ response confirms the organization is fully meeting the intent. For any items that require improvement or are not being completed, select ‘no’ or ‘N/A’ depending on which response is most appropriate.

Facility Name

Assessed By

Date

POLICY & PROGRAM			
A formal, written safety program is in place, posted and/or issued to all employees and reviewed/updated periodically.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Safety procedures/rules are actively enforced.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Efforts are in place to identify, analyze and develop strategies for reducing or eliminating risk.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Adequate personnel have been assigned, trained and given the time needed to ensure that safety programs are supported.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Supervisors are held accountable for safety.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
An active safety committee meets regularly and has a clear mission.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
A safety coordinator has been assigned to lead committee efforts.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Safety champions have been designated for each location with assigned responsibilities.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
A formal driving policy is in place – this policy includes mandatory annual motor vehicle record checks.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
The driving policy prohibits the use of cell phone and other electronic devices while driving.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
A formal footwear policy is in place for all facilities staff.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
EMPLOYEE HIRING			
Hiring practices include job-specific screenings such as physical/functional capacity, drug screens and motor vehicle record checks.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

New employees are required to complete a comprehensive safety orientation program.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
EMPLOYEE TRAINING			
Supervisors receive training on topics such as impact of injuries, loss trends, as well as their roles and responsibilities in safety.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Job-specific safety training is conducted for all employees (check all that apply):			
<input type="checkbox"/> Lockout/tagout – electrical			
<input type="checkbox"/> Chemical safety/safety data sheets			
<input type="checkbox"/> Bloodborne pathogens			
<input type="checkbox"/> Material handling			
<input type="checkbox"/> Personal protective equipment (PPE)			
<input type="checkbox"/> Ladder safety			
<input type="checkbox"/> Powered industrial truck	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Confined space			
<input type="checkbox"/> Grounds equipment			
<input type="checkbox"/> Floor cleaning/maintenance equipment			
<input type="checkbox"/> Aerial lifts/scaffolding			
<input type="checkbox"/> Three-point contact			
<input type="checkbox"/> Defensive driving			
<input type="checkbox"/> Emergency action plans			
<input type="checkbox"/> Fire protection			
Safety trainings are documented for all necessary programs annually.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Employees are provided hands on, knowledge-based training at the time of hire, annually, following an incident or near miss and whenever unsafe behaviors or practices are observed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Safety communications elevate awareness about loss leaders (e.g., strains/sprains; slips, trips and falls, struck by/against injuries, motor vehicle crashes, etc.).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Employees are trained on proper accident reporting procedures.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
INJURY MANAGEMENT			
Formal accident reporting procedures are in place.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
A formal post-injury program is in place which includes a prompt reporting requirement.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Procedures are in place for thorough root cause investigation.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
A process to identify and implement preventative measures and/or corrective actions has been developed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
A formal modified duty program is in place.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Guidelines for developing job-specific tasks to accommodate work restrictions are in place.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
A designated medical provider has been identified for the organization.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Designated supervisory staff maintain regular communication with injured workers.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Communication is planned and maintained among all parties (e.g., employer, employee, medical provider, and insurance provider) to ensure efficient claim management.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
HAZARD-SPECIFIC SAFETY PROGRAMS			
The following hazard-specific safety programs and/or policies are in place (check all that apply):			
<input type="checkbox"/> Active shooter program			
<input type="checkbox"/> Behavior management program			
<input type="checkbox"/> Footwear policy			
<input type="checkbox"/> Winter safety program	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Fleet safety program			
<input type="checkbox"/> Athletic participation policy			
<input type="checkbox"/> Contractor safety policy			
<input type="checkbox"/> Chemical hygiene program			
A process for equipment safety assessment (donation, installation, relocation and/or modification) is in place	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
JOB-SPECIFIC EXPOSURES			
Manual Material Handling			
Vendors are responsible for delivering products to designated storage areas.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Employees are required to use appropriate equipment for specific tasks (e.g., desk/chair movers, carts, dollies, pallet jacks, forklifts, etc.).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Team lift criteria in place for any large, awkwardly shaped items or when requested.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Items that weigh 25 lbs. or more are stored at waist height.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Personal protective equipment is provided to employees when needed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Physically challenging tasks have been eliminated or are controlled (check all that apply):			
<input type="checkbox"/> Lifting overfilled trash containers/bags			
<input type="checkbox"/> Lifting trash containers/bags over shoulder into dumpster			
<input type="checkbox"/> Cafeteria tables – lifting/moving alone	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Lifting items more than 50 lbs.			
<input type="checkbox"/> Food or supplies handling and transport			
<input type="checkbox"/> Other (specify):			
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

JOB-SPECIFIC EXPOSURES			
Slips/Trips/Falls			
Employees are required to wear slip-resistant footwear.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Manufacturer instructions for floor cleaning products are followed.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Floors are regularly inspected and thoroughly cleaned to remove water, grease, spilled food products, condensation, or other liquids.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
The following are readily available to remove slip/fall exposures (check all that apply): <input type="checkbox"/> Mops/squeegees <input type="checkbox"/> Floor fans <input type="checkbox"/> Wet/dry vac <input type="checkbox"/> Caution signs <input type="checkbox"/> Anti-slip mats <input type="checkbox"/> Step ladder/step stools <input type="checkbox"/> Anti-slip floor mats <input type="checkbox"/> Step stools/ladders/mobile stairs <input type="checkbox"/> Traction control devices (snow/ice)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Wet floor signs are conveniently stored in kitchen and common areas and available for use.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
A snow/ice removal program is in place and includes formal inspection process.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Motorized snow removal equipment is provided and used.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Interior and exterior site inspections are conducted to identify slip, trip, and fall hazards.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Approved ladders are provided to staff and required when working at heights.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Ladders are inspected prior to each use and removed from service if defects are found.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Approved steps stools are conveniently stored and available for use.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
A written fall prevention plan is in place and enforcing appropriate equipment to be used when working at heights (e.g., bulb/fixture replacement, HVAC filter changes, orchestra pits, stages, catwalks, balconies, loading docks, etc.).	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
JOB-SPECIFIC EXPOSURES			
Lacerations/Punctures			
Cut-resistant gloves are required when working with sharp objects.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Appropriate tools and equipment are provided and used.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Tools and equipment are inspected.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Saws and related mechanical devices are inspected and properly guarded.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Broken glass or other sharp objects are stored in separate containers for disposal.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Box cutters with retractable blades are provided/used.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
JOB-SPECIFIC EXPOSURES			
Chemical Safety			
Personal protective equipment is provided/used when working with chemicals.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Only approved chemicals are allowed onsite.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Chemicals are used according to manufacturer specifications.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
A Certified Pool Operator (CPO) is on staff.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
JOB-SPECIFIC EXPOSURES			
Driver Safety			
The organization maintains a formal list of qualified drivers.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Vehicles are inspected and part of a preventive maintenance program.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Adequate equipment is provided to staff who make deliveries, such as lift gates, ramps, etc.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
JOB-SPECIFIC EXPOSURES			
Bloodborne Pathogens			
The following are available and readily accessible in the event of an emergency (check all that apply):			
<input type="checkbox"/> Sharps containers			
<input type="checkbox"/> First-aid kit			
<input type="checkbox"/> PPE (e.g., latex gloves, goggles, pocket masks, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<input type="checkbox"/> Fire extinguishers			
<input type="checkbox"/> Eyewash stations			
<input type="checkbox"/> AED			
<input type="checkbox"/> Other (specify):			
Other:	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

Notes: