



Contact Kevin Kilcoyne for more information: 800-874-4798, Ext. 106

WORKSITE EVALUATION DOCUMENT

GENERAL INFORMATION

COMPANY NAME: _____ DATE: _____
 ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____
 PERSON INTERVIEWED/REQUESTING STAFF: _____ # EMPLOYEES REQUESTED: _____
 PHONE: _____ FAX: _____ EMAIL: _____
 INTERVIEWER (STAFFING COMPANY EMPLOYEE NAME): _____
 NATURE OF OPERATIONS (BRIEF DESCRIBE): _____

OSHA 300 INFORMATION

DOES CUSTOMER MAINTAIN OSHA 300 LOG? YES NO MAY WE REVIEW? YES NO
 DOES OSHA 300 LOG INCLUDE INJURIES ASSOCIATED WITH TEMPORARY WORKERS, IF CLIENT IS CURRENTLY USING TEMPS? YES NO
 CURRENT YEAR NUMBER OF ACCIDENTS: _____ PRIOR YEAR NUMBER OF ACCIDENTS: _____
 COMMENTS ON OSHA 300 LOG AND/OR COMMON INJURY TYPES:
 HAS AN OSHA ESTABLISHMENT SEARCH BEEN CONDUCTED? YES NO
 WERE THERE ANY VIOLATIONS / CITATIONS IN PAST 5 YEARS FOR THIS COMPANY? IF YES, ATTACH YES NO

JOB DUTIES INFORMATION

DOES THE COMPANY HAVE WRITTEN JOB DESCRIPTIONS THAT THEY CAN PROVIDE? YES NO
 ARE THERE PHYSICAL CAPABILITIES REQUIREMENTS FOR THE JOB DESCRIPTIONS? YES NO
 IF NO, COMPLETE A JOB DESCRIPTION USING THE QUICK JOB DESCRIPTION TEMPLATE

PERSONAL PROTECTIVE EQUIPMENT (PPE)

IS THERE A WRITTEN PERSONAL PROTECTIVE EQUIPMENT (PPE) PROGRAM? YES NO
 DO YOU PROVIDE TEMPORARY EMPLOYEES WITH REQUIRED PPE? YES NO
 DO YOU DOCUMENT TRAINING ON PROPER USE OF REQUIRED PPE? YES NO

<u>TYPE</u>	<u>REQUIRED</u>	<u>DESCRIPTION/SPECIFICATION (CHECK ALL THAT APPLY)</u>
EYES/FACE	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> GLASSES <input type="checkbox"/> GOGGLES <input type="checkbox"/> FACE SHIELD
HEAD	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> HARD HAT
HEARING	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> EAR PLUGS <input type="checkbox"/> EAR MUFFS
RESPIRATOR	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> DUST MASK <input type="checkbox"/> CARTAGE <input type="checkbox"/> AUXILLARY AIR
SAFETY SHOES	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> STEEL TOED <input type="checkbox"/> SLIP/SKID PROOF <input type="checkbox"/> RUBBER SOLE
WORK GLOVES	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> LEATHER <input type="checkbox"/> CUT RESISTANT <input type="checkbox"/> SLIP RESISTANT <input type="checkbox"/> INSULATED
BACK BELTS	<input type="checkbox"/> YES <input type="checkbox"/> NO	

COMMENTS ON ADDITIONAL PPE THAT IS REQUIRED: _____

ACCIDENT / INJURY MANAGEMENT INFORMATION

DESCRIBE PROCEDURES FOR REPORTING ACCIDENTS/INJURIES TO STAFFING AGENCY:

COORDINATOR NAME FOR CLIENT IN CHARGE OF ACCIDENT REPORTING AND INVESTIGATIONS: _____

MAY WE HAVE A LIST OF MEDICAL PROVIDERS UTILIZED FOR WORKPLACE INJURIES (N/A IN ALL STATES) YES NO N/A

WILL YOU COOPERATE WITH STAFFING AGENCY OR THEIR AUTHORIZED REPRESENTATIVE TO INVESTIGATE ANY AND ALL ACCIDENTS INVOLVING OUR TEMPORARY WORKERS? YES NO

ARE ACCIDENT INVESTIGATIONS REVIEWED AND FOLLOWED-UP FOR CORRECTIVE ACTIONS? YES NO

DO YOU HAVE FIRST AID CAPABILITIES AT YOUR PREMISES? YES NO

DOES THE COMPANY PROVIDE LIGHT DUTY FOR INJURED TEMPORARY EMPLOYEES? YES NO

DOES COMPANY HAVE VIDEO CAMERA ACCESS ON SITE? YES NO

WILL OUR AGENCY BE ABLE TO REVIEW VIDEO AFTER ANY INCIDENTS? YES NO

WHAT AREAS OF THE FACILITY HAVE VIDEO ACCESS _____

SAFETY PROGRAM INFORMATION / TRAINING

DO YOU DRUG-TEST ALL EMPLOYEES PRIOR TO START OF EMPLOYMENT? YES NO

DO YOU HAVE A WRITTEN SAFETY POLICY OR INJURY ILLNESS PREVENTION PROGRAM (IIPP)? YES NO

DO TEMPORARY EMPLOYEES RECEIVE WRITTEN SAFETY RULES, AND MAY WE HAVE A COPY? YES NO

ARE WRITTEN EMERGENCY PROCEDURES GIVEN TO EMPLOYEES AND MAY WE HAVE A COPY? YES NO

IS THERE A DISCIPLINARY PROCESS IN FORCE, REGARDING SAFETY COMPLIANCE? YES NO

MAY WE HAVE A COPY OF YOUR DISCIPLINARY PROCESS FOR OUR FILE? YES NO

ARE REQUIRED OSHA AND WC POSTERS PROMINENTLY DISPLAYED? YES NO

DO TEMPORARY EMPLOYEES RECEIVE THE FOLLOWING TRAINING AND IS IT DOCUMENTED:

GENERAL COMPANY ORIENTATION / JOB SPECIFIC SAFETY ORIENTATION YES NO

HAZARD COMMUNICATION / MATERIAL SAFETY DATA SHEETS (MSDS) YES NO

PROPER LIFTING TECHNIQUES / BODY MECHANICS YES NO

WILL WE BE PROVIDED A COPY OF THESE TRAINING MATERIALS/DOCUMENTATION YES NO

IS TRAINING PROVIDED TO TEMPORARY EMPLOYEES REGARDING NEW HAZARDS, CHEMICALS PROCEDURES, OR PREVIOUSLY UNRECOGNIZED HAZARDS? YES NO

IS THERE A PROCEDURE TO IDENTIFY, EVALUATE, AND CORRECT WORKPLACE HAZARDS? YES NO

IS THERE A SAFETY INCENTIVE PROGRAM, AND ARE TEMPORARY EMPLOYEES INCLUDED? YES NO

DO YOU HAVE A SAFETY COMMITTEE, AND MAY WE PARTICIPATE? YES NO

DESCRIBE WHAT REGULARLY SCHEDULED SAFETY MEETINGS ARE CONDUCTED: _____

DO THEY INCLUDE TEMPORARY EMPLOYEES? YES NO

ANY ADDITIONAL COMMENTS: _____

ERGONOMICS INFORMATION

DESCRIBE WHAT BASIC ERGONOMICS PROGRAMS AND POLICIES YOU HAVE IMPLEMENTED FOR INJURY PREVENTION?

DESCRIBE WHAT YOU ARE DOING TO PREVENT SPRAIN/STRAIN TYPE INJURIES? (Examples: Job rotation, hydraulic lifts, etc.)

DESCRIBE WHAT YOU ARE DOING OR HAVE DONE TO PREVENT BACK INJURIES? (Examples: Team lifting, material handling equipment, etc.)

GENERAL OBSERVATIONS

WHAT IS GENERAL ATTITUDE TOWARD TEMPORARY EMPLOYEES AT THIS FACILITY?

WHAT IS THE GENERAL ATTITUDE TOWARD SAFETY AT THIS FACILITY?

DOES THIS WORKSITE APPEAR TO BE A SAFE PLACE FOR OUR EMPLOYEES TO WORK? YES NO

INTERVIEWER SIGNATURE: _____

DATE: _____

FACILITY TOUR

CUSTOMER NAME _____

HOUSEKEEPING

- IS THE WORKPLACE CLEAN AND FREE OF OBSTRUCTIONS? YES NO
- ARE WORKER / PEDESTRIAN WALKWAYS CLEARLY MARKED? YES NO
- ARE BUILDING EXITS CLEARLY MARKED AND FREE OF OBSTRUCTIONS? YES NO
- ARE RESTROOMS / BREAKROOMS / CHANGING AREAS CLEAN? YES NO
- IS FACILITY WELL-LIT IN ALL AREAS (INSIDE AND OUTSIDE PREMISES)? YES NO
- YARDS AND PARKING LOT CLEAN? YES NO

MATERIAL HANDLING / POWERED INDUSTRIAL TRUCKS (PIT) - VEHICLE TRAFFIC

- ARE TRAFFIC AISLES CLEARLY MARKED? YES NO N/A
- IS PRODUCT STORED/ STACKED SO THEY ARE STABLE/SECURE? YES NO N/A
- ARE ALL FORKLIFT / PIT OPERATORS CERTIFIED AS REQUIRED BY OSHA? YES NO N/A

GENERAL SAFETY

- ARE ALL EMPLOYEES WEARING REQUIRED PPE? YES NO N/A
- ARE SAFETY RULES OBSERVED BY EMPLOYEES? YES NO
- IS THERE A "NO CELL PHONE" USE POLICY WHILE WORKING? YES NO
- SMOKING PROHIBITED OR CONFINED TO AUTHORIZED AREAS? YES NO
- ARE FIRST AID KITS AVAILABLE AND ADEQUATE? YES NO
- ARE SAFETY WARNINGS VISIBLE AND AUDIBLE? YES NO
- SITE WALKTHROUGH PERFORMED WITH TEMP WORKERS AND DOCUMENTED?
(FIRST AID, PROPER EXITS, WASH STATIONS, FIRE EXTINGUISHERS) YES NO

CHEMICAL SAFETY

- ARE FLAMMABLE LIQUIDS STORED IN DESIGNATED AREA? YES NO N/A
- ARE MATERIAL SAFETY DATA SHEETS (MSDS) AVAILABLE FOR QUICK REFERENCE? YES NO N/A
- ARE ALL HAZARDOUS MATERIALS PROPERLY LABELED? YES NO N/A

MACHINE OPERATIONS & GUARDING

- DO EMPLOYEE SHUT OFF/SHUT DOWN MACHINERY WHEN UNATTENDED? YES NO N/A
- DID MACHINERY APPEAR TO HAVE ALL MANUFACTURERS GUARDS IN PLACE AND ARE EMPLOYEES USING THEM? YES NO N/A
- ARE AUTOMATIC SHUTOFFS (SUCH AS LIGHT CURTAINS) IN USE? YES NO N/A
- LOCKOUT / TAGOUT PROCEDURES OBSERVED? YES NO N/A
- VENTILATION EXHAUST SYSTEMS PRESENT AND OPERATIONAL? YES NO N/A
- IS LOOSE CLOTHING OR JEWELRY PROHIBITED WHERE IT MAY GET CAUGHT IN MACHINERY? YES NO N/A
- IS HAIR TIED-BACK / NETTED TO PREVENT BEING CAUGHT IN MACHINERY? YES NO N/A

FIRE PROTECTION

- ARE FIRE EVACUATION AND EMERGENCY PLANS POSTED? YES NO
- ARE TEMPORARY WORKERS TRAINED TO USE FIRE EXTINGUISHERS? YES NO
- ARE FIRE EXTINGUISHERS LOCATIONS CLEARLY MARKED? YES NO

COMPLETED BY: _____

CLIENT SIGNATURE _____

DATE: _____

DATE: _____

For further information contact Kevin Kilcoyne at Barrow Group: 800-874-4798, Ext. 106