

SAFETY & HEALTH PROGRAM GAP ASSESSMENT



HOUSEKEEPING

		YES	NO	Don't Know	COMMENTS (Use additional pages as necessary)
1.	Floors, stairs and aisles cleared of obstructions				
2.	Are walking surfaces free from tripping hazards				
3.	Is food consumed where chemicals are used				
4.	Are stairs, walks and ramps cleared of ice/snow				
5.	Minimum aisle width 28"				
6.	Are file cabinet drawers open when not in use				
7.	Are computer, telephone or other electrical cords positioned to prevent tripping				
8.	Does material storage present a fall hazard				

FIRE AND EMERGENCY EVACUATION

		YES	NO	Don't Know	COMMENTS (Use additional pages as necessary)
1.	Are fire evacuation plans posted				
2.	Are employees familiar with evacuation plans, routes, and accountability areas				
3.	Are fire extinguishers posted and unobstructed				
4.	Are fire extinguishers checked and serviced				
5.	Are exits identified/ marked and unobstructed				
6.	Are accommodations made to support and account for handicapped employees				
7.	Is there an employee alarm system				
8.	Is smoking permitted in the workplace				
9.	Enter date of last fire drill				

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ELECTRICAL

		YES	NO	Don't Know	COMMENTS (Use additional pages as necessary)
1.	Are breaker boxes and panel board accessible and labeled				
2.	Are electrical cords positioned so that they are not placed under file cabinets, through walls, or positioned to create an electrical hazard				
3.	Are extension cords used as permanent wiring				
4.	Are outlets inspected for damage				
5.	Verify ground pins on extension cords				
6.	Are GFCI located in wet locations				
7.	Lockout devices located on electrical equipment				
8.	Lockout procedures posted at each machine – or is there a binder of procedures?				
9.	Are documented safe electrical work practices developed (>50V)				
10.	Are all panels accessible (clear space 42")				
11.	Are power taps being used for high amperage equipment (microwaves, heaters, printers)				

PERSONAL PROTECTIVE EQUIPMENT

		YES	NO	Don't Know	COMMENTS (Use additional pages as necessary)
1.	Is a PPE Certification Assessment developed for all job classifications				
2.	Is PPE readily available				
3.	Have employee received training on PPE				
4.	Is specific PPE required in work areas				
5.	Is the PPE Assessment updated regularly				
6.	Is the PPE identified appropriate for the environment (ANSI/NIOSH approved etc)				

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FIRST AID FACILITIES

		YES	NO	Don't Know	COMMENTS (Use additional pages as necessary)
1.	Are first aid services readily available				
2.	Are eye wash and showers present				
3.	Are eye wash and shower stations protected from accumulation of contaminants				
4.	Are designated employees trained in first aid				
5.	Is there an AED on-site?				

HAZARD COMMUNICATION

		YES	NO	Don't Know	COMMENTS (Use additional pages as necessary)
1.	Are material safety data sheets available				
2.	Is a written program developed				
3.	Is a designated employee responsible for the program				
4.	Has the program been evaluated annually				
5.	Are chemicals present without labels				
6.	Are chemicals stored in a safe manner				
7.	Are chemical stored in UL-listed cabinets				
8.	Is secondary containment provided				
9.	Is ventilation provided in storage areas				
10.	Is a written training program present				
11.	Have all employees trained in program (review records)				
12.	Is there a summary list of chemicals				

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POWERED INDUSTRIAL TRUCK OPERATIONS

		YES	NO	Don't Know	COMMENTS (Use additional pages as necessary)
1.	Is a written program developed				
2.	Is a written training program developed				
3.	Have employees been trained and authorized to operate forklifts				
4.	Is a training certificate and license issued				
5.	Are pre-trip inspections conducted				
6.	Is a preventive maintenance program developed				
7.	Who maintains forklifts				
8.	Are CO emissions monitored (if applicable)				
9.	Are inspections conducted on the horn, back-up alarm, and parking brake				
10.	Is the original load placard on truck				
11.	Enter date of last training program				

HOIST AND CRANES

		YES	NO	Don't Know	COMMENTS (Use additional pages as necessary)
1.	Is there a documented preventive maintenance program for slings, wire rope, hoists, and hooks				
2.	Are annual inspections conducted by a qualified/competent person (outside contractor)				
3.	Are all hooks equipped with safety latches				
4.	A load ratings marked				
5.	Are pendant controls marked to indicate function and direction of travel				
6.	Is lifting equipment inspected prior to each use				
7.	Are chain slings permanently affixed with identification stating size, grade, capacity, and reach				
8.	Are in-running nip-points on pulleys protected				

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HAND TOOLS AND EQUIPMENT

		YES	NO	Don't Know	COMMENTS (Use additional pages as necessary)
1.	Are hand tools maintained in good condition				
2.	Are chisels and punches maintained				
3.	Are power tools double insulated or protected by a grounding plug				
4.	Do grinding machines have proper guarding				
5.	Are machines anchored to prevent walking				
6.	Is compressed air used to clean employees & pressure maintained <30psi				

VENTILATION

		YES	NO	Don't Know	COMMENTS (Use additional pages as necessary)
1.	Has air sampling been conducted to evaluate airborne exposures to workplace contaminants				
2.	Are ventilation systems engineered according to the material collected				
3.	Are spray painting operations conducted in approved spray booth				

LOCKOUT/TAGOUT

		YES	NO	Don't Know	COMMENTS (Use additional pages as necessary)
1.	Is there a written lockout/tagout program				
2.	Have all employees been trained (authorized or affected)				
3.	Are proper devices available (locks, keys, devices)				
4.	Are training records maintained				
5.	Are there period/annual evaluation forms				
6.	Are there machine specific procedures				
7.	Does shutdown procedure include testing or attempting to restart the machine				

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MACHINE SAFEGUARDING

		YES	NO	Don't Know	COMMENTS (Use additional pages as necessary)
1.	Were any machines identified as having insufficient or inadequate guarding				
2.	Is there a machine inspection program				
3.	Have there been accident associated with machinery				
4.	Is there a power shut-off switch within reach of the operators work station				
5.	Are foot operated switches guarded to prevent contact and accidental activation				
6.	Are hand controlled switches guarded to prevent contact and accidental activation				
7.	Are emergency stop buttons colored RED				
8.	Are fan blades located below 7' guarded				

NOISE CONTROL AND EVALUATION

		YES	NO	Don't Know	COMMENTS (Use additional pages as necessary)
1.	Has there been noise testing/sampling				
2.	Are there any area with continuous noise levels at or above 85dBA				
3.	Are there noise levels in excess of 115dBA				
4.	Is there a hearing conservation program				
5.	Have employees received training in HCP				
6.	Are training records maintained				
7.	Do employees used hearing protection				
8.	Are baseline audiograms performed				
9.	Is the hearing conservation regulation posted for employee review				
10.	Is hearing protection required				

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PROGRAM MANAGEMENT

		YES	NO	Don't Know	COMMENTS (Use additional pages as necessary)
1.	Is there an accident reporting system				
2.	Are accident records maintained on-site				
3.	Is the annual posting maintained				
4.	Are medical records maintained on-site and kept separate from other personnel files				
5.	Is there a written safety program or policy statement approved by senior management				
6.	Is there a safety committee (50/50 mix)				
7.	Are safety committee records maintained				
8.	Is the yellow OSHA poster posted				

RESPIRATORY PROTECTION

		YES	NO	Don't Know	COMMENTS (Use additional pages as necessary)
1.	Are there respirators used in the workplace				
2.	Filtering facepieces				
3.	APR or PAPR's				
4.	Is there a written respirator program				
5.	Is there a respirator training program				
6.	Who conducts FIT testing				
7.	Respirators are cleaned and stored in a sanitary condition				
8.	Are medical evaluations conducted				
9.	Training and medical records are maintained				
10.	Are respirators NIOSH approved				
11.	Enter the name of the program administrator				

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HOUSEKEEPING AND WALKWAYS (Plant Operations)

		YES	NO	Don't Know	COMMENTS (Use additional pages as necessary)
1.	Floors, stairs and aisles cleared of obstructions				
2.	Are walking surfaces free from tripping hazards				
3.	Are permanent aisles identified				
4.	Are stairs, walks and ramps cleared of ice/snow				
5.	Is the minimum aisle width 28"				
6.	Are appropriate railings provided on stairways				
7.	Are computer, telephone or other electrical cords positioned to prevent tripping				
8.	Does material storage present a fall hazard				
9.	Are floor loads marked on mezzanines				
10.	Are standard guardrails provided in areas where the fall potential is >4'				

CONFINED SPACE OPERATIONS

		YES	NO	Don't Know	COMMENTS (Use additional pages as necessary)
1.	Are there confined spaces in the workplace				
2.	Are any of the spaces considered to be permit-required confined spaces				
3.	Can employees enter and perform assigned work within spaces				
4.	Has atmospheric testing been conducted				
5.	Are employees trained				
6.	Is a formal contract established with a rescue service				
7.	Do contractors enter confined spaces				
8.	Is air testing equipment available				
9.	Is the confined space identified because of the potential for a hazardous atmosphere				

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BLOODBORNE PATHOGENS

		YES	NO	Don't Know	COMMENTS (Use additional pages as necessary)
1.	Are employees assigned first aid duties?				
2.	Has the employer identified positions with occupational exposure to potentially infectious materials (PIM)?				
3.	Has an Exposure Control Plan been developed?				
4.	Has a Sharps Injury Log been developed?				
5.	Have potentially exposed employees received a Hepatitis-B vaccination?				
6.	Is the written program reviewed annually?				
7.	Are employees trained (annually)?				

COMPRESSED GAS STORAGE

		YES	NO	Don't Know	COMMENTS (Use additional pages as necessary)
1.	Are only authorized and trained personnel permitted to use welding, cutting and brazing equipment				
2.	Is gas properly stored (20' or ½ hr. barrier wall separating fuel gas and oxygen)				
3.	Are cylinders protected from external damage				
4.	Are cylinders stored in the upright position				
5.	Are there procedures established for transporting or moving fuel gas (ex. acetylene)				
6.	Are flash-back devices used with torches				
7.	Are gas hoses protected from damage				
8.	Are gas pressures controlled (ex. acetylene)				
9.	Are no smoking signs posted				