



ACEC/PA

American Council of Engineering Companies
of Pennsylvania

2040 Linglestown Road, Suite 200

Harrisburg, PA 17110-9568

Phone: 717-540-6811

Fax: 717-540-6815

Safety & Health Risk Control Assessment Manual

This risk assessment manual is created by ACEC/PA for the sole purpose of assisting member firms in determining their safety and health needs while engaged in firm related activities. It is not intended to provide legal or other advice. Appropriate legal, insurance, or other advice should be sought. It does not create any duties or liability on ACEC/PA its officers, staff or members.

Everything contained in the evaluation forms may not be applicable to every firm. Firms are encouraged to modify the forms as appropriate.

Compiled by the ACEC/PA Safety and Health Committee, February 2003.

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Health & Safety Risk Control Assessment

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Frequency and Severity Trends

1. Is accident frequency trending downward and below the SIC/BLS rate?

Yes No N/A

Actions:

2. Is accident severity trending downward and below the SIC/BLS rate?

Yes No N/A

Actions:

Loss Prevention Direction/Organization/Commitment

3. Does the company have a written and up-to-date program/procedure regarding employee security in the facility and on the premises?

Yes No N/A

Actions:

4. Does the company have a written safety policy statement?

Yes No N/A

Actions:

5. Is the company safety policy statement consistently communicated to all employees such as via inclusion in ISO 9000 procedures, job description, the company handbook, bulletin board posting, or similar documentation?

Yes No N/A

Actions:

6. Does the company have a safety manual or equivalent that is available to all employees in writing or via CD-ROM, the Internet, or included in ISO or other internal policies/procedures?

Yes No N/A

Actions:

7. Do all employees sign a form acknowledging receipt and understanding of the policy and manual?

Yes No N/A

Actions:

8. If yes to #7, is the form maintained in an easily obtained format?

Yes No N/A

Actions:

9. Are all company safety policies/procedures reviewed continually or at least annually?

Yes No N/A

Actions:

10. Do company safety policies/procedures include provisions for disciplinary actions for failure to comply with safety rules/procedures?

Yes No N/A

Actions:

11. Are supervisory safety responsibilities formally outlined in writing?

Yes No N/A

Actions:

12. Are safety & health rules covered in other operating policies and procedures where appropriate? i.e. listed in job descriptions and/or referenced in other procedures?

Yes No N/A

Actions:

13. If the company has multiple locations or internal departments, are the locations/departments at the lowest level possible held accountable for the losses attributable to their operations?

Yes No N/A

Actions:

14. Are employees safety responsibilities formally outlined in writing?

Yes No N/A

Actions:

15. Is safety performance specifically included in supervisor performance evaluations?

Yes No N/A

Actions:

16. Is safety performance specifically included in employee performance evaluations?

Yes No N/A

Actions:

17. Does the company have clearly defined objective loss prevention goals that are updated at least annually and communicated in writing to all employees?

Yes No N/A

Actions:

18. Does the company compare loss information to production statistics or criteria other than the OSHA frequency and severity information?

Yes No N/A

Actions:

19. Do all employees clearly understand how to report unsafe acts and/or conditions?

Yes No N/A

Actions:

20. Does the company have a designated safety coordinator?

Yes No N/A

Actions:

21. Is the designated safety coordinator authorized to stop work if an unsafe condition or work practice is noticed?

Yes No N/A

Actions:

22. Are employees empowered to stop work if unsafe conditions or actions are identified?

Yes No N/A

Actions:

23. Is top management support of safety activities clearly in evidence?

Yes No N/A

Actions:

24. Does top management periodically participate in safety meetings?

Yes No N/A

Actions:

25. Does the company have a joint management/employee safety committee?

Yes No N/A

Actions:

26. Does the safety committee conduct facility inspections including observation for unsafe work practices?

Yes No N/A

Actions:

27. Does the committee review accident information and make recommendations to management for prevention of future incidents?

Yes No N/A

Actions:

28. Does the committee review “near miss” accident information and make recommendations to management for prevention of future incidents?

Yes No N/A

Actions:

29. Are written minutes/notes of committee meetings prepared and communicated and/or made available to all employees/

Yes No N/A

Actions:

30. Is the safety committee involved in setting and monitoring safety program objectives?

Yes No N/A

Actions:

31. Does the company have a written and up-to-date job safety analysis program/procedure?

Yes No N/A

Actions:

Substance Abuse Prevention & Control

32. Does the company have a written substance abuse policy including a form acknowledging receipt of the policy and understanding of its contents?

Yes No N/A

Actions:

33. If yes, is the form maintained in the individual’s personnel file?

Yes No N/A

Actions:

34. Does the substance abuse policy address alcohol use/abuse including specific levels for being under the influence, possession and consumption (including at company parties/picnics, social functions and business entertainment)?

Yes No N/A

Actions:

35. Is the substance abuse policy reviewed annually and updated as necessary to reflect current laws and regulations at the Federal, State, local and case law level?

Yes No N/A

Actions:

36. Does the company conduct drug/alcohol testing?

Yes No N/A

Actions:

37. Where permitted by law, does the company post accident drug/alcohol testing required for all accidents involving serious property damage and/or injury involving medical attention away from the facility?

Yes No N/A

Actions:

38. Does the company have an introductory period (30, 60, 90 days) during which all newly hired employees are drug tested?

Yes No N/A

Actions:

39. Is the company drug testing lab certified by the National Institute on Drug Abuse/Substance Abuse Mental Health Service Administration?

Yes No N/A

Actions:

40. Does the company use a Medical Review Officer to review drug test information before test results are reported to the company?

Yes No N/A

Actions:

41. Does the company provide a resource for employees to seek help for substance abuse?

Yes No N/A

Actions:

Accident Investigation & Claims Management

42. Does the company have a formal accident investigation policy/procedure?

Yes No N/A

Actions:

43. Does the accident investigation policy/procedure require that the direct supervisor complete the accident report and/or investigation form, and implement corrective action?

Yes No N/A

Actions:

44. Have all supervisory staff received training in accident investigation procedures and techniques in the last two years?

Yes No N/A

Actions:

45. Are accident records organized, easily understood, and able to be produced upon request?

Yes No N/A

Actions:

46. Are accident records and monetary loss information reviewed quarterly and communicated to all appropriate personnel in order to identify trends?

Yes No N/A

Actions:

47. Does the company maintain and analyze a log of First Aid injuries to identify trends and future occurrences?

Yes No N/A

Actions:

Claims Management

48 Does the company have a designated claim reporting and follow-up coordinator and is the coordinator instructed to report claims to claim provider immediately upon notification?

Yes No N/A

Actions:

49. Does the company have pre-established doctor/clinic relationship at all operating facilities?

Yes No N/A

Actions:

50. Has a representative of the doctor/clinic been to the company for a survey of the facilities and to meet with the company loss control/claims management personnel?

Yes No N/A

Actions:

51. Is the claims coordinator knowledgeable on the special handling instructions of the claims management provider?

Yes No N/A

Actions:

52. Does the company claim coordinator review monetary loss information every month and communicate with appropriate personnel?

Yes No N/A

Actions:

53. Does the company have a written return-to-work/transitional/modified duty program?

Yes No N/A

Actions:

54. Does the company have a system in place whereby an injured employee's supervisor keeps in contact with him/her at least weekly while the employee is off work due to work related injury/illness?

Yes No N/A

Actions:

Motor Vehicle Safety & Controls

55. Does the company obtain and review, before hire and at least yearly, motor vehicle record checks on all employees who on a regular basis may operate a motor vehicle for company business?

Yes No N/A

Actions:

56. Does the company have an established process/procedure for objectively reviewing MVR reports?

Yes No N/A

Actions:

57. Does the company have a documented driver road test program/procedure (behind the wheel) and motor vehicle safety policy in place for all employees who may operate a motor vehicle for company business?

Yes No N/A

Actions:

58. Does the company have a documented periodic supervisory check ride program/procedure in place?

Yes No N/A

Actions:

59. Do drivers of company vehicles conduct daily documented vehicle inspections?

Yes No N/A

Actions:

60. Does the company have a documented, scheduled vehicle physical maintenance program/procedure in place for all company owned vehicles and are records maintained?

Yes No N/A

Actions:

61. Does the company have a documented training program/procedure for all driver employees covering how to safely enter and exit large vehicles, i.e., three-point entry technique or curb only entry?

Yes No N/A

Actions:

62. Does the company have a documented training program/procedure for all drivers on safe materials handling and back injury prevention?

Yes No N/A

Actions:

63. Does the company have a documented program/procedure for drivers to follow in case of vehicle breakdown including names of those to contact?

Yes No N/A

Actions:

64. Does the company have a documented route planning program/procedure in place for trip planning for all drivers?

Yes No N/A

Actions:

65. Are cameras provided on each vehicle for accident documentation purposes, and are the drivers instructed on what photos to take (angles, damage, etc.) and what photos not to take?

Yes No N/A

Actions:

Emergency Preparation & Response

66. Does the company have an emergency response plan for dealing with fire which includes diagrams showing exits, fire extinguisher locations, egress routes and telephone numbers posted?

Yes No N/A

Actions:

67. Does the company have an emergency response plan for weather emergencies; tornadoes, hurricanes, severe winter storms?

Yes No N/A

Actions:

68. Does the company have an emergency response plan for earthquakes?

Yes No N/A

Actions:

69. Does the company have an emergency response plan for chemical spills/emergencies?

Yes No N/A

Actions:

70. Does the company have an emergency response plan for equipment failures/shutdowns or utility disruptions?

Yes No N/A

Actions:

71. Does the company have an emergency response drills for the applicable above possibilities?

Yes No N/A

Actions:

72. Does the company have an emergency response plan for dealing with medical emergencies, including names and locations?

Yes No N/A

Actions:

73. Does the company have a written and up-to-date program/procedure regarding the storage, protection and retrieval of vital company documents and records including off site storage and backups?

Yes No N/A

Actions:

Inspections/Hazard Surveys

74. There are no significant loss exposures from adjoining premises?

Yes No N/A

Actions:

75. Does the company have a work are inspection/hazard survey system in place to help identify hazards in the workplace?

Yes No N/A

Actions:

76. Does the company have a job observation system in place to help identify unsafe acts or "at risk" behaviors?

Yes No N/A

Actions:

77. Does the company have a system in place for follow-up on hazards noted in the surveys indicating actions to be taken, who they are assigned to and completion deadlines?

Yes No N/A

Actions:

78. Does the company have a written and up-to-date equipment preventive maintenance program/procedure including actions to be taken, whose responsibilities are assigned to completion target dates

Yes No N/A

Actions:

79 Is there a process for documenting and communicating inspection/hazard survey findings to management?

Yes No N/A

Actions:

80. Are hand and power tool inspected on a regular basis?

Yes No N/A

Actions:

Ergonomics/Material Handling

81. Do you have a formal ergonomic program that includes written ergonomic related goals and objectives?

Yes No N/A

Actions:

82. Has your facility conducted formal ergonomic training within the last three years?

Yes No N/A

Actions:

83. Have formal ergonomic evaluations of work tasks or workstations been conducted within the past three years?

Yes No N/A

Actions:

84. Are work areas designed and layouts reviewed for possible workflow and ergonomic improvements prior to implementation?

Yes No N/A

Actions:

85. Are accident trends reviewed to identify repetitive trauma and other sprain/strain related injuries?

Yes No N/A

Actions:

86. Do you have a work group established to specifically focus on ergonomic issues including the identification and correction of ergonomic risk factors and problems?

Yes No N/A

Actions:

Loss Prevention Orientation & Training

87. Does the company have a formal documented employee safety orientation program?

Yes No N/A

Actions:

88. Does employee safety training/education include employee sign-in sheet, documented quizzes/testing to verify employee understanding of the training presented?

Yes No N/A

Actions:

89. Does the company have a program that promotes safety awareness and motivates safe behavior?

Yes No N/A

Actions:

90. Does the company have a program/procedure in place for required employee refresher safety training?

Yes No N/A

Actions:

Compliance Activities

91. Does the company have staff trained and certified in CPR/First Aid, and if so, are they provided with the necessary personal protective equipment and training that addresses blood-borne pathogen exposures?

Yes No N/A

Actions:

92. Does the company have a written and up-to-date confined space entry program/procedure?

Yes No N/A

Actions:

93. Does the company have a written and up-to-date hazard communication program/procedure?

Yes No N/A

Actions:

94. Does the company have a written and up-to-date lockout/tagout program/procedure?

Yes No N/A

Actions:

95. Does the company have a written and up-to-date hearing conservation program/procedure?
Yes No N/A

Actions:

96. Does the company have a written and up-to-date respiratory protection program/procedure?
Yes No N/A

Actions:

97. Does the company have a written and up-to-date chemical emergency program/procedure?
Yes No N/A

Actions:

98. Does the company have a written and enforced eye protection program/procedure?
Yes No N/A

Actions:

99. Does the company have a written and up-to-date lift/powerd industrial truck operator certification program/procedure?
Yes No N/A

Actions:

100. Does the company have a written and up-to-date hazardous waste control and disposal program/procedure?
Yes No N/A

Actions:

101. Does the company have a written and up-to-date fire protection equipment inspection and training program/procedure covering items such as standpipes, fire extinguishers, sprinkler systems and fixed extinguishing systems?
Yes No N/A

Actions:

102. Does the company have a written hazard, up-to-date and enforced personal protective equipment (PPE) policy including a written hazard assessment PPE inspection and replacement as well as training in proper PPE use?
Yes No N/A

Actions:

103. Does the company have a written and up-to-date procedure outlining how to respond to an OSHA inspection including names of primary contacts and alternates?

Yes No N/A

Actions:

104. Does the company have a written and up-to-date hot-work program requiring permits, employee training and personal protective equipment?

Yes No N/A

Actions:

105. Does the company have a program/procedure in place for on-going employee safety training in handling multi-piece rim wheels?

Yes No N/A

Actions:

106. Does the company have a written and up-to-date electrical safety training program?

Yes No N/A

Actions:

107. Does the company have a program/procedure in place for assurance that all contractors working onsite have provided (prior to providing service) a certificate of insurance that either meets or exceeds the requirements of the insurance program, and that the company is listed as an "additional insured" on the certificate?

Yes No N/A

Actions:

108. Does the company have a written and up-to-date procedure for inspecting (sidewalks, public areas, etc.) for and controlling hazardous exposure to visitors and/or general public?

Yes No N/A

Actions:

Liability Exposures

109. Are all exit paths in public areas clearly marked and unobstructed?

Yes No N/A

Actions:

110. Is all public area exit/emergency lighting operable and periodically tested?

Yes No N/A

Actions:

111. Is the general public, drivers, delivery personnel, and clients restricted from access to production/warehouse areas?

Yes No N/A

Actions:

112. If tours are given to the public, or if persons other than employees are permitted access to production areas, are they required to sign in and out, are they closely supervised, and are they provided with an necessary personal protective equipment?

Yes No N/A

Actions:

113 Are elevators for public use inspected as per applicable building codes and are they posted that they should not be used in case of fire?

Yes No N/A

Actions:

114. If the company has operations in cold weather areas, does the company have an adequate snow/ice control and removal plan?

Yes No N/A

Actions:

115 Are handrails provided for any public access stairways, ramps, or other entry areas and are they in good condition/secure and properly illuminated?

Yes No N/A

Actions:

116. Has the company conducted and "attractive nuisance" survey to help ensure that potential exposures are minimized and/or controlled?

Yes No N/A

Actions:

117. Does the company have on-site fitness equipment, basketball courts, work out rooms, etc., and if so has the company implemented a policy restricting use of the premises to employees only?

Yes No N/A

Actions:

118. Does the company have a policy and procedure in place to alert outside contractors and vendors working on company premises to the presence of hazardous materials on site?

Yes No N/A

Actions:

119. Does the company have adequate security policies and procedures in place?

Yes

No

N/A

Actions:

Safety and Health Project Assessment

Date: _____ Client: _____

Project: _____

Project Number: _____ Project Manager: _____

Project Description: _____

<u>APPLICABLE PROCEDURES</u>	<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>ACTION TAKEN</u>
Confined Space Entry				
• Assigned employees trained				_____
• Subcontractor employed				_____
• Special client requirements				_____
• Equipment needs satisfactory				_____
Hazardous Waste Operations				
• Assigned employees trained				_____
• Site Safety & Health Plan prepared				_____
• Subcontractor employed				_____
• Medical monitoring current				_____
• Equipment needs satisfactory				_____
Respiratory Protection				
• Respirator selection complete				_____
• Assigned employees trained				_____
• Medical monitoring current				_____
• "Fit test" current				_____
• Attendant assigned				_____
• Equipment maintenance performed				_____
Hazardous Chemical Safety				
• Hazard communication training				_____
• Handling techniques addressed				_____
Asbestos				
• Assigned employees trained				_____
• Subcontractor employed				_____
• Special client requirements				_____
• Equipment need satisfactory				_____
Exposure to Lead				
• Protection needed				_____
Material Handling Involved				
• Unusual size, shape, weight				_____
• Special Equipment warranted				_____

Safety and Health Project Assessment

Project: _____

Project Number: _____ Project Manager: _____

<u>APPLICABLE PROCEDURES</u>	<u>YES</u>	<u>NO</u>	<u>N/A</u>	<u>ACTION TAKEN</u>
Personal Protective Equipment				_____
• Gloves				_____
• Glasses				_____
• Hearing Protection				_____
• Hard hat				_____
• Safety shoes				_____
• Other				_____
Traffic Control Safety Warranted				_____
Hand and Power Tool Safety				_____
Use of Portable Ladder				_____
Sampling Activities				_____
• Involving confined space entry				_____
• Material handling safety				_____
• Traffic control safety				_____
• Use of portable ladders				_____
• From water craft				_____
• Special protection developed				_____
Fall Protection Standards				_____
• Walking/working surface 6 feet				_____
• Potential to fall through holes				_____
• Covers for holes warranted				_____
• Edge of excavation				_____
• Well, pit, shaft, manhole				_____
• Structural inspection				_____
• Guardrail system warranted				_____
• Safety net warranted				_____
• Personal fall arrest warranted				_____
• Assigned employees trained				_____
Protection from Falling Objects				_____

This risk assessment form is created by (firm name) for the sole purpose to determine, plan, and budget for the safety and health needs of its employees while engaged in its activities. It is not intended to and does not create any duties on (firm name) employees or (firm name) itself with regard to safety of persons other than (firm name) employees.