

Pacific Employers, Advisors to Management

SB 198 ILLNESS & INJURY PREVENTION PROGRAM

SAFETY AND HEALTH PROGRAM SURVEY

This Survey helps Pacific Employers design an SB 198 Illness & Injury Prevention Program. Once this program is in place, you will have an effective tool for improving workplace operations, controlling hazards, reducing accidents and losses, increasing productivity, and complying with California occupational safety and health regulations.

Name of Company _____ Phone _____

Address _____ City, State, Zip _____

Type of Business _____

Main Activities _____

Do you have More or Less Than 10 Employees? Circle only one: More or Less

Will you set up an Employee Safety Committee? (**NOT-RECOMMENDED**) Circle one: Yes or No

If you set up Employee Safety Committee How Often will they meet?
 Weekly? _____ Monthly? _____ Quarterly? _____
 When? Example: meetings on 1st Wednesday of each month. _____

Questions on Responsibility

If a Single Person Responsibility (RECOMMENDED)
 Name of person who has full authority to implement safety program. _____

- OR -
If a Multi-Responsibility (NOT-RECOMMENDED)
 The overall administration of the Injury Prevention Program is the responsibility of (Insert name of person who has authority to implement safety program). The following are the areas of responsibility and the people assigned to these responsibilities.

1. Processing reports and investigations pertaining to accidents and injuries. These reports are : Accident and Safety Analysis Report, Employer's Injury Reports and Doctor's Medical Reports.
 Responsible Person: _____ (Title) _____
2. Inspect Company operations each calendar quarter and to report findings to the appropriate supervisor and his or her superior for corrections. It is, however, the responsibility of each supervisor to perform an inspection of his or her area and equipment at least once a month, and to document the inspections findings.
 Person responsible: _____ (Title) _____
3. Develop and implement employee safety training program.
 Assigned person: _____ (Title) _____
4. Follow-up on all safety suggestions.
 Assigned person: _____ (Title) _____

5. Purchase the necessary personnel protective safety equipment.

Assigned person: _____ (Title) _____

6. Develop and implement the Company's Employee Safety Communication program.

Assigned person: _____ (Title) _____

Do you have Stairs? Circle one: Yes or No

Do you have a railroad siding? Circle one: Yes or No

Do you use Respirators? Circle one: Yes or No

Do you use Pesticides? Circle one: Yes or No

How Many Facilities, offices, outbuildings, warehouses?

Describe

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Who will be responsible at each Facility?

Facility _____

Person responsible: _____ (Title) _____

Facility _____

Person responsible: _____ (Title) _____

Facility _____

Person responsible: _____ (Title) _____

Check any item that applies to your business:

- | | |
|--|---|
| <input type="checkbox"/> Agriculture Chemicals | <input type="checkbox"/> Loading-Unloading |
| <input type="checkbox"/> Agricultural Field Operations | <input type="checkbox"/> Machine Shop - Metal |
| <input type="checkbox"/> Ammonia | <input type="checkbox"/> Maintenance Workers |
| <input type="checkbox"/> Animals-Livestock | <input type="checkbox"/> Material Handling |
| <input type="checkbox"/> Asbestos | <input type="checkbox"/> Medical Assistance |
| <input type="checkbox"/> Auto-Truck-Equipment Repair | <input type="checkbox"/> Microwaves |
| <input type="checkbox"/> Auto Servicing Lifts | <input type="checkbox"/> Noise |
| <input type="checkbox"/> Baler/Compactor | <input type="checkbox"/> Office |
| <input type="checkbox"/> Batch Plant / Ready Mix | <input type="checkbox"/> Paint & Paint Removal |
| <input type="checkbox"/> Blood & Bloodborne Pathogens | <input type="checkbox"/> Papercutting & Printing Presses |
| <input type="checkbox"/> Bulk Storage of Materials | <input type="checkbox"/> Pesticide Storage or Application |
| <input type="checkbox"/> Butchers | <input type="checkbox"/> Portable Power Opert.Tools &Equip. |
| <input type="checkbox"/> Carpentry or wood working | <input type="checkbox"/> Powder Operated Tools |
| <input type="checkbox"/> Cart Runners - Baggers | <input type="checkbox"/> Power Tools-Lock Out/TAg-Out |
| <input type="checkbox"/> Cashiers - Checkers - Computer | <input type="checkbox"/> Power Transmission, Belt Drives, Pulleys |
| <input type="checkbox"/> Cleaning Agents | <input type="checkbox"/> Propane Gas |
| <input type="checkbox"/> Cold Storage | <input type="checkbox"/> Print Shop Workers |
| <input type="checkbox"/> Commercial Sewing Machine | <input type="checkbox"/> Produce Workers |
| <input type="checkbox"/> Compressed Gas Cylinders | <input type="checkbox"/> Protective Clothing |
| <input type="checkbox"/> Compressors (air) | <input type="checkbox"/> Pump Operations |
| <input type="checkbox"/> Confined Space | <input type="checkbox"/> Pumps |
| <input type="checkbox"/> Construction Field Operations | <input type="checkbox"/> Real Estate Salespersons |
| <input type="checkbox"/> Dip Tanks | <input type="checkbox"/> Respirators |
| <input type="checkbox"/> Drivers - Delivery Persons | <input type="checkbox"/> Roofing |
| <input type="checkbox"/> Elevators | <input type="checkbox"/> Safety Training |
| <input type="checkbox"/> Explosives | <input type="checkbox"/> Sandblasting |
| <input type="checkbox"/> Excavation & Trenching | <input type="checkbox"/> Sanitizing Equip. & Clothing |
| <input type="checkbox"/> Fall Protection | <input type="checkbox"/> Scaffolds, Stands & Platforms |
| <input type="checkbox"/> Farm Equipment | <input type="checkbox"/> Sheetmetal Shear & Brake |
| <input type="checkbox"/> Fire Fighting Equipment | <input type="checkbox"/> Shop - Mechanical |
| <input type="checkbox"/> First Aid | <input type="checkbox"/> Space Heater |
| <input type="checkbox"/> Flammable & Combustive Mat. | <input type="checkbox"/> Spray Painting |
| <input type="checkbox"/> Forklifts | <input type="checkbox"/> Spraying Operations |
| <input type="checkbox"/> Fueling | <input type="checkbox"/> Stairs |
| <input type="checkbox"/> Fumigation | <input type="checkbox"/> Stamping Machines |
| <input type="checkbox"/> Grinders & Abrasive Wheels | <input type="checkbox"/> Steam & Steam Cleaners |
| <input type="checkbox"/> Guns | <input type="checkbox"/> Steel Strapping |
| <input type="checkbox"/> Hand Tools & Equipment | <input type="checkbox"/> Stock Clerks |
| <input type="checkbox"/> Hazardous Materials | <input type="checkbox"/> Storage Tanks |
| <input type="checkbox"/> Heavy Equipment Operation | <input type="checkbox"/> Tire Mounting-Inflation |
| <input type="checkbox"/> Heights-Elevated surfaces | <input type="checkbox"/> Tractors |
| <input type="checkbox"/> Hoists-Cranes | <input type="checkbox"/> Traffic Hazards |
| <input type="checkbox"/> Housekeeping | <input type="checkbox"/> Transp. Employee & Materials |
| <input type="checkbox"/> Hydraulics | <input type="checkbox"/> Tree Workers |
| <input type="checkbox"/> Identification of Piping System | <input type="checkbox"/> Trenching-Ditch Digging |
| <input type="checkbox"/> Jacking & lifting | <input type="checkbox"/> Truck Tire Mounting-Inflation |
| <input type="checkbox"/> Laboratory | <input type="checkbox"/> VDT's (Video Display Terminals) |
| <input type="checkbox"/> Ladders | <input type="checkbox"/> Warehouse |
| <input type="checkbox"/> Laundry Machinery | <input type="checkbox"/> Welding - Cutting - Brazing |
| <input type="checkbox"/> Lifting | <input type="checkbox"/> X-Rays |

Others:
