

Assessed by: _____ Date: _____

Name of Company/Address: _____ Branch Number: _____

Client Representative/Title: _____

Staffing Representative: _____

Number of Temporary Staff at Location: _____ Number of Regular Staff at Location: _____

Shift(s) and Hours: _____ Ramp Season: _____

■ **Description of Company/Jobs Dept.:** _____

■ **Essential Duties and Responsibilities:** _____

ACCIDENT/INJURY MANAGEMENT INFORMATION

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Injury and Illness Prevention Program in place (3203 Cal/OSHA Standard)?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety rules enforced by who and how: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OSHA log maintained? Strains/Sprains: _____ Lacerations: _____ Other: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Modified duty provided per physician's guidelines?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Who is your Workers' Compensation carrier? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Name of your occupational medical clinic: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Eplica Injury Hotline poster in and around employee common area?

TRAINING - CHECK ALL THAT APPLY

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Safety orientation? Given by: _____ Job-specific training by: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Recordkeeping maintained on safety orientation and job-specific trainings?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	HazCom/MSDS/PPE/Heat Stress/Cold Stress? (circle applicable)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Machinery? Please specify: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Emergency evacuation/egress and fire prevention? _____

PERSONAL PROTECTIVE EQUIPMENT

List types required (e.g., goggles, gloves, hardhat, earplugs, face shields, etc.): _____

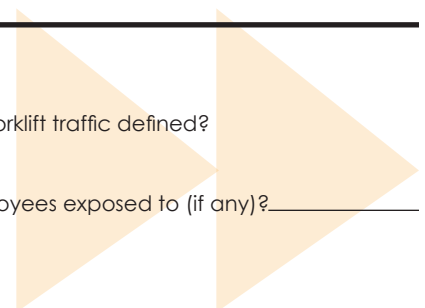
What kind of PPE is provided? _____

Provided by: Client Staffing Service Not Required

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is there someone assigned to train employees how to properly use PPE? If so, who: _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hearing conservation program implemented? If so, by who: _____ What month? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Audiometric testing program?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Client need a written respiratory protection program? If yes, who conducts the medical evaluation for employees? _____

WALKING/WORKING SURFACES

Yes	No	N/A	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is a documented, functioning housekeeping program in place?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Are aisles, passageways and walkways kept clear and marked appropriately? Forklift traffic defined?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper and safe storage of materials?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fall safety protection program in place? (i.e., safety harness.) Work heights employees exposed to (if any)? _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exits adequate, properly marked, free of obstruction, well lit and visible?



FIRE PROTECTION

Yes No N/A

- Fire extinguishing equipment, hoses and sprinklers? Last date of inspection on fire extinguishers: _____
- Exit routes free and unobstructed?
- Annual fire drill performed? If so, what month? _____ Who coordinates this? _____
- Evacuation and emergency plans posted? Where? _____

FIRST AID

Yes No N/A

- Kits adequate and maintained? If yes, by who? _____
- Eyewash stations and emergency showers? Locations: _____
- Is there personnel at the facility trained in CPR/First Aid? If so, who? _____

MACHINERY AND MACHINE SAFE GUARDING

Yes No N/A

- Are all tools and equipment, both company and employee owned, used by employees at their workplace and in good condition?
- Is there any pressure equipment? If so, what type? _____
- If so, are the safety valves tested?
- Is pressure equipment guarded and/or chained at point of operation? What types? _____
- Do safeguards (e.g., light curtains, hydraulics, hand restraints) prevent workers' hands, arms or other body parts from making contact with moving parts? _____
- Period inspections performed? When? _____ By who? _____
- Are machines securely anchored to prevent walking or moving?
- Have operators or maintenance workers been trained in safeguard locations, how safeguards provide protection and what hazards they protect against? Trainers name: _____
- Are training records maintained for machines in use at facility? Location: _____

TOOLS

Yes No N/A

- Proper use and storage (power tools, hand tools, ladders, scaffolds)?

ERGONOMICS

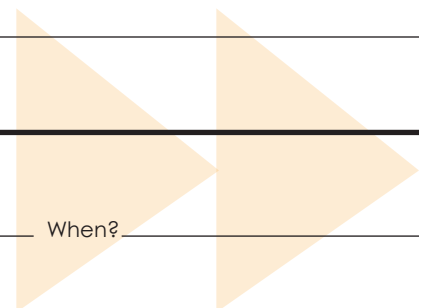
Yes No N/A

- Have any measures been taken to safeguard workers against ergonomic hazards? _____
- Job requires repetitive motion? Continuous Frequent Occasional
Tasks are: Gripping Grasping Overhead Lifting Fine Movement
- Body part affected: (hands, wrists, elbows, knees, back, etc.) Bending, stooping, twisting motions, pushing, pulling, reaching motions. _____
- Other factors: vibration, temperature, sound, etc. _____
- Are workstations adjustable?

LOCK-OUT/TAG-OUT

Yes No N/A

- Lock-out/tag-out program implemented?
- Lock-out/tag-out training provided? If yes, by who? _____ When? _____



Yes No N/A

How are operators prevented from using machine once an issue is encountered (e.g., puts on tag, reports to supervisor)?

Is all machinery or equipment capable of movement required to be de-energized or disengaged and locked out during cleaning, servicing, adjusting or setting up operations, whenever required?

Are employees instructed to push the control circuit stop button immediately after checking the safety of the lockout?

Are a sufficient number of accident prevention signs or tags and safety padlocks provided for any reasonable and foreseeable repair emergency?

CONTACT AGENTS - HEALTH HAZARDS - LOCKED CHEMICALS

Yes No N/A

Chemicals labeled and stored properly?

MSDS (Material Safety Data Sheets) accessible and properly maintained? Location: _____

Are there airborne contaminants? (i.e., dust, fumes, vapors.) If yes, which? _____

Are employees trained in the following:

How to obtain information on the types, selection, proper use, location, removal handling, decontamination and disposal of personal protective equipment?

ELECTRICAL

Yes No N/A

Is the power supply to machinery properly grounded?

Is the power supply correctly fused and protected?

Are any power cords damaged, deteriorated or suffering from strain relief? Location: _____

Are power cords protected on the jobsite from damage?

Do power cords create a potential trip, slip or fall hazard for employees?

MATERIAL HANDLING – Check all that apply.

Yes No N/A

Forklift or material handler? Employee is certified by who? _____

In-house forklift or material handler functioning program in place? _____

Hand truck?

Conveyors - levels?

Cables, ropes, chains? Cranes, elevators?

Remarks: _____

Corrective Measures Suggested: _____

Client's Signature: _____ Date: _____

Branch Representative/Agency: _____ Date: _____

THE OSHA GUIDELINES FOR THE CONTINGENT WORKFORCE IMPOSE CERTAIN RESPONSIBILITIES FOR EPICA, ITS CLIENT AND THE CLIENT COMPANY OF OUR EMPLOYEES CURRENTLY WORK AT IN ORDER TO ENSURE A SAFE AND HEALTHY WORK ENVIRONMENT. WE LOOK FORWARD TO WORKING TOGETHER IN COMPLIANCE WITH THESE GUIDELINES.

Please e-mail the reviewed and signed document to jadcock@epicaservices.com or fax to 619.260.3900, attn: Jeff Adcock.