

3. Surveys

Worksite Inspection Checklist

Worker Health and Safety Complaint

Work-Related Health Problems Report

Indoor Air Quality Occupant Survey



Worksite Inspection Checklist

This is a basic all-purpose checklist. Each "no" answer may indicate a problem. Note that this checklist does not cover all possible hazards. Other hazards can be added as needed.

Location: _____ Date: _____

Inspection Team (Names):

SAFETY HAZARDS

YES NO FLOORS AND WALKWAYS

- ___ ___ Are work areas kept clean and orderly?
- ___ ___ Are walkways and stairways wide enough and kept clear?
- ___ ___ Do stairways have handrails?
- ___ ___ Are buckets and mops available to clean up spills so no one will slip?
- ___ ___ Are non-slip mats, grates, or slip-free coatings used in wet areas to prevent falls?
- ___ ___ Are floor openings covered, or do they have toe boards and railings?
- ___ ___ Are floors clear of ice, water, grease, debris, cords, lines, hoses and other obstructions?
- ___ ___ Is there adequate space between machines and equipment?

YES NO LADDERS AND FALL PROTECTION

- ___ ___ Are ladders in good condition and do they have safety feet?
- ___ ___ Are non-metal ladders used when there is a possibility of electric shock?
- ___ ___ Have workers been trained about ladder safety?
- ___ ___ If work is done at heights, are fall protection systems used (such as a lifeline and harness)?

YES NO FIRE SAFETY

- Are there at least two fire exits for each work area, clearly marked and unlocked?
- Are pathways to the exits clear?
- Have workers been told what to do in case of a fire or other emergency, and are there regular fire drills?
- Are there fire extinguishers of the correct type close to each workstation, with locations marked?
- Do fire extinguishers have up-to-date inspection tags?
- Do workers know how to use fire extinguishers?
- Are the fire alarm system and sprinkler system regularly tested?

YES NO ELECTRICAL HAZARDS

- Have workers been told how to recognize when a machine has been locked out (electrical power turned off)?
- Are electrical cords in good condition (no fraying or other defects)?
- Are there enough outlets so extension cords don't have to be used?
- Are cords kept out of areas where someone could trip over them, or where they could be damaged?
- Are power tools in good condition and properly grounded?
- In 3-prong plugs, is the ground prong properly used?
- Are fuses and circuit breakers the right type and size for the load?
- Do portable electric lights have guards to prevent burns and shocks?
- Have workers received training about electrical safety?

YES NO LIGHTING

- Is there adequate lighting throughout the workplace?
- Are outdoor pathways and parking lots adequately lighted at night?

YES NO MACHINE GUARDING AND MECHANICAL SAFETY

- Are machines securely attached to the floor?
- Do machines have guards on them to protect workers from being injured, and have workers been told to report missing machine guards?
- Do workers know how to turn off machines in an emergency?
- Have workers been trained in how to work safely around machines?

YES NO OTHER SAFETY ISSUES

- Are hot surfaces guarded to prevent accidental contact?
- Are sharp objects properly stored so they don't present a hazard?

HEALTH HAZARDS

YES NO CHEMICALS

- Are chemicals (including pesticides) properly labeled and stored?
- Are flammable liquids inside the building stored in metal cabinets?
- Are *Material Safety Data Sheets* on chemicals readily available to workers?
- Has the Haz Com inventory been done of toxic substances used in the workplace?
- Have workers who use chemicals been trained about how to use them safely?

YES NO PERSONAL PROTECTIVE EQUIPMENT (PPE)

- Are workers who use chemicals provided personal protective equipment as needed? (For example, gloves, eye protection, respirators, etc.)?
- Have workers been trained about proper use of PPE?
- Is PPE cleaned, maintained, and stored properly?
- Are multiple sizes of PPE available to fit different workers?
- If respirators are used, have workers been fit-tested and is there a written Respiratory Protection Program?

YES NO VENTILATION

- Is there adequate ventilation to keep levels of dust, vapors, gases, and fumes as low as possible?
- Are local exhaust ventilation systems (such as fume hoods) provided at workstations where toxic chemicals are used?
- Is ventilation equipment well maintained?
- Are the temperature, humidity, and air movement in all areas kept as comfortable as possible?

YES NO SANITATION AND HOUSEKEEPING

- Are adequate toilet facilities provided and well maintained? Do workers have access to them when needed?
- Are there sinks with hot and cold water, soap, and disposable hand towels?
- Are insects and rodents adequately controlled?
- Is smoking prohibited?
- Are there clean eating areas separate from work and chemical storage areas?
- Are there enough waste containers and are they well-maintained, leak-proof, and emptied regularly?

YES NO ERGONOMIC HAZARDS

- Can workers get help (from co-workers or mechanical devices) when doing heavy lifting?
- Have workers been trained in proper lifting methods?
- Are job tasks that require repetitive movements varied or rotated?
- Are workstations set up to avoid awkward postures and to fit the individual needs of workers?
- Are workers given adequate breaks?
- Is overtime kept to a minimum?
- Are workers able to avoid standing or sitting for long periods of time?

YES NO NOISE

- Has the employer measured noise levels at all noisy operations?
- Is there a program for noise reduction (such as purchase of quieter equipment, enclosure of noisy operations, etc.)?
- Has the employer tested the hearing of all workers exposed to noise?
- Are earplugs or other hearing protection devices available, and do workers know when and where hearing protection is necessary?

GENERAL WORKPLACE ISSUES

YES NO

- Does the workplace have a written health and safety program?
- Is the OSHA/NJPEOSH Log 300 of injuries and illnesses kept up to date? Is it available to workers and a summary posted (Feb. 1 to April 30) each year?
- Is there a written Emergency Action Plan and have all workers been trained in what to do during an emergency?
- Is there someone in the workplace trained in first aid and CPR?
Who? _____
- Is there adequate staffing?
- Have workers been trained in workplace violence prevention?
- Is there a security system, or security personnel, to protect against intruders who may commit a robbery or assault in the workplace?

Worker Health and Safety Complaint

Date _____ Location _____

Department _____ Shift _____ Time _____

Number and job titles of those affected

How long has the hazard existed?

Is this a recurring situation? Yes No

Has an injury or illness resulted from this hazard? Yes No

Nature of Complaint (Describe):

Signature of Employee(s):

Reported to Management (Name):

Management Response:

Settled: (Circle) Yes No

Copies to manager, worker, union and health and safety committee.

Work-Related Health Problems Report

*Please answer the questions. All responses will be kept confidential.
Copies to worker and union and health and safety committee.*

Name _____ Date _____

Job Title _____ Work Area _____

Date began this job _____ / _____ Hours of work _____
month year

1. Have you experienced any health problems that you feel may have been caused or made worse by your job?

Symptoms of work-related health problems may include pain or discomfort in any part of the body or a change in bodily function. Examples include irritation of the eyes, nose, or throat, hoarseness or change in voice, cough, shortness of breath; burning, heaviness, tightness in the chest, skin irritation, itching, redness, rash; chills, indigestion, nausea, vomiting, weight loss; bleeding; headaches, light-headedness, fainting, confusion, fatigue, drowsiness, reduced memory, muscle weakness, poor coordination, numbness, pins-and-needles feeling, tremors, seizures, swelling.

Yes No

If you answered "Yes," go on to Questions 2 to 10. If "No," stop here.

2. Please describe your health problem(s).

3. When did the problem(s) begin or begin to occur more often than normal?

_____ / _____
month year

4. Do the problem(s) get better during:
Daily non-work time Yes No
Days off Yes No
Longer vacations Yes No
5. Have you received medical treatment for any of these health problem(s)?
 No
- Yes, with employer's medical department
Times in past 12 months _____ Diagnosis _____
- Yes, with personal doctor
Times in past 12 months _____ Diagnosis _____
6. How many days away from work have you lost in the past 12 months because of these health problem(s)? _____
7. How many days in the last 12 months were you on restricted or light duty because of these health problems(s)? _____
8. Have you filed for workers' compensation for any of these health problem(s)?
 No
- Yes
Problem _____ Outcome _____
9. What do you think is causing your health problem(s)?
10. What changes in working conditions do you think would help to lessen your health problem(s)?

Indoor Air Quality Occupant Survey

*Please answer the questions. All responses will be kept confidential.
Copies to worker and union and health and safety committee.*

Building Name: _____

Address: _____

Job Title: _____

Name (optional): _____

WORK LOCATION

Where do you spend most of your time in the building?

Are any of these a problem in your work area?

Circle all that apply.

Temperature too hot

Temperature too cold

Lack of fresh air

Peculiar odors

Soot or dust

Mold

Drafts

Renovations/construction

Pesticides

Cleaning products

Copier fumes

Other, specify:

Have you noticed any events (such as weather, temperature or humidity changes, or activities in the building) that tend to occur around the same time as your symptoms?

Yes No

If Yes, please describe:

SYMPTOMS

Are you experiencing symptoms or discomfort within your workplace?

Yes No

If yes, what are your symptoms?

Where are you when you experience symptoms or discomfort?

Are you aware of co-workers with similar symptoms or discomfort?

Yes No

If so, what are their names and work locations?

Do you have any health conditions that may make you more likely to react to environmental problems? *Circle all that apply.*

allergies

cardiovascular disease

suppressed immune system

chronic neurological problems

chronic respiratory disease

undergoing chemotherapy or radiation therapy

Please write any other comments you have on the indoor air quality situation.

