

Safety Program - Written & Implemented:

<input type="checkbox"/>	Injury and Illness Prevention Program	Frequency of Safety Meetings: _____
<input type="checkbox"/>	Ergonomics Program	
<input type="checkbox"/>	Safe Patient Handling Plan	Frequency of Lifting/Back-Safety Training: _____
		Date of last training: _____
<input type="checkbox"/>	Use of lifting equipment	
	% of clients who can "assist in the lift" when being lifted: _____	
<input type="checkbox"/>	Workplace Violence Prevention Plan	
<input type="checkbox"/>	Respiratory Protection Program	
<input type="checkbox"/>	Heat Illness Prevention Program (for outdoor workers, or workers in fully encapsulated suits)	
<input type="checkbox"/>	Driver Safety Training Plan, or Fleet Safety Program	
<input type="checkbox"/>	Facility Emergency Evacuation Plan	
<input type="checkbox"/>	Written Lock-out/Tag-out/Block-out Procedures	
<input type="checkbox"/>	Hearing Protection Program, or Annual Audiogram	
<input type="checkbox"/>	Supervisors held accountable for a safe work environment	
<input type="checkbox"/>	Dedicated in-house full-time Safety Manager, or outside Safety Consultant	Name: _____ Title: _____

Bloodborne Pathogens, Biohazard/Chemical, and Infection controls -- Written & Implemented:

<input type="checkbox"/>	Latent TB Infection (LTBI) Surveillance -- offered annually
<input type="checkbox"/>	Vaccinations for Seasonal Flu -- offered annually
<input type="checkbox"/>	Vaccinations for known diseases (Measles, Mumps, Rubella, Tetanus, Diphtheria, Acellular Pertussis, Varicella- Zoster)
<input type="checkbox"/>	Vaccinations for Hepatitis B -- offered Pre- or Post-exposure
<input type="checkbox"/>	Hazard Communications Program / Safety Data Sheets (SDS) available for all chemicals/products used
<input type="checkbox"/>	Chemical Hygiene Plan for onsite laboratories
<input type="checkbox"/>	Biosafety Plan (BSP) for onsite laboratories
<input type="checkbox"/>	Bloodborne Pathogen Exposure Control Plan
<input type="checkbox"/>	Sharps Policy -- forbidding recapping/re-sheathing needles
<input type="checkbox"/>	Universal Precautions enforced for blood and infectious materials

Aerosol Transmissible Disease Controls (e.g. SARS/Covid-19) - Written & Implemented:

<input type="checkbox"/>	Aerosol Transmissible Disease (ATD) Exposure Control Plan	
<input type="checkbox"/>	COVID-19 Prevention Plan	
<input type="checkbox"/>	Written ATD Communication and referring procedures	
	No. of clients who have tested positive for COVID-19	<u>During the last 60 days:</u> _____
	Frequency of client's symptom screening for COVID-19	_____
	Do you provide treatment for communicable diseases (e.g. COVID-19, HBV, AIDS)?	_____
	Do you assign dedicated staff to suspected/known COVID-19 patients?	_____
	No. of staff members who have tested positive for COVID-19	<u>During the last 60 days:</u> _____
	Frequency of staff's symptom screening for COVID-19	_____
	Do you document your staff's COVID-19 Vaccination status?	_____
	What % of your staff are fully vaccinated?	_____
	What type of facial covering(s) do you provide to your staff?	
	_____ Cloth Masks	
	_____ Surgical Masks	
	_____ Face Shields	
	_____ Respirators: _____ N95	
	_____ Half Mask	
	_____ Full-Face	
	_____ PAPR	
	_____ Other: _____	

COVID-19 Controls - Written & Implemented:

What control measures have been taken to prevent COVID-19 infection?

What cleaning and disinfecting procedures have been implemented?

What Personal Protective Equipment (PPE) are provided to protect against COVID-19?

How are suspected/positive COVID-19 clients being isolated, managed, and/or referred?

Is there any other information about your company, operations, or practices that have been implemented which may have an impact on mitigating injuries?

Completed by:

Name: _____

Date: _____

	Employer
	Broker

For your protection California law requires the following to appear on this form: Any person who knowingly presents false or fraudulent information to obtain or amend insurance coverage or to make a claim for the payment of a loss is guilty of a crime and may be subject to fines and confinement in state prison.

X

Signature