



**Texas Department
of Insurance**

Accident Prevention Plan Review Checklist

Provided by

**Workers'
Health & Safety**

HS95-069D (12-05)

Accident Prevention Plan Review Checklist

Company Name: _____
 Jobsite Address: _____
 Supervisor: _____
 Date: _____
 Inspector(s): _____

Yes	No	N/A	Date Corrected	<u>Check Items Inspected:</u> <u>Worksite General</u>
_____	_____	_____	_____	1. Are Occupational Safety and Health Administration (OSHA) posters displayed in prominent locations?
_____	_____	_____	_____	2. Are safety signs/warnings posted where appropriate?
_____	_____	_____	_____	3. Are emergency telephone numbers posted where they can be found readily?
_____	_____	_____	_____	4. Is a first aid kit available and adequately stocked?
_____	_____	_____	_____	5. Is a summary of Occupational Illnesses posted?
_____	_____	_____	_____	6. Are emergency evacuation traffic routes identified and posted?

Yes	No	N/A	Date Corrected	<u>Management Component</u>
_____	_____	_____	_____	1. Is there a written safety policy statement?
_____	_____	_____	_____	2. Is the policy statement signed by management?
_____	_____	_____	_____	3. Are copies of the policy provided to new employees?
_____	_____	_____	_____	4. Are individual(s) responsible for development, implementation, and enforcement of the accident prevention plan?
_____	_____	_____	_____	5. Are employee/supervisor responsibilities and authority assigned?
_____	_____	_____	_____	6. Is a safety team established to monitor your safety and health program?
_____	_____	_____	_____	7. Is there an established procedure for handling employee safety and health complaints?

Yes	No	N/A	Date Corrected	<u>Record Keeping Component</u>
_____	_____	_____	_____	1. Are OSHA 300/301 being maintained as required?
_____	_____	_____	_____	2. Are procedures in place to maintain records and logs?
_____	_____	_____	_____	a. Safety inspections
_____	_____	_____	_____	b. Safety meeting minutes
_____	_____	_____	_____	c. Accident investigations
_____	_____	_____	_____	d. Emergency response drills
_____	_____	_____	_____	3. Are employee medical records up-to-date and in accordance with OSHA standards?
_____	_____	_____	_____	4. Are records of employee exposure to hazardous substances or harmful physical agents maintained?
_____	_____	_____	_____	5. Are employee training records maintained and available for review?
_____	_____	_____	_____	6. Are records being maintained for the time period required by law?
_____	_____	_____	_____	7. Are operating permits and records current?
_____	_____	_____	_____	8. Is a responsible person designated by job title for record keeping?

Yes	No	N/A	Date Corrected	<u>Analysis Component</u>
_____	_____	_____	_____	1. Has a job safety analysis been conducted?
_____	_____	_____	_____	2. Has a trend analysis been conducted?
_____	_____	_____	_____	3. Is there an established time frame for analysis (monthly, quarterly, semi-annually, annually)?
_____	_____	_____	_____	4. Are analysis records maintained and current?
_____	_____	_____	_____	5. Is the safety program documentation reviewed for completeness?
_____	_____	_____	_____	6. Are identified discrepancies corrected?
_____	_____	_____	_____	7. Does the insurance loss run information match your records?
_____	_____	_____	_____	8. Is the safety program current for all employer operations and employee activities?
_____	_____	_____	_____	9. Has the accident prevention program documentation been reviewed for completeness?
_____	_____	_____	_____	10. Have hazard assessments been conducted, are they current, and are controls established?
_____	_____	_____	_____	11. Is a responsible person designated for analysis?

Yes	No	N/A	Date Corrected	<u>Health & Safety Training Component</u>
_____	_____	_____	_____	1. Have new employees received orientation training?
_____	_____	_____	_____	2. Do employees participate in regularly scheduled safety meetings?
_____	_____	_____	_____	3. Does management provide resources and participate in employee training?
_____	_____	_____	_____	4. Have employees received documented required training?
_____	_____	_____	_____	a. Work area hazards
_____	_____	_____	_____	b. Emergency action plan
_____	_____	_____	_____	c. Equipment operation
_____	_____	_____	_____	d. Personal protective equipment
_____	_____	_____	_____	e. Location and use of emergency equipment
_____	_____	_____	_____	f. Hazard communication/Material Safety Data Sheets (MSDS)
_____	_____	_____	_____	g. Hearing conservation
_____	_____	_____	_____	5. Do all employees receive refresher training at least annually?
_____	_____	_____	_____	6. Have employees received instruction on reporting procedures to report unsafe conditions, defective equipment, and unsafe acts?
_____	_____	_____	_____	7. Have supervisors received instruction in accident investigation and hazard abatement?
_____	_____	_____	_____	8. Have employees received the following required OSHA training, as needed?
_____	_____	_____	_____	a. Emergency action plan
_____	_____	_____	_____	b. Fire prevention plan
_____	_____	_____	_____	c. Operation of powered manlifts
_____	_____	_____	_____	d. Hearing protection
_____	_____	_____	_____	e. Ionizing radiation
_____	_____	_____	_____	f. Storage of flammable and combustible liquids
_____	_____	_____	_____	g. Explosives or blasting agents
_____	_____	_____	_____	h. Storage and handling of LP gases
_____	_____	_____	_____	i. Process safety management of highly hazardous chemicals
_____	_____	_____	_____	j. Hazardous waste operations and emergency response
_____	_____	_____	_____	k. Respiratory protection
_____	_____	_____	_____	l. Accident prevention signs and tags
_____	_____	_____	_____	m. Permit-required confined spaces
_____	_____	_____	_____	n. Control of hazardous energy - lockout/tagout

_____	_____	_____	_____
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_____	_____	_____	_____

- o. Medical service and first aid
 - p. Fire brigades
 - q. Portable fire extinguishers
 - r. Fire extinguishing system
 - s. Servicing multi-piece and single-piece rim wheels
 - t. Powered industrial trucks
 - u. Mechanical power presses
 - v. Welding
 - w. Electrical safety related work practices
 - x. Toxic and hazardous substances
 - y. Bloodborne pathogens
 - z. Hazard communication
9. Is a responsible person designated to give training?

Yes	No	N/A	Date Corrected
_____	_____	_____	_____
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Audit/Inspection Component

1. Are there regularly scheduled and conducted inspections of:
 - a. Facilities
 - b. Worksite locations
 - c. Vehicles
 - d. Equipment and tools
 - e. Personal protective equipment
 - f. Housekeeping
2. Is inspection of fire suppression equipment current?
3. Is first-aid equipment available and the sharps disposal kit adequately supplied?
4. If medical/first-aid facilities are not in proximity, is at least one employee on each shift qualified to render first-aid?
5. Are medical personnel readily available for advice and consultation?
6. Are quick drenching and/or eye flushing stations available where corrosive liquids or materials are handled?
7. Are inspection checklists utilized?
8. Are procedures established to ensure that inspection deficiencies are corrected?
9. Is a responsible person designated to inspect?

Yes	No	N/A	Date Corrected
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Accident Investigation Component

1. Have accident investigation guidelines been established?
2. Are responsibilities assigned for all phases of the investigation process?
 - a. Who is responsible for conducting investigations?
 - b. Who completes records/logs?
 - c. What forms are used?
 - e. Who completes the accident investigation report?
 - f. Who ensures corrective actions are implemented and effective?
3. Are all accidents and "near misses" investigated?
4. Are accident investigation recommendations implemented?
5. Are the personnel involved in the investigation process trained in investigation techniques and procedures?
6. Is a responsible person designated to investigate?

Yes	No	N/A	Date Corrected	<u>Periodic Review and Revision Component</u>
___	___	___	_____	1. Is your accident prevention plan reviewed at least annually?
___	___	___	_____	2. Are results documented and shared with management/supervisors/employees?
___	___	___	_____	3. Are professional safety services or other sources utilized in revising or updating safety program?
___	___	___	_____	4. Who conducts the review?
___	___	___	_____	5. Are follow-up procedures in place?
___	___	___	_____	6. Is a responsible person designated to review?
___	___	___	_____	<u>Corrective Actions</u> Are deficiencies found by this review, proposed corrective actions, and commitment dates described in attached documents?

Note: This Accident Prevention Plan review checklist is not designed to supersede existing safety inspection checklists, rather it should be used only as a general guideline to assess your accident prevention plan. You are encouraged to customize this general guideline to accommodate your specific accident prevention plan.

If you are interested in any detailed inspection checklists for general industry and construction, please contact Texas Department of Insurance, Division of Workers' Compensation, Workers' Health and Safety at (512) 804-4620.