

# Safety topic

EMPLOYER SAFETY  
AND HEALTH

Program Self-Assessment

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**saif**

Work. Life. Oregon.

[saif.com/safetyandhealth](http://saif.com/safetyandhealth)

We strongly encourage you to use SAIF's other safety and health guides as you work through this process. They provide practical safety and health information to help you create a safer workplace. These guides can be accessed from our website, [saif.com](http://saif.com), or you can contact your SAIF safety management consultant.

You'll find additional resources on Oregon OSHA's website, <http://osha.oregon.gov/Pages/index.aspx>.

**This publication provides practical safety and health information to help you create a safer workplace. It is not legal advice. SAIF has made every effort to bring significant Oregon Occupational Safety and Health Division (Oregon OSHA) regulations to your attention. However, compliance with Oregon OSHA remains your responsibility. You must read and understand all relevant Oregon OSHA regulations that apply to your job-site(s). You may want to consult with your own attorney about Oregon OSHA compliance issues.**

## Organizational culture self-assessment

Program Elements	Do you feel your program/procedure:			Comments
	Is Effective	Needs Improvement	Not Applicable	
Workplace safety is addressed in company vision, mission and/or goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Workplace safety is listed as a responsibility in employee and management job descriptions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Workplace safety is listed on performance assessments and employee evaluations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
We support and reinforce a positive safety culture where productivity, quality and safety are equally important	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recognition of employees as our most important asset	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fair & consistent treatment of employees	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Excellent communication throughout the company	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Notes and follow-up

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## Safety and health program self-assessment

Program Elements	Do you feel your program/procedure:			Comments
	Is Effective	Needs Improvement	Not Applicable	
Clear management statement of safety commitment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Managers set a visible example of safety and health leadership	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Authority and responsibility understood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Company safety policies and procedures	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Annual safety policy evaluation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety committee	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety goals and objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety policy: discipline and reinforcement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Written job standards and expectations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Supervisor accountability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use of a performance management system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ergonomics	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hazard identification and correction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Safety and health program self-assessment

Program Elements	Do you feel your program/procedure:			Comments
	Is Effective	Needs Improvement	Not Applicable	
Defensive driving program and training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Facilities and preventative maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Use of OSHA/contracted consultative services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Incentive Program: Does it drive proper safety behaviors or non-reporting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Notes and follow-up**

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## Hiring procedure self-assessment

Program Elements	Do you feel your program/procedure:			Comments
	Is Effective	Needs Improvement	Not Applicable	
Accept only completed job applications for current position openings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Comprehensive job applications	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Reference checks, employment verification and DOT	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
I-9 validation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interviews conducted and documented for all job openings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Multiple interviews and/or interviewers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Substance policy and testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Post-offer, pre-hire testing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Recruit and retain qualified applicants	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trial service (probationary period)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Skill testing/skill demonstration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Temporary employee training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Notes and follow-up

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## Employee training and development self-assessment

Program Elements	Do you feel your program/procedure:			Comments
	Is Effective	Needs Improvement	Not Applicable	
New employee orientation, training, and review of company policies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Periodic review of new/promoted employee training program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Training goals and objectives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Employee development plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Internal training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
External training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Personal Protective Equipment (PPE) training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Task and equipment-specific training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Notes and follow-up

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### Accident and incident Analysis self-assessment

Program Elements	Do you feel your program/procedure:			Comments
	Is Effective	Needs Improvement	Not Applicable	
Employee understanding of who to notify for on-the-job accidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Employee reporting of all accidents and incidents	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Supervisor involvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fact-finding process	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Root cause analysis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Corrective action development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Documentation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Safety committee review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Management review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Corrective action follow-up and employee review	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**Notes and follow-up**

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## Return-to-work and claims management self-assessment

Program Elements	Do you feel your program/procedure:			Comments
	Is Effective	Needs Improvement	Not Applicable	
Committed to bringing injured workers back to the workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Return-to-Work procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Employer-At-Injury Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Preferred Worker Program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Medical provider contact	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Timely claim filing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Central point of contact for claims	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Light-duty job development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Light-duty job compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Notes and follow-up

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## OSHA compliance and regulatory self-assessment

Program Elements	Do you feel your program/procedure:			Comments
	Is Effective	Needs Improvement	Not Applicable	
Understanding OR-OSHA's role in the workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Bloodborne pathogens prevention	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Confined space	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Crane/hoist safe operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical safety	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Elevated working surfaces	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency evacuation plan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Environmental hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eye wash/deluge shower	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fall protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguisher training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First aid/CPR	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flammables	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Forklift/vehicle operation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hazard communication	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hearing conservation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Inspection procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lead	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

## OSHA compliance and regulatory self-assessment

Program Elements	Do you feel your program/procedure:			Comments
	Is Effective	Needs Improvement	Not Applicable	
Understanding OR-OSHA's role in the workplace	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lockout/Tagout	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Machine guarding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Manlifts/mobile platforms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
OSHA recordkeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Personal protective equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Pressurized air use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Respiratory protection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Trenching and shoring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Welding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Workplace violence prevention procedure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

### Notes and follow-up

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