SAFETY STATUS ASSESSMENT FORM

| By: | DV | Site: | Date: |
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| SUBJECT | Υ | N | N/A | COMMENTS |
|---|---|----------|-----|----------|
| | | | | |
| EMPLOYEE TRAINING | | <u> </u> | | |
| New employee basic safety orientation? | | | | |
| New employee trained in safe work | | | | |
| practices of their job? | | | | |
| Employees provided with Safety Manual? | | | | |
| Transferred, promoted or demoted | | | | |
| employees trained in safe work practices | | | | |
| of their job? | | | | |
| | | | | |
| EMPLOYEE WORK PRACTICES | | | | |
| Loose hair, employee clothing, uniforms? | | | | |
| Employee over exertion? | | | | |
| Employee access to workstation? | | | | |
| Potential for repetitive motion injury? | | | | |
| Work shoes suitable for work | | | | |
| environment? | | | | |
| CHAIRCHING. | | | | |
| | | | | |
| WASTE DISPOSAL | | | | |
| Waste streams identified? | | | | |
| Special containers provided for different | | | | |
| types of wastes (oily rags, chemicals, | | | | |
| scrap, garbage, recyclables, green | | | | |
| waste, etc.)? | | | | |
| Waste properly labeled where required? | | | | |
| Satisfactory trash enclosure? | | | | |
| Satisfactory external waste disposal | | | | |
| arrangements? | | | | |
| Approved disposal arrangements for | | | | |
| hazardous wastes, records kept? | | | | |
| Is a clarifier present? Are waste water | | | | |
| discharge permits active? | | | | |
| Any permitted/unpermitted emissions? | | | | |
| Hazardous waste program (SB-14) | | | | |
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| SUBJECT | Υ | N | N/A | COMMENTS |
|---|----------|--|-----|----------|
| ROADS, SIDEWALKS, | | | | |
| DRIVEWAYS & PARKING LOTS | | | | |
| No broken or cracked surfaces? | | | | |
| Good housekeeping? | | | | |
| No uneven or broken sidewalk | | | | |
| surfaces? | | | | |
| No visual obstructions (intersections, | | | | |
| driveways, etc.)? | | | | |
| Stormwater flows to clarifier, sewer, | | | | |
| storm drain? | | | | |
| | | | | |
| | | | | |
| OFFICES | | | | |
| No holes or depressions in floors? | | | | |
| Rugs in hallways/ walkways free from | | | | |
| holes, tears, uneven wrinkles? | | | | |
| Aisles free of obstructions, electrical | | | | |
| cords and outlets? | | | | |
| Exits are properly lit? | | | | |
| General housekeeping is good? | | | | |
| No top heavy filing cabinets? | | | | |
| Correct use of pins, knives, cutters, | | | | |
| staplers? | | | | |
| Fire escape doors and exits free from | | | | |
| obstructions? | | | | |
| Glass doors have either letters, marks or | | | | |
| decals? | | <u> </u> | | |
| Proper glazing materials for glass | | | | |
| counters, partitions, doorways and | | | | |
| windows? | | _ | | |
| Switch and cover plates in place? | | _ | | |
| No slivers in furniture or accessories? | | <u> </u> | | |
| No fire hazards from pipes, cigarettes, | | | | |
| cigars, etc? | | _ | | |
| No running in corridors or offices? | | | | |
| Safe storage of flammables? | | | | |
| Hazardous materials identified? | <u> </u> | | | |
| Personnel trained in the requirements of | | | | |
| Hazard Communication Standard? | <u> </u> | | | |
| Correct type and placement of fire | | | | |
| extinguishers? | <u> </u> | | | |
| First aid equipment available? | | _ | | |
| Electric fans properly guarded? | | 1 | | |
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| SUBJECT | Υ | N | N/A | COMMENTS |
|---|----------|---|-----|----------|
| SERVICE AREAS | | | | |
| Floors | | | | |
| Slip, trip, fall hazards? | | | | |
| Clean, orderly, dry? | | | | |
| Aisles | | | | |
| Clearly marked? | | | | |
| Unobstructed? | | | | |
| Stairs | | | | |
| Unobstructed? | | | | |
| Adequate lighting on stairs? | | | | |
| Worn or damaged stair treads? | | | | |
| Storage beneath? | | | | |
| Proper handrails? | | | | |
| Lighting | | | | |
| Task lighting adequate? Day/Night? | | | | |
| Emergency lighting operational? | | | | _ |
| Exits & Emergency Preparedness | | | | |
| No locked or barred exits? | | | | |
| Emergency exits well lit? | | | | |
| Exit signs posted? | | | | |
| No Exit signs posted where | | | | |
| necessary? | | | | |
| Exit/Evacuation route maps posted? | | | | |
| Ventilation | | | | |
| Volume adequate for process? | | | | |
| Direction of flow adequate? | | | | |
| Exhaust hood properly connected? | | | | |
| Fans properly guarded? | | | | |
| Equipment Concerns | | | | |
| Mechanical aids adequate? | | | | |
| Chocking procedure followed? | | | | |
| Brake inspections conducted | | | | |
| frequently? | | | | |
| | | | | |
| | | | | |
| NOISE CONTROL | | | | |
| Noise survey of all areas performed? | | | | |
| Written hearing conservation program in | | | | |
| place? | | | | |
| Hearing protection provided where sound | | | | |
| level exceeds action level? | | | | |
| Employees wearing approved hearing | | | | |
| protection correctly? | | | | |
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| SUBJECT | Y | N | N/A | COMMENTS |
|--|--|--------------|----------|----------|
| PERSONAL PROTECTIVE | | | | |
| EQUIPMENT | | | | |
| Correct gloves provided? | | | | |
| Eye and Face protection provided? | | | | |
| Eye wash(s) readily available? | | | | |
| Signs and instructions present at eye | | | | |
| wash locations? | | L | | |
| Adequate emergency rescue equipment | | | | |
| available & serviceable? | | | | |
| | | | | |
| | | | | |
| FIRST AID MEDICAL SERVICES | | | | |
| Adequate materials & equipment | | | | |
| available? | | <u> </u> | | |
| Approved list of materials signed by | | | | |
| doctor and included in first aid kits? | | | | |
| Clear instruction on contacting outside | | | | |
| medical services? | | <u> </u> | | |
| Provision for transportation to outside | | | | |
| medical services? | | <u> </u> | | |
| OSHA 300 Log near First Aid Station? | | <u> </u> | | |
| Two persons trained in posting OSHA | | | | |
| 300 Log? | | | | |
| Trained First Aid personnel with current | | | | |
| certification present on all shifts? | <u> </u> | | | |
| | <u> </u> | | | |
| FIDE DEOTEOTION | | - | | |
| FIRE PROTECTION | | | | |
| Written Emergency Action Plan? | <u> </u> | - | | |
| Written Business Emergency Action Plan | | | | |
| on file with local Fire Department? | <u> </u> | | | |
| Written Fire training plan? | <u> </u> | - | | |
| Fire equipment checked and inspected | | | | |
| monthly? | <u> </u> | + | | |
| Fire equipment clearly marked? | <u> </u> | + | | |
| Welding curtain available and used? | <u> </u> | + | | |
| Sprinkler heads unobstructed? | | + | | |
| Branch lines free of | | | | |
| obstructions/entanglements? | | + | \vdash | |
| Master control valve for sprinklers locked | | | | |
| open? | | \vdash | \vdash | |
| Regular fire drills held? | | + | | |
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|--|---|----------|-----|----------|
| POTENTIALLY HAZARDOUS | | | | |
| CHEMICALS | | | | |
| MSDS available for all chemicals, Prop. | | | | |
| 65 and Federally listed hazardous | | | | |
| materials? | | | | |
| Written Hazard Communication Program | | | | |
| prepared and available? | | | | |
| Labels on all supplier drums and | | | | |
| chemicals? | | | | |
| Labels on all in-house transfer or use | | | | |
| containers? | | | | |
| Adequate storage cabinets with correct | | | | |
| venting? | | _ | | |
| Proper absorbent materials available for | | | | |
| spills? | | <u> </u> | | |
| All potential responders trained in spill | | | | |
| response procedure? | | _ | | |
| | | - | | |
| COMPDECCED CACEC | | \vdash | | |
| COMPRESSED GASES | | - | | |
| Special storage away from heat sources? | | \vdash | | |
| Proper storage/separation barriers? | | | | |
| Stored upright and chained/secured to prevent falling? | | | | |
| Contents marked and segregated by | | \vdash | | |
| item? | | | | |
| Caps on and hand tight? | | | | |
| Employees trained in correct handling | | | | |
| and use of equipment? | | | | |
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| | | | | |
| ON-SITE MATERIAL HANDLING | | | | |
| Wheel chocks available in shipping & | | | | |
| receiving area? | | | | |
| Skids and pallets in good repair? | | | | |
| Special area for storage of unused skids | | | | |
| and pallets? | | | | |
| Procedure to set aside and dispose of | | | | |
| broken skids and pallets? | | | | |
| Paths, aisleways, stairways, clear of | | | | |
| obstructions? | | | | |
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| SUBJECT | Υ | N | N/A | COMMENTS |
|---|---|---|-----|----------|
| HOISTING AND LIFTING | | | | |
| EQUIPMENT | | | | |
| Lead capacity identified? | | | | |
| Special area provided for refueling? | | | | |
| All hand and foot controls operational? | | | | |
| Full and unrestricted view for operator? | | | | |
| Operators correctly trained in the | | | | |
| inspection and use of the equipment? | | | | |
| For stationary equipment, are necessary | | | | |
| adapters provided? | | | | |
| Are pneumatic/hydraulic controls | | | | |
| protected from inadvertent actuation? | | | | |
| Are all safety guards in place? | | | | |
| Forklift Trucks | | | | |
| Are all operators trained, licensed and | | | | |
| certified? | | | | |
| Is inspection checklist used for | | | | |
| start/end of shift? | | | | |
| Is load capacity labeled? | | | | |
| | | | | |
| Are allowable speeds posted? | | | | |
| Is load placed evenly across forks? | | | | |
| No riders are permitted? | | | | |
| Pedestrians are given the right-of- way? | | | | |
| Keys are removed from trucks when | | | | |
| not in operation by operator? | | | | |
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| LADDERS AND SCAFFOLDS | | | | |
| Safety feet/casters in good condition? | | | | |
| Clean rungs? | | | | |
| No broken, bent, cracked rails? | | | | |
| No metal ladders in electrical areas? | | | | |
| Only one person on a ladder at a time? | | | | |
| Portable/fixed scaffolds have appropriate | | | | |
| handrails? | | | | |
| Danger tags provided and used for | | | | |
| defective equipment? | | | | |
| | | | | |
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| HAND & PORTABLE TOOLS & | | | | |
| EQUIPMENT | | | | |
| Electrically grounded? | | | | |
| Constant pressure switches? | | | | |
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| SUBJECT | Υ | N | N/A | COMMENTS |
|---|----------|----------|-----|----------|
| Correct tool used for any job? | | | | |
| Power cord, air hose, tool bits, lamp | | | | |
| guard, etc. in good condition? | | | | |
| Operators properly trained in use of | | | | |
| equipment? | | | | |
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| | | | | |
| MACHINE GUARDING | | | | |
| Guard or safety device at each point of | | | | |
| operation? | | | | |
| Guard fully prevents operator from | | | | |
| reaching around guard? | | | | |
| Guards are totally effective and unable to | | | | |
| be bypassed? | | <u> </u> | | |
| Mechanics are only persons allowed to | | | | |
| remove guards? | | <u> </u> | | |
| Mechanics responsible for replacing | | | | |
| guards? | | | | |
| Start/Stop/Emergency stop controls in | | | | |
| reach of operator? | | <u> </u> | | |
| Operators can see entire operation? | | <u> </u> | | |
| All controls guarded against accidental | | | | |
| start-up? | | <u> </u> | | |
| No bypassing or removing of guards or | | | | |
| safety devices? | | <u> </u> | | |
| No operating equipment at unsafe | | | | |
| speed? | | - | | |
| Lockout/Tag-out procedures | | | | |
| implemented? | _ | - | | |
| Personal protective equipment in use? | _ | \vdash | | |
| Mechanics, adjusters & inspectors | | | | |
| properly trained? | | - | | |
| Machine tools | - | \vdash | | |
| Power transmission equipment | | | | |
| guarded? | \vdash | \vdash | | |
| Pinch points and Points of operation | | | | |
| guarded? Eye protection used where needed? | | \vdash | | |
| Emergency stop controls accessible | \vdash | \vdash | | |
| and operational? | | | | |
| Guards & deflectors provided for | | + | | |
| chips/sparks from rotating equipment? | | | | |
| Machine tool operators trained in | | † | | |
| operation of equipment? | | | | |
| - Paramana adarbanama | | | | |

| SUBJECT | Y | N | N/A | COMMENTS |
|--|---|---|-----|----------|
| LOCKOUT/TAG-OUT SYSTEMS | | | | |
| Positive lockout systems provided for all | | | | |
| equipment? | | | | |
| Battery disconnects provided for all | | | | |
| appropriate systems, vehicles, etc.? | | | | |
| Written policy reviewed and signed by | | | | |
| trained personnel, upon initial training | | | | |
| and any supplemental training? | | | | |
| Personalized locks with individual keys | | | | |
| given to each mechanic? | | | | |
| Only authorized persons allowed to | | | | |
| perform this procedure? | | | | |
| | | | | |
| | | | | |
| SITE CONCERNS | | | | |
| Are there underground storage tanks | | | | |
| (UST's) on the site? | | | | |
| Are there aboveground storage tanks | | | | |
| (AST's) on the site? | | | | |
| Is this site subject to electromagnetic | | | | |
| radiation emanations? | _ | | | |
| Is there any need for low level | | | | |
| radioactive material/waste emissions | | | | |
| monitoring? | - | | | |
| Is site subject to CHP BIT Inspection? | | | | |
| Is site or processes subject to SCAQMD | | | | |
| permitting, inspections and/or emissions | | | | |
| monitoring or reporting? | | | | |
| Is site subject to Stormwater Discharge | | | | |
| monitoring and reporting to Regional | | | | |
| Water Quality Management Board? | | | | |
| Is site subject to monitoring and/or | | | | |
| reporting for waste water discharges to the local Sanitation District? | | | | |
| the local Samiation District? | | | | |
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