

SAFETY WORKSHEET - Page 1 of 2

PLEASE FILL IN THE BLANKS WITH COMPLETE, LEGIBLE ANSWERS, CHECK ALL CATEGORIES WHICH APPLY, AND CIRCLE ALL APPLICABLE ITEMS WITHIN CATEGORIES:

Total number of employees _____ (includes all full-time and part-time people on your payroll)

Total number of contracted employees _____ (not on your payroll but work in your facilities)

Name of Responsible SafetyOfficer: _____

What nickname do employees call the company? _____

Please check each statement which is true for your business:

- We have supervisors, foremen, leaders who will be giving safety instructions.
- This business has specialized employees, departments or job classifications.
- This business has more than one location. (Please list all locations on back.)
- We contract our employees to work offsite at other business establishments.
- We have employees who are assigned first aid duties as part of their regular job duties.
- We maintain a 100% non-smoking work environment.

Full Description of Business — type of business, type of products, department names, **description** of activities engaged in by your employees if not obvious from department/product name. (Attach additional pages as needed.):

- | | | | | | |
|-----|--------------------------|-------------------------------------------------------------------|------|--------------------------|-------------------------------------------------------------|
| 200 | <input type="checkbox"/> | Asbestos (exposure possible due to presence in workplace) | 40.5 | <input type="checkbox"/> | Dryer (clothes) |
| | | | 41 | <input type="checkbox"/> | Dumpster |
| | | | 47 | <input type="checkbox"/> | Elevators |
| 12 | <input type="checkbox"/> | Backpack (leaf) blower | 55 | <input type="checkbox"/> | Employee Suggestion Box |
| 13 | <input type="checkbox"/> | Box Stapler | | | |
| 15 | <input type="checkbox"/> | Business Vehicles or Personal Vehicles used for business purposes | 70.1 | <input type="checkbox"/> | Ergonomics, Retail Operations |
| | | These vehicles may transport: | 73.5 | <input type="checkbox"/> | Extension Cords |
| 16 | <input type="checkbox"/> | Clients/Employees | 74 | <input type="checkbox"/> | Fax Machine(s) |
| 17 | <input type="checkbox"/> | Materials/Products/Car | 83 | <input type="checkbox"/> | Fire Hoses |
| | | rgo | 90 | <input type="checkbox"/> | Fire Sprinkler System |
| 20 | <input type="checkbox"/> | Chemicals--janitorial, kitchen, pest control (please circle) | 215 | <input type="checkbox"/> | Forklift(s) |
| | | | 218 | <input type="checkbox"/> | Hand Truck/Pallet Jack |
| 22 | <input type="checkbox"/> | Clean Room (janitorial cleaning specifications) | 220 | <input type="checkbox"/> | Hoists/Hoisting Equipment, Jacks, and Lifts (please circle) |
| 204 | <input type="checkbox"/> | Compressed Air and Gas | 221 | <input type="checkbox"/> | Hot Conditions (where workers can become dehydrated) |
| 205 | <input type="checkbox"/> | Compressors and Tanks | 112 | <input type="checkbox"/> | Janitorial Equipment |
| 30 | <input type="checkbox"/> | Computer(s) | | | |
| 35 | <input type="checkbox"/> | Copiers, Laser Printers | | | |

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- 190 Kitchen for Employee Use: (check all that apply)
 - 190.1 Coffee Maker (25)
 - 190.2 Garbage Disposal (106)
 - 190.3 Hand Dishwashing(107.9)
 - 190.4 Hot Plate/Stove (109)
 - 190.5 Household Dishwasher
 - 190.6 Microwave Oven (130)
 - 190.7 Popcorn Popper (141.3)
 - 290.8 Refrigerator (141.5)
 - 190.9 Rice Cooker
 - 191 Toaster Oven
 - 114 Lawn Mowers (push, riding)
 - 222 Ladder (Extension, Stair)
 - 223 Loading Dock
 - 224 Lockout/Tagout Safety
 - 225 Machines, Industrial--Electrical, Gasoline/Fuel, Hydraulic, Pneumatic
- **ATTACH INDUSTRIAL TOOLS WORKSHEETS**
 - 230 Machine Guarding
 - 120 Material Handling/Lifting
- Material Safety Data Sheets (MSDS) from **ALL** suppliers required to issue MSDS:
- 125 MSDS--All info in one location
 - 126 MSDS--Multiple copies in various work locations
 - 135 Noise--higher than normal office, high or very high levels (please circle)
 - 232 Oily Rag Can
 - 139 Paper Cutter, hand
 - 139.5 Parking Lot for Employees
 - 140 Personal Protective Equipment (Required or supplied, check all types that apply)
 - 140.1 Lower Back (weight belt)
 - 140.2 Clothing (coverall, lab coat)
 - 140.3 Eye/face (safety glasses, face shield)
 - 140.4 Foot (boots/shoes)
 - 140.5 Hand (gloves)
 - 140.6 Head (hard hats)
 - 140.7 Hearing
 - 140.8 Radiation
 - 140.9 Respirators
 - 141 Poison Oak
 - 238 Powered Hand Tools
 - 141.4 Recycling Program
 - 142 Rolling Stools

- 143 Roll-up Garage/Warehouse Door(s)
- 145 Sanitizing/Decontamination (equipment, clothing, tools)
- 147 *Sexual Harrassment Policy* (check box only if you do not already have a written policy)
- 153 Soldering Iron
- 155 Space Heaters (Ceiling, Suspended)
- 155.1 Space Heaters (Electrical, Fuel)
- 160 Stairs
- 165 Step Stools, Step Ladders
- 170.1 Storage, Outside
- 177 Tools, Hand--chisel, cutters, files, hack saw, hammer, knives, pliers, punches, saw, scrapers, screwdriver, stamps, wrenches (circle all used)
- 180 Tools, Small Electrical
- Tools & Equipment, Industrial - (Electrical, Gasoline/Fuel, Hand, Hydraulic, Pneumatic, Powder Activated) - **ATTACH INDUSTRIAL TOOLS WORKSHEETS**
- 183 Vacuum Cleaner--Household, Industrial, Wet/Dry (circle)
- 255 Vehicle Maintenance--Electrical, Physical, Mechanical (circle)
- 256 Vehicle Safety Programs
- 184.5 Volunteer (unpaid) workers
- 185 Washing Machine
- 186 Water Dispenser (Cold only)
- 187 Water Dispenser (Hot & Cold)
- 260 Welding/Cutting
 - 261 Arc Welding
 - 262 Gas Welding/Cutting
- 2000 *Workplace Violence Prevention*
ATTACH WORKPLACE VIOLENCE WORKSHEET

IF THERE ARE ANY OTHER BUSINESS ACTIVITIES OR EQUIPMENT YOU THINK MIGHT IMPACT SAFETY, PLEASE ATTACH A SEPARATE LIST