



Illness and Injury Prevention Plan Review



Checklist

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Illness and Injury Prevention Plan Checklist

(A negative answer to any question indicates an area of safety or health concern.)

Company name: _____

Physical address of worksite: _____

Supervisor: _____

Date/Time: _____

Inspector: _____

Note: This checklist is not intended to supersede existing safety inspection checklists. It is a general guideline for assessing and customizing your organization's incident-prevention plan.

Worksite General

- | Yes | No | N/A | Date Corrected | |
|--------------------------|--------------------------|--------------------------|----------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 1. Are Occupational Safety and Health Administration (OSHA) posters and forms displayed in prominent locations? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 2. Are safety signs and warnings posted where appropriate? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 3. Are emergency telephone numbers posted where they can readily be found? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 4. Is a first-aid kit available and adequately stocked? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 5. Are emergency evacuation traffic routes identified and posted? |

Management

- | | | | | |
|--------------------------|--------------------------|--------------------------|-------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 1. Is a current written policy statement provided? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 2. Is the policy statement signed by management? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 3. Are copies of the policy provided to new employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 4. Are individuals assigned responsibility for developing, implementing, and enforcing the incident-prevention plan? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 5. Are employee and supervisor responsibilities and authority assigned? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 6. Has a safety team been established to monitor the safety and health program? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 7. Is there an established procedure for handling employee safety and health complaints? |

Recordkeeping and Reporting

- | | | | | |
|--------------------------|--------------------------|--------------------------|-------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 1. Are OSHA 300, 300A, and 301 forms maintained as required? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 2. Are procedures in place to maintain records and logs for the following items? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | a. Safety inspections |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | b. Safety meeting minutes |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | c. Incident investigations |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | d. Emergency response drills |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 3. Are employee medical records current and in accordance with OSHA standards? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 4. Are records of employee exposure to hazardous substances or harmful physical agents maintained? |

Recordkeeping and Reporting (cont.)

Yes No N/A Date Corrected

- _____ 5. Are employee training records maintained and available for review?
- _____ 6. Are records maintained for the time period as required by law?
- _____ 7. Are operating permits and records current?
- _____ 8. Does the person responsible for recordkeeping have a job title that includes recordkeeping?

Analysis

- _____ 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-annual, annual)?
- _____ 4. Are analysis records maintained and current?
- _____ 5. Is safety program documentation reviewed for completeness?
- _____ 6. Are discrepancies corrected when they are identified?
- _____ 7. Does the insurance-loss-run information match records?
- _____ 8. Is the safety program current for all employer operations and employee activities?
- _____ 9. Has the incident-prevention program documentation been reviewed for completeness?
- _____ 10. Has a person been designated responsibility for performing analysis?
- _____ 11. Have hazard assessments been conducted?
- _____ 12. Are hazard assessments current?
- _____ 13. Have controls been established?

Health and Safety Training

- _____ 1. Have new employees received orientation training?
- _____ 2. Do employees participate in regularly scheduled safety meetings?
- _____ 3. Does management provide resources for and participate in employee training?
- _____ 4. Have employees received and documented required training in the following topics?
- _____ 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 and safety data sheets
- _____ g. Hearing conservation
- _____ 5. Do all employees receive refresher training on at least an annual basis?
- _____ 6. Has a person been designated responsibility for conducting training?

Health and Safety Training (cont.)

Yes	No	N/A	Date Corrected	
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	7. Have employees received instruction about procedures to report unsafe conditions, defective equipment, and unsafe acts?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	8. Have supervisors received instruction in incident investigation and hazard abatement?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	9. Have employees received required OSHA training, as needed, in the following subjects?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	a. Emergency action plan
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	b. Fire-prevention plan
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	c. Operation of powered platforms
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	d. Hearing protection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	e. Ionizing radiation
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	f. Storage of flammable and combustible liquids
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	g. Explosives or blasting agents
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	h. Storage and handling of liquefied petroleum gases
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	i. Process safety management of highly hazardous chemicals
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	j. Hazardous waste operations and emergency response
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	k. Respiratory protection
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	l. Incident-prevention signs and tags
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	m. Permit-required confined space
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	n. Control of hazardous energy – lockout/tagout
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	o. Medical service and first aid
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	p. Fire brigades
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	q. Portable fire extinguishers
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	r. Fire-extinguishing system
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	s. Servicing of multi- and single-piece rim wheels
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	t. Powered industrial trucks
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	u. Mechanical power presses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	v. Welding
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	w. Electrical-safety-related work practices
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	x. Toxic and hazardous substances
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	y. Bloodborne pathogens
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____	z. Hazard communication

Audit/Inspection

Yes No N/A Date Corrected

- | Yes | No | N/A | Date Corrected | |
|--------------------------|--------------------------|--------------------------|----------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 1. Are there regularly scheduled and conducted inspections of the following items? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | a. Ladders |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | b. Eye-wash stations |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | c. Facilities |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | d. Worksite locations |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | e. Vehicles |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | f. Equipment and tools |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | g. Personnel protective equipment |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | h. Housekeeping |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 2. Is inspection of fire-suppressing equipment current? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 3. Is first-aid equipment available? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 4. Is the sharps-disposal kit adequately supplied? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 5. If medical or first-aid facilities are not nearby, is at least one employee on each shift qualified to render first aid? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 6. Are medical personnel readily available for advice and consultation? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 7. Are quick-drenching or eye-flushing stations available where corrosive liquids or materials are handled? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 8. Are inspection checklists used? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 9. Have procedures been established to ensure inspection deficiencies are corrected? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 10. Has a person been designated responsibility for conducting inspections? |

Incident Investigation

- | | | | | |
|--------------------------|--------------------------|--------------------------|-------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 1. Have incident investigation guidelines been established? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 2. Are responsibilities assigned for all facets of the investigation process? |
| | | | _____ | a. Who is responsible for conducting investigations? |
| | | | _____ | b. Who completes records and logs? |
| | | | _____ | c. What forms are used? |
| | | | _____ | d. Who completes the incident-investigation report? |
| | | | _____ | e. Who ensures that corrective actions are implemented and effective? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 3. Are all incidents and near misses investigated? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 4. Are incident investigation recommendations implemented? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 5. Are the personnel involved in investigation process trained in investigation techniques and procedures? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 6. Has a person been designated responsibility for conducting investigations? |

Periodic Review and Revision

Yes No N/A Date Corrected

- | | | | | | |
|--------------------------|--------------------------|--------------------------|-------|----|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 1. | Is your incident-prevention plan reviewed on at least an annual basis? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 2. | Are results documented and shared with managers, supervisors, and employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 3. | Are professional safety services or other sources used in revising or updating your safety program? |
| _____ | | | | 4. | Who conducts the review? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 5. | Are follow-up procedures in place? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 6. | Has a person been designated responsibility for conducting reviews? |

Corrective Action

- | | | | | | |
|--------------------------|--------------------------|--------------------------|-------|----|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | 1. | Have you discovered deficiencies in your illness and injury prevention plan during this review? If so, have you proposed corrective actions, scheduled them, and described your plans in attached documents? |
|--------------------------|--------------------------|--------------------------|-------|----|--|

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