

PREMISES SAFETY CHECKLIST

INSURED _____

DATE _____

LOCATION _____

PREPARED BY _____

Loss Control Consultants should use the following guidelines to evaluate insureds. Policyholders can also use this Safety Checklist to evaluate their own loss control program and activities.

(Check "A" Column if Acceptable - "U" if Unacceptable - "NA" if Not Applicable)

HEADQUARTERS LOCATIONS

| MANAGEMENT EVALUATION | A | U | NA | OFFICE/WAREHOUSE /REPAIR FACILITIES | A | U | NA |
|---|--------------------------|--------------------------|--------------------------|--|--------------------------|--------------------------|--------------------------|
| Documented Loss Control Policy | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | General Conditions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Active Safety Committee | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Housekeeping & Sanitation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Supervisors Accountable for Safety Performance | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical Hazards | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Training Program | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | • Grounding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| All Accidents Reviewed with Supervisor & Corrective Action Taken | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | • Extension Cords | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hazard Control Program | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ladders/Scaffolds | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Maintenance Program | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Machine Guarding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Employee Selection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Sheet Metal Shop | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Motor Vehicle Records Obtained & Evaluated | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Spray Painting Operations | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| NIOSH Hazard Recognition and NIOSH Health & Safety Guide Utilized | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Safety Rules Posted | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Health Hazard Recognition and Identification Program | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Safety Meetings Held | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Safety Checklist(s) Used | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | First Aid Facilities | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Safety Meetings Held & Safety Materials Utilized | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Storage & handling of Materials | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | Flammable Liquids | | | |
| | | | | • Stored Properly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | • Grounding & Bonding | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | • Safety Cans | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | • No Smoking Signs | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | | | | |
| | | | | YARD & PARKING FACILITIES | | | |
| | | | | Yard Area | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | Materials & Equipment Storage | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | Fire Protection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | Security | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | Lighting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | Fencing & Pavement | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | Combustibles Away From Building | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

RECOMMENDATIONS/COMMENTS:

JOB SITE SAFETY CHECKLIST

INSURED _____

DATE _____

LOCATION _____

PREPARED BY _____

Loss Control Consultants should use the following guidelines to evaluate insureds. Policyholders can also use this Safety Checklist to evaluate their own loss control program and activities.

(Check "A" Column if Acceptable - "U" if Unacceptable - "NA" if Not Applicable)

JOB SITE

| | A | U | NA | | A | U | NA |
|-----------------------------------|--------------------------|--------------------------|--------------------------|----------------------------------|--------------------------|--------------------------|--------------------------|
| GENERAL CONDITIONS | | | | FIRE PROTECTION/FIRST AID | | | |
| General Conditions | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Flammables Stored Properly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Housekeeping & Sanitation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Fire Extinguishers Adequate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Job Supervision | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | First Aid Kits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Protection of Public | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Emergency Numbers Posted | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Control of Trips/Falls | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Employees Properly Trained | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Manual Lifting | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Use of Fire Watches | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hand Tools | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | | | | |
| Ladder Set Up | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | MISCELLANEOUS | | | |
| Combustible Gas Exposure | | | | Safety Meetings Held | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Evaluated | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Excavation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Trenching | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Protection of Equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Protection at Heights | | | |
| Safety Checklist(s) Used | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | • Scaffolds | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | • Hoist/Ladders | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| PERSONAL PROTECTIVE EQUIP. | | | | • Life Belts/Lifelines | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Eye Protection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vehicles | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Head Protection Where Overhead | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Other-Specify: _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Exposures Exits | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Hand Protection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Foot Protection | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Special Protective Clothing | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

RECOMMENDATIONS/COMMENTS:
