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| **Comprehensive Risk Management Checklist** | | |
| **Facility Name: Site Reviewer:**  **Facility Location: Date:** | | |
| **I. Safety Committee** | | |
| **SAFETY COMMITTEE** | 1. Meeting on a quarterly basis and discussing important safety issues. | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| 1. Posting minutes of every meeting. | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| 1. Annual internal audit | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| 1. Performing accident investigation | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| 1. Producing a Written Safety Program biennially | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| f. Has an Initial Safety Summary Report been submitted | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| g. OSHA 300 Log of Workplace Injury | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |

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| **II. Safety Trainings (Bold Training are OSHA Mandated)** | | |
| **SAFETY TRAININGS**  **(BOLD TRAININGS ARE OSHA MANDATED)** | 1. **Hazard Communication** | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| 1. **Fire Extinguisher** | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| 1. **Emergency Evacuation** | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |

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| **SAFETY TRAININGS**  **(BOLD TRAININGS ARE OSHA MANDATED)** | 1. **Bloodborne Pathogens** | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| 1. **PPE/Eye Safety** | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| 1. **Respirator Safety** | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| 1. **Forklift (Initial Training)** | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| 1. **Forklift (Re-evaluation)** | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| 1. Back Injury Prevention | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| 1. **Automotive Lift Safety** | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| 1. Oxyacetylene Torch Safety | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| 1. First Aid/ | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| 1. CPR w/AED | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| n. New Employee Orientation | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |

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| **SAFETY TRAININGS**  **(BOLD TRAININGS ARE OSHA MANDATED)** | o. Driver Safety | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| p. Universal Waste | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |

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| **III Written Programs** | | |
| **WRITTEN PROGRAMS** | 1. Safety Program | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| 1. Hazard Communication Program | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| 1. Bloodborne Pathogen Exposure Control Plan | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| 1. PPE Matrix | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| 1. Emergency Evacuation Plan | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| 1. Lockout/Tagout Program | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| 1. Respirator Program | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| 1. Yearly Updates | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| 1. Driver Safety Program | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |

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| **IV. Others** | | |
| **OTHERS** | a. Respirator Fit Test | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| b. Respirator Medical Evaluation | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| c. SDS Inventory | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| d. Forklift Inspections | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| e. Automated External Defibrillator (AED) | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |

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| **V. DOT Compliance** | | |
| **DOT**  **COMPLIANCE** | a. Does any employee operate a commercial vehicle (customer or company) that weighs 10,001-26,000?  If yes, your company must comply with the Federal Motor Carrier Safety Administration standards (49CFR). | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| b. Does any employee operate a commercial vehicle (customer or company) that weighs 26,001 or greater?  If yes, your company must comply with the Federal Motor Carrier Safety Administration standards (49CFR). | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| c. Is a Parts Department employee currently certified to ship hazardous material through ground shipping? | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| d. Is a Parts Department employee currently certified to ship hazardous material through air shipping? | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| e. Does the company have current copies of all certificates on file? | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |

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| **VI. NH DES** | | |
| **NH DES** | a. If there is a waste oil burner or hazardous waste is produced, is there an active EPA ID number? | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| b. Has a Small Quantity Generator (SQG) Self Certification Form and Notification Form been submitted to the NH DES every 3 years, if hazardous waste is produced? | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| c. Has a hazardous waste manifest, Copy 7, been sent to the NH DES and destination state anytime hazardous waste is shipped from the facility? | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| d. Was a One-Time Waste Determination Test performed on potential hazardous waste streams (parts washer solvents, paint booth filters, absorbents)? | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| e. Has Universal Waste Training been performed for EEs who handle universal waste (spent batteries, spent fluorescent bulbs, waste antifreeze, etc.)? | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |

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| **VII. EPA Regulations for Body Shops** | | |
| **EPA REGULATIONS FOR BODY SHOPS** | a. Submit an Initial Notification Form | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| b. Submit a Notification of Compliance Form | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| c. Submit a Notification of Changes Form (If applicable) | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |

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| **EPA REGULATIONS FOR BODY SHOPS**  **(Cont.)** | d. Submit an Exemption Petition Form (If applicable) | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| e. Documentation of filter efficiency of any spray booth exhaust filter material. | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| f. Documentation from spray gun manufacturer that any spray gun (with a cup capacity of 3.0 ounces or greater) meets definition of an approved spray gun. Submit an Initial Notification Form | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| g. Documentation of spray gun filter change-out schedule. | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| h. *Painter Certification Training* (for NESHAP 6H Reg). Refresher training required every 5 years. | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| i. Records of Methylene Chloride (MeCl) usage. | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |

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| **VIII. Other EPA Requirements** | | |
| **OTHER EPA REQUIREMENTS** | a. An SPCC Plan for any facility with more than 1,320 gallons of petroleum products on site. Need annual training for all employees who handle. | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |

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| **IX. Hiring Guidelines**  **https://cdn2.hubspot.net/hubfs/4829685/NHADA.com/docs/NHADA\_HiringGuidelines.pdf** | | |
| **HIRING GUIDELINES**  **HIRING GUIDELINES (Cont.)** | **Department Managers** | |
| a. Application of Employment | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| b. Interview Questionnaire and Guide | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| c. Authorization to Check References | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| d. Conditional Job Offer Matrix | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| **Human Resource Manager/Office Manager** | |
| e. Conditional Job Offer Letter | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| f. Summary of Your Rights under the Fair Credit Reporting Act and Acknowledgement Form | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| g. Drug and Alcohol Policy | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| h. Drug Testing Protocol | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| i. Drug and Alcohol Policy Acknowledgement Form | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| j. Drug Testing Consent Form | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| k. State of New Hampshire Second Injury Fund Form | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| l. State of New Hampshire Proof of Permission for the Employment of a Youth Age 16 or 17 | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| m. Employment Eligibility Verification (I-9) | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |

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| **HIRING GUIDELINES (Cont.)** | n. Form W-4 | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| o. Company Handbook | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| p. Company Handbook Acknowledgement Form | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| q. Injury Reporting Tri-Fold and Workers’ Compensation Policy | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |

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| **X. Claims Management/Managed Care** | | |
| **CLAIMS MANAGEMENT/MANAGED CARE** | a. Have all employees signed the Manage Care Organization (MCO) acknowledgement letter? | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| b. Have all employees received the Managed Care Organization pamphlet? | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| c. Are managed care posters hung in an area visible to all employees? | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| d. Do employees know to whom they should report injuries? | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| e. Is there someone designated to complete First Report of Injuries? | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| f. Is there a Comp MC Network List of Providers accessible to injured employees? | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| g. Is there a Temporary Alternate Duty (TAD) policy in place? | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |

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| **CLAIMS MANAGEMENT/MANAGED CARE**  **(Cont.)** | h. Is there a list of TAD tasks prepared in the event an injury occurs? | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| i. Is a person designated to regularly check in with injured employees who are out of work or working TAD? | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |
| j. Is the WC process an agenda item at monthly manager’s meetings? | Yes No \*Est. N/A  ( ) ( ) \_\_\_\_\_\_\_ ( ) |