

Overall
Ranking
Score

Facility name: _____

Date of review: _____

Conducted by: _____



ANNUAL HEALTH AND SAFETY PROGRAM EVALUATION FORM

OP-100401 "Safety Awareness and Training"

PURPOSE

The purpose of evaluating your facility's Health and Safety Program is to assure that safety practices are current, effective and meets or exceeds all necessary standards, policies and regulations. This program review helps to identify the strengths and weaknesses of the facility's program and allows focus on the areas that need improvement.

Evaluators are to prudently, fairly and objectively evaluate the facility's current Health and Safety Program utilizing the checklists outlined in the sections below.

SCORING

Based upon these assessments, each section evaluated will be assigned a section ranking and, ultimately an overall ranking score will be assigned for the facility. These scores assist facility heads in decision making and help to continually improve the facility's Health and Safety Programs.

SECTION RANKING

Add the number of YES answers for each section. (This sum is the SECTION RANKING).

Place the appropriate score in the designated area next to each section labeled "Section Ranking".

YES answers receive a score of 1

NO answers* receive a score of 0

** If the answer is "NO" to any of these questions, take immediate action to correct the deficiency in the program.*

CALCULATING OVERALL RANKING SCORE

The OVERALL RANKING SCORE is the sum of all of the section ranking scores divided by 90 then multiplied by 100 (to get the percent).

(Example: Total of all section rankings is 66.

Calculation: $66 \div 90 = 0.73 \times 100 = 73\%$)

Place the calculated overall ranking score in the box located on the cover page.

Provide justification for your assigned score in the designated area for each section.

If you are unsure what a question means or need further assistance, contact Todd Bourland or Chuck Nelms.

| Written Program | Yes | No |
|---|-----|----|
| 1. Does the facility have site-specific written health and safety program? | | |
| 2. Is a copy kept in an accessible location? | | |
| 3. Does the plan provide written procedures for identifying and controlling workplace hazards? | | |
| 4. Does your written program list all the written safe work procedures that you have developed for your facility? | | |
| 5. Have you reviewed these safe work procedures in the last year? | | |
| 6. Does your written program include a policy statement? | | |
| 7. Does your plan clearly state the responsibilities of: <ul style="list-style-type: none"> • Staff? • Supervisors? • Inmates? | | |
| 8. Are Safety Plans communicated to affected persons? (state how below) | | |
| 9. Does the plan provide for consistent safety training for supervisory staff, other employees and inmates? | | |
| 10. Has the facility head reviewed and approved this plan in writing? | | |
| 11. Are there written housekeeping plans for all areas of the physical plant that define specific duties, responsibilities and defined schedules of cleaning? | | |
| 12. Are the written housekeeping plans reviewed annually? | | |
| 13. Has the facility established a written Lock-out/Tagout (LOTO) program? | | |
| 14. Has the facility established a written Confined Space Entry program? | | |
| Section Score | | |
| Justification of deficiency: | | |

| Records and Statistics | Yes | No |
|---|-----|----|
| Are records kept of the following: | | |
| 1. Records of employee safety training? | | |
| 2. Employee first aid station records? | | |
| 3. Hazard identification and abatement status? | | |
| 4. Accident investigations reports? | | |
| 5. Employee safety suggestions? | | |
| 6. Oklahoma 300 Log? | | |
| 7. Sharps Injury Log? | | |
| 8. Inspections and safety audits? | | |
| 9. Hazard communication? | | |
| 10. Safety Data Sheets (SDS)? | | |
| 11. Chemical inventory lists (CIL)? | | |
| 12. Quarterly health and safety meetings? | | |
| 13. Are accident statistics reviewed to identify developing trends? | | |
| Section Score | | |
| Justification of deficiency: | | |

| Safe Work Procedures | Yes | No |
|----------------------|-----|----|
| | | |

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|--|--|--|
| 1. Are safety consultants/designees and supervisory staff communicating safety procedures to all employees and inmates? | | |
| 2. Do safety rules and practices address: <ul style="list-style-type: none"> • Employees' and inmates' personal responsibility to follow safety rules and practices? • Reporting unsafe conditions? • Proper housekeeping, maintenance and sanitation? • Appropriate clothing that includes the use of personal protective equipment (PPE)? • Participation in safety training? • Injury reporting? • Appropriate waste disposal? | | |
| 3. Does the facility document employee receipt and understanding of safety rules upon employment and anytime work practices or job functions substantially change? | | |
| 4. Is documentation maintained in the employee's personnel file? | | |
| 5. Are Inmate work crew supervisors ensuring all inmates are trained in health and safety rules that are applicable to their job assignment before the inmate is assigned his/her duties and when work practices or job functions change? | | |
| 6. If any employee works alone, are there developed written procedures for safeguarding the worker's well-being when working alone? | | |
| 7. Are records kept when staff or inmates are disciplined for not following safety rules? | | |
| 8. Are safety consultants conducting a thorough review of every work place accident, whether or not it results in an injury, to determine the cause of the accident and to prevent recurrence? | | |
| 9. Are safety consultants/designees maintaining a listing of identified workplace hazards and abatement plans? | | |
| 10. Is the current facility population within the capacity approved by the Board of Corrections? | | |
| Section Score | | |
| Justification of deficiency: | | |

| Identifying Hazards and Assessing Risks | Yes | No |
|--|------------|-----------|
| 1. Is there a method of identifying hazards? | | |
| 2. When hazards have been identified, are hazard assessments conducted to help determine the best way to eliminate or control these hazards? | | |
| 3. Is there a complete and current list of powered tools and equipment? | | |
| 4. Have all hazard and PPE assessments for the facility been submitted and received approval from the Environmental Health and Safety Unit? | | |
| 5. Does staff assist in identifying, controlling, and reporting unsafe conditions and workplace hazards? | | |
| 6. Do Employees immediately inform their supervisors of any safety related situations beyond their ability or authority to correct? | | |
| 7. Are Employees encouraged to report all safety violations? | | |
| 8. Once identified, are work place hazards immediately reported to the safety consultant/safety designee or the employee's immediate supervisor? | | |
| Section Score | | |
| Justification of deficiency: | | |

| Safety and Committee Meetings | Yes | No |
|--|------------|-----------|
| 1. Does the facility hold quarterly safety meetings? | | |
| 2. Are staff and inmates in attendance to most of these meetings? | | |
| 3. Is there an educational topic included in the meeting agenda? | | |
| 4. Are safety consultants/designees coordinating the activities of the safety committee? | | |

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|--|--|--|
| 5. Is the safety designee serving as a member on the safety committee? | | |
| Section Score | | |
| Justification of deficiency: | | |

| Education and Training | Yes | No |
|---|------------|-----------|
| 1. Is safety training provided to inmates utilizing the inmate safety program located on the agency website? | | |
| 2. Is a training roster completed for each course being conducted? | | |
| 3. Are rosters signed by each inmate in attendance utilizing Attachment F of OP-100401 entitled "Inmate Attendance Roster"? | | |
| 4. Are tests or quizzes being utilized? | | |
| 5. Are all copies of course rosters and tests filed, maintained and available for review upon request? | | |
| 6. Is all safety training conducted being entered into the inmate's individual training record located within the Online Program Participation Application Database no later than the fifth day of the following month? | | |
| 7. Are all employees and inmates being provided appropriate training and equipment prior to working in a potentially unsafe work environment? | | |
| 8. Is the facility safety consultant/safety designee providing staff training in the proper use and maintenance of PPE and protective clothing before use? | | |
| Section Score | | |
| Justification of deficiency: | | |

| Safety Inspections | Yes | No |
|--|------------|-----------|
| 1. Are inspections being conducted for compliance with codes, regulations and standards in all areas, at a minimum of once a month? | | |
| 2. Are weekly inspection reports being compiled? | | |
| 3. Are quarterly fire and weather drill reports, and other safety related documentation for review and maintenance by the assigned safety consultant? | | |
| 4. Is there a method of reporting hazards between inspections? | | |
| 5. Is there a system of rating hazards? | | |
| 6. Are the results of inspections discussed at monthly safety meetings? | | |
| 7. Is there a system of following up on hazards to ensure that they have been corrected? | | |
| 8. Are department heads, supervisors or their designees conducting weekly health and safety inspections utilizing the "Weekly Health and Safety Inspection" (DOC 130107A)? | | |
| Section Score | | |
| Justification of deficiency: | | |

| Hazardous Materials | Yes | No |
|---|------------|-----------|
| 1. Is there a current and complete written inventory of controlled products (Chemical Inventory List – CIL)? | | |
| 2. Are the manuals/files maintained in alphabetical order so that they may be readily utilized when required in routine and emergency situations? | | |
| 3. Does each controlled product have a corresponding SDS? | | |
| 4. Are SDS's maintained for all substances maintained at each location within the facility? | | |
| 5. Are SDSs readily available to workers and do they know where to get them? | | |
| 6. Is there a way to check that new controlled products are accompanied by SDSs? | | |
| 7. Do workers understand how to read SDSs and know what they mean? | | |

| | | |
|---|--|--|
| 8. Are all controlled products checked for proper supplier labels when received? | | |
| 9. If caustic caddies are in use, are tags or labels affixed to each caddie, with a listing of the contents? | | |
| 10. Are decanted products labelled appropriately? | | |
| 11. Are labels legible? | | |
| 12. Do workers know what hazardous materials are used in the facility? | | |
| 13. Do workers know how to safely handle, store, and dispose of hazardous materials used in the facility? | | |
| 14. Flammable cabinets are to have self-closing doors, and a sill or depressed floor. Cabinets are clearly labeled ("no-smoking" "flammable", etc.). Do the cabinets for storing flammable materials meet these requirements? | | |
| 15. Is appropriate personal protective equipment (PPE) in place for persons when prescribed for safety precautions? | | |
| 16. Is the facility, district, and unit utilizing an existing effective material recycling program? | | |
| Section Score | | |
| Justification of deficiency: | | |

| Investigating Accidents and Incidents | Yes | No |
|---|------------|-----------|
| 1. Is there a method for workers to report accidents and near misses? | | |
| 2. Are all accidents and near misses investigated? | | |
| 3. Do you focus on finding the root cause during accident investigations? | | |
| 4. Are recommended corrective action identified during accident investigations being taken? | | |
| Section Score | | |
| Justification of deficiency: | | |

| First Aid | Yes | No |
|---|------------|-----------|
| 1. Do all workers know the locations of the first aid kits? | | |
| 2. Do workers know who and how to contact first aid? | | |
| 3. Has the facility head instructed workers to report all injuries? | | |
| 4. Are all injuries recorded? | | |
| Section Score | | |
| Justification of deficiency: | | |

| | |
|---|--------------------------|
| TOTAL OF SECTION SCORES | |
| CALCULATION OF OVERALL RANKING SCORE (PERCENTILE) | _____ ÷ 90 = _____ x 100 |

Evaluator's Signature: _____ Date: _____

Reviewer's Signature: _____ Date: _____