

SAFETY

Company Name

Meeting Date

Employees Present:

SUBJECT OF THE MONTH: EVALUATING YOUR SAFETY PROGRAM

Providing a safe work environment is every employer’s responsibility, and can be achieved by eliminating unsafe jobsite conditions and by training employees on safe work practices. The article on the back of this page poses a number of thoughtful questions to help you evaluate your safety program and your attitude toward jobsite safety.

CHECKLIST ITEMS

- | | | |
|-------|---|------------------------------------|
| _____ | Electrical Cords Checked & GFCI’s to protect employees | |
| _____ | Required Jobsite Postings: | |
| | (Emergency Phone #'s and “Safety & Health Protection on the Job” Poster | |
| _____ | Fall Protection | _____ Hazard Communication Program |
| _____ | Emergency Medical Plan | _____ Tool Guards |
| _____ | Fire Protection/Prevention | _____ First Aid Kit |

JOBSITE REVIEW: Inspection Notes/Concerns/Action Plan

Company Safety Officer: _____

NOTICE OF RESPONSIBILITY

The Oregon Home Builders Association Safety Committee’s purpose is to provide safety guidelines, information and resources to help our members work more safely and reduce jobsite accidents. Full and active monthly participation in safety meetings using the OHBA Safety Committee’s agendas, topics and checklists will only meet safety committee requirements. It remains your responsibility to comply with all aspects of safety rules and regulations.



Safety Committee

EVALUATING YOUR SAFETY PROGRAM

After you have written a physical job description, recruited the best person, taken the application, held a positive interview, checked the candidate's background and references, required the drug testing and hired the best person for the job, are your worries over? *No way!* Now you need to adopt a *no compromise* attitude about safety. If management doesn't live and breathe safety, and does not support it 100 percent by practicing it *every day*, then it's not realistic to expect employees to work in a safe manner.

The first step to an effective loss control program is management attitude. This attitude must be passed on to every employee, in every job position, every day. It starts before hiring and continues through training a new employee, follow-up training, and ongoing training. With written safety policies, safety training, clear communication and your positive attitude, the journey toward a safer company begins. You will see fewer injuries, and a lower workers' compensation rate.

So, how is your safety attitude?

1. Have you experienced the following?
 - New employees filing injury claims
 - Performance problems with employees
 - New employees being unsuited for the work
 - Attendance problems with employees
2. Do you use any of the following tools in your employee selection process?
 - Physical job description
 - Application form/employment history/resume
 - Reference checks
 - Interviews
 - Employment physical exam
 - Drug Testing
3. What is your new employee orientation procedure?
4. How often do you have safety training? Approximate date of last training session. List some topics.
5. How do you and your supervisors deal with an unsafe act or performance problem you observe?
6. Does your company have a written safety policy? Is your safety policy consistently enforced?
7. Has your company had injury claims due to employee actions where you believe the employee knew better?

MANAGING THE JOB FOR SAFETY

1. How do you identify physical hazards in the workplace and eliminate or correct them?
2. Who in your organization is primarily responsible for identifying physical hazards?
3. Do you have an *active* safety committee?
4. What areas of your business would you be concerned about if you had an OSHA inspection today?

<input type="checkbox"/> General work area	<input type="checkbox"/> Personal protective equipment	<input type="checkbox"/> Work procedures
<input type="checkbox"/> Machine guarding	<input type="checkbox"/> Chemical handling	<input type="checkbox"/> Tool conditions
<input type="checkbox"/> Housekeeping	<input type="checkbox"/> Fall protection	<input type="checkbox"/> Lock out/tag out
<input type="checkbox"/> Shoring and blocking	<input type="checkbox"/> Emergency procedures	<input type="checkbox"/> Hazard communication
<input type="checkbox"/> Others _____		

