

Safety Training Program Audit

Point of Contact:	Date of Audit:
Department:	

This checklist is used by SEM staff during a Department’s Safety Training Audit.

Discuss with the Chair/Director the following:

	Item	Notes
	<p>Purpose of the visit:</p> <ul style="list-style-type: none"> • Focus is training records – compliance (availability and documentation) • Establish a baseline so we can measure improvements over time • Evaluate effectiveness of our training • Obtain feedback about our on-line training • Answer any questions regarding safety training 	
	<p>Summary of our findings:</p> <p>We will send a summary report of our findings and recommendations. We will enter any findings into our database (SEMCAT). We will send a form where you can indicate any corrective actions that you plan to take.</p>	
	<p>Questions for the Chair/Director:</p> <ul style="list-style-type: none"> • Where are the training records kept? • Does the Chair/Director have a system to monitor the training completion and recordkeeping? • Has the Chair/Director appointed a safety coordinator? • Who will accompany SEM during the audit? • What percentage (best guess) of department employees are compliant with the training and recordkeeping requirements? • Does the Chair/Director have any questions or concerns that we may assist with? 	

Training and Documentation		Yes	No	N/A
1.	<p>Have all employees completed the Annual Basic Safety Training?</p> <p>NOTES:</p> <p>Note approximate % (or actual number) of records reviewed.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
		Total #	Total #	
2.	<p>Are the Annual Basic Safety Training records current?</p> <ul style="list-style-type: none"> All employees must receive this training annually. <p>NOTES:</p>	<input type="checkbox"/>	<input type="checkbox"/>	
3.	<p>Did you conduct a random dialogue with employees to indicate if they understand (a sampling of) the following Annual Basic Safety Training topics?</p> <p>Check all that apply and indicate number of yes/no replies – as this will provide an overall impression of whether the training was adequate.</p>	<input type="checkbox"/>	<input type="checkbox"/>	
	Access to relevant exposure and medical records			
	Accident prevention signs and tags			
	Electrical safety			
	Emergency Action Plans and Fire Prevention			
	Fall protection			
	Fire Extinguishers			
	Hazard Communication (general info)			
	Hazardous materials shipping and receiving			
	Hazardous Waste (SAA, UWaste, etc.)			
	Injury reporting			
	Ladder safety			
	Personal Protective Equipment			
	NOTES:			

Training and Documentation		Yes	No	N/A
4.	<p>Has the supervisor (or designee) conducted Department Annual Safety Training?</p> <p>NOTES:</p>	<input type="checkbox"/>	<input type="checkbox"/>	
5.	<p>Are the Department Annual Safety Training records current?</p> <ul style="list-style-type: none"> Supervisors must provide this training to all employees initially and annually. <p>NOTES:</p>	<input type="checkbox"/>	<input type="checkbox"/>	
6.	<p>Does the Department Annual Safety Training address the following?</p> <p><i>Supervisors may use the Department Annual Safety Training Checklist as a guide and documentation record, or they may use their own locally developed training outline or form, as long as the topics listed below are discussed during the training session.</i></p>			
	<p>Hazards of the Job. Including, but not limited to:</p> <ul style="list-style-type: none"> Physical (noise, moving machinery, hot surfaces, electrical, working from heights, ladders, slipping, falling, moving vehicles/equipment, sharp objects); Chemical (gases, liquids, flammables, toxics, corrosives, poisons); Ergonomics (repetitive motion, extreme heat/cold, lifting, vibrations, awkward positions); Biological (blood, bacteria, viruses); Hidden hazards: (i.e. asbestos, lead, underground utilities) 	<input type="checkbox"/>	<input type="checkbox"/>	
	<p>If the employee uses any special equipment / tools / vehicles, are these hazards addressed?</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>If employee uses Personal Protective Equipment (PPE)</p> <ul style="list-style-type: none"> Discuss the job tasks that require the use of PPE Location and availability of PPE and PPE assessment forms Is the PPE adequate and serviceable? 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>Emergency Action Plans</p> <ul style="list-style-type: none"> Location of the Emergency Action Plan Evacuation procedures, fire alarms, and rally point information Indicate who is designated and trained to use a fire extinguisher 	<input type="checkbox"/>	<input type="checkbox"/>	

Training and Documentation		Yes	No	N/A
	<ul style="list-style-type: none"> Indicate who is designated and trained to be the emergency evacuation coordinator 			
	<p>If employee uses Chemicals</p> <ul style="list-style-type: none"> Location and availability of Material Safety Data Sheets (MSDS) within the work area Ensure that hazardous chemical training has been completed for all hazardous chemicals unless covered by a current Chemical Hygiene Plan (CHP) 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	<p>If employee uses Personal Protective Equipment (PPE)</p> <ul style="list-style-type: none"> The job tasks that require the use of PPE Location and availability of PPE and PPE assessment forms <p>NOTES:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	<p>Has Specialized Safety Training been identified and conducted, where appropriate? (see next page for tasks that normally require Specialized Safety Training)</p> <p>NOTES:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8.	<p>Is the Specialized Safety Training documented with records maintained within the work area?</p> <p>NOTES:</p>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Common tasks that require Specialized Safety Training.

<input type="checkbox"/>	Operating a computer terminal for more than four (4) consecutive hours on a daily basis
<input type="checkbox"/>	Remaining behind and assisting persons in orderly evacuation in an emergency
<input type="checkbox"/>	Using a fire extinguisher in an emergency
<input type="checkbox"/>	Working in areas with exposure to elevated surfaces and fall hazards
<input type="checkbox"/>	Using ladders
<input type="checkbox"/>	Working on scaffolds
<input type="checkbox"/>	Using vehicle mounted elevating work surfaces (telescoping and/or articulating)
<input type="checkbox"/>	Operating a forklift, walker-stacker, or other industrial truck (other than Registered Motor Vehicles)
<input type="checkbox"/>	Using a crane or hoist
<input type="checkbox"/>	Performing service or maintenance on machines or equipment with stored/potential energy (lockout / tagout)
<input type="checkbox"/>	Working with or around electricity
<input type="checkbox"/>	Welding / soldering / brazing
<input type="checkbox"/>	Entering (or overseeing entry into) a confined space
<input type="checkbox"/>	Working in or around trenches/excavations
<input type="checkbox"/>	Using farming/agricultural machines or equipment
<input type="checkbox"/>	Applying pesticides or working in an area that uses pesticides (i.e. farms, greenhouses, nurseries, or forests)
<input type="checkbox"/>	Working in remote areas where there is an absence of prompt medical care (clinic, hospital, etc.)
<input type="checkbox"/>	Operating a watercraft or vessel (either motorized or man-powered)
<input type="checkbox"/>	Conducting tree work (trimming trees) or logging operation
<input type="checkbox"/>	Wearing Personal Protective Equipment (PPE)
<input type="checkbox"/>	Wearing a full body harness
<input type="checkbox"/>	Working around excessive noise levels
<input type="checkbox"/>	Using class 3b or 4 lasers
<input type="checkbox"/>	Handling or using radioactive materials or radiation producing equipment
<input type="checkbox"/>	Performing tasks with exposure to human blood or other regulated bodily fluids (clean up, handle, perform first aid, etc.)
<input type="checkbox"/>	Performing tasks with exposure to respiratory/inhalation hazards such as chemicals, nuisance dusts, asbestos, silica, etc
<input type="checkbox"/>	Using hazardous chemical or cleaning up chemical spills
<input type="checkbox"/>	Working with or around hazardous waste
<input type="checkbox"/>	Handle / store / inspect / ship Universal Waste (such as fluorescent and HID lamps, batteries, mercury containing devices, cathode ray tube televisions and monitors, etc.)
<input type="checkbox"/>	Work with or around Satellite Accumulation Areas (hazardous wastes that are initially generated and tend to accumulate at or near the point of waste generation).
<input type="checkbox"/>	Transporting, packaging, shipping or receiving hazardous materials