

ACCIDENT PREVENTION

Facility _____ Area _____

Auditor _____ Date _____

Area	Satisfactory	Action Required	Corrective Action
Employee Knowledge			
Date of last employee training			
Date of last supervisor training			
Job Safety Techniques			
Accident Reporting			
Near Miss Reporting			
Hazard Reporting			
Program Administration			
Person assigned to manage records			
Recordkeeper Trained			
Accident prevention included in new employee safety orientation			
Date of Last Audit			
Records			
All accident reports on file			
OSHA 301 Forms complete			
OSHA 300 Log complete			
Safeguards			
Engineering Safeguards			
Administrative Safeguards			
Training Safeguards			
Action Points			
Safety Committee has reviewed all reports			
Management has reviewed all reports			
All recommended actions for each report completed			

Date of last program review by W/C Insurance Carrier/ Third Party			
Insurance Carrier recommendations completed			
W/C Third Party Administrator recommendations completed			
Notes			

Date