



## ACCIDENT PREVENTION

Facility \_\_\_\_\_

Area \_\_\_\_\_

Auditor \_\_\_\_\_

Date \_\_\_\_\_

Area	Satisfactory	Action Required	Corrective Action
<b>Employee Knowledge</b>			
Date of last employee training			
Date of last supervisor training			
Job Safety Techniques			
Accident Reporting			
Near Miss Reporting			
Hazard Reporting			
<b>Program Administration</b>			
Person assigned to manage records			
Recordkeeper Trained			
Accident prevention included in new employee safety orientation			
Date of Last Audit			
<b>Records</b>			
All accident reports on file			
OSHA 301 Forms complete			
OSHA 300 Log complete			
<b>Safeguards</b>			
Engineering Safeguards			
Administrative Safeguards			
Training Safeguards			
<b>Action Points</b>			
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: \_\_\_\_\_