



Client Safety Evaluation			
Company Name _____			
Address _____	City _____	State _____	Phone _____
Evaluation completed by _____		Branch Name/# _____	
Date _____	Length of assignment _____	# of temps _____	
WC Class Code(s) _____	Customer contact (name/phone) _____		
Describe client's business, process, end product			
Describe assignment(s) and responsibilities			
Who will supervise the temp worker? (Circle one)		What training will be provided to temp worker:	
Staffing firm	Client	Pre-hire Day 1	

Historical Safety Performance		Ideally you would collect information at the location level where workers may be placed. If this is not possible, get the corporate level data.		
	Circle One	1	2	3
Experience modification rate (EMR)	Corp/Loc	1 or greater	0<1	Less than zero
Total recordable rates compared to benchmark	Corp/Loc	worse	same (+ or - .5)	better
DART rates compared to benchmark	Corp/Loc	worse	same (+ or - .5)	better
OSHA penalties past 5 years	Corp/Loc	3 or more	1 to 2	0
Severe injuries past 5 years	Corp/Loc	3 or more	1 to 2	0
Fatalities past 5 years	Corp/Loc	1 or more		0
Incident rate trend past 5 years	Corp/Loc	worsening	plateaued	improving
SCORE (add ratings for all items)				

Client Safety Programs		Please note which programs the client has in place.
	Circle One	Notes
CA – Injury and Illness Prevention Program; WA – Accident Prevention Program; Others - written safety program	Yes / No	
Written safety policy	Yes / No	
Written safety rules	Yes / No	
Emergency procedures, evacuation plans, shelter in place plans, active shooter	Yes / No	
Ergonomics programs	Yes / No	
Housekeeping	Yes / No	
Contract and temporary worker policy or contractor management program	Yes / No	
Compliance policies for mandatory occupational safety programs (or a list of what is required for compliance)	Yes / No	
Stop work authority of workers	Yes / No	
Driving safety	Yes / No	
Injury/illness reporting	Yes / No	
Incident investigation	Yes / No	
Return to work	Yes / No	
Wellness	Yes / No	
Disciplinary policy for safety violations	Yes / No	
Personal protective equipment (PPE) programs	Yes / No	
Spill containment and cleaning protocols	Yes / No	
Job rotation, shift work schedules, overtime records	Yes / No	
Lockout/tagout	Yes / No	
Confined space entry	Yes / No	
Machine safeguarding	Yes / No	
Industrial hygiene (noise abatement, hearing conservation, air quality, respirator)	Yes / No	
Bloodborne pathogens (Hepatitis B program, vaccinations, sharps handling)	Yes / No	
Hazard communication	Yes / No	
Powered industrial trucks (PIT) program	Yes / No	
Other _____	Yes / No	

Machinery, Tools & Equipment, Motorized Vehicles		
Type	Use?	Circle those that apply
Ladders	Yes / No	note type to be used
Powered industrial trucks	Yes / No	forklift, reach truck, scissor lift, aerial lift, order picker, riding mower, other _____
Heavy machinery	Yes / No	cranes, bulldozer, scraper, haul truck, dump truck, excavator, grader, other _____
Cement/asphalt machinery	Yes / No	pavers, screed rollers, transit mixers, other _____
Vehicle	Yes / No	tractor-trailer, flatbed, cargo, pickup truck, sedan, other _____
Hand tools	Yes / No	utility knife, hammer, wrench, screwdriver, pliers, other _____
Power tools	Yes / No	hand grinder, circular saw, drill, nail gun, abrasive wheel, chop saw, other _____
Machinery	Yes / No	computer numerical control (CNC) machine, lathe, milling, forge, extruder, brake press, planer, power press, band saw, roll former, other _____
Air compressor tools	Yes / No	jackhammer, pressure washer, other _____
Welding	Yes / No	oxyacetylene, arc/stick/SMAW, mig/tig, plasma, friction
Painting	Yes / No	electrostatic, powder coating, spray gun, spray booth, spray can, other _____
Operational	Yes / No	overhead crane, conveyor, robotics, dip tanks, electroplating, other _____
Clerical	Yes / No	computer, 10-key, copy machine, paper shear, auto folder, auto letter opener, blueprint machine, express mail tabber, other _____
Manual material handling aids	Yes / No	carts, dollies, conveyors, other _____
Other dangerous tools and machinery	Yes / No	chain saws, wood chippers, farm machinery, other _____

PPE/Occupational Exposures/Medical Questionnaire				
Personal Protective Equipment (PPE)	Required?	Type	Client trains on use?	Client provides?
Head	Yes / No		Yes / No	Yes / No
Eyes/Face	Yes / No		Yes / No	Yes / No
Hands/Arms	Yes / No		Yes / No	Yes / No
Feet	Yes / No		Yes / No	Yes / No
Body/Trunk	Yes / No		Yes / No	Yes / No
Hearing	Yes / No		Yes / No	Yes / No
Clothing	Yes / No		Yes / No	Yes / No
Respiratory (see add'l questions below)	Yes / No		Yes / No	Yes / No
For Respirator Use Only				
<u>Type of respirator (circle one)</u>		<u>Frequency used (circle one)</u>		
N, R, or P disposable respirator (filter-mask, non-cartridge type only)		Escape only (no rescue)		
Half or full-face piece		Emergency Use only		
Powered-air purifying		Less than 5 hours/week		
Supplied air		Less than 2 hours/day		
Self-contained breathing apparatus		2-4 hours/day		
		Over 4 hours/day		
Will client perform fit test?	Yes / No	NOTES		
Work performed under humid conditions?	Yes / No			
Work in area with lower than normal amounts of oxygen?	Yes / No			
Work performed at high altitudes (over 5,000 ft.)?	Yes / No			
Will temporary employee enter permit required confined spaces?	Yes / No			

Pre-Employment Medical Exam		
Will temp employees require pre-employment medical exam?	Yes / No	Notes
Blood work (CBC, CMP, Cholinesterase, Chem 23, Lead, etc.)	Yes / No	
Vaccination/Titer (MMR, Varicella, TB, Tdap, HBV, etc.)	Yes / No	
Urinalysis (dipstick, micro, mercury, etc.)	Yes / No	
Vision test (color, depth, etc.)	Yes / No	
Pulmonary function test (spirometry)	Yes / No	
Other	Yes / No	

Tasks with higher risks		
	Circle One	Notes
Work at heights or elevated surfaces	Yes / No	>4 ft. including ladders, scaffolding, roofs, scissor lift, platforms
Work below grade	Yes / No	>3 ft. such as trenches and excavations
Work in a permit-required confined space	Yes / No	
Lifting or carrying	Yes / No	note avg. and max. weight, rate per hour, height being lifted, etc.; see NIOSH Lifting Equation
Repetitive tasks	Yes / No	note nature of repetition (# times per minute/hour/shift)
Working in extreme temperatures	Yes / No	note extreme hot or cold temps and length of time exposed
Assembly, sorting, packing	Yes / No	
Dock work	Yes / No	
Loading/unloading trucks	Yes / No	
Data entry	Yes / No	
Work with chemicals	Yes / No	note chemicals used
Driving	Yes / No	note vehicle type, distances to be driven, what is transported
Transporting employees and materials	Yes / No	
Electrical work (including energized equipment)	Yes / No	
Maintenance, cleaning, or setup of machinery/tools	Yes / No	
Work on pressurized equipment/lines	Yes / No	
Changing forklift batteries or propane tanks	Yes / No	
Fueling	Yes / No	
Securing cargo	Yes / No	
Inflating tires	Yes / No	
Rigging	Yes / No	
Digging, trenching, excavation	Yes / No	
Sandblasting	Yes / No	
Use of explosives (including fireworks)	Yes / No	
Flagging/signaling	Yes / No	
Cement/asphalt work	Yes / No	flat work, tilt-up work, form work, precast
Oil, natural gas, or nuclear power operations	Yes / No	
Direct patient or personal care	Yes / No	
Exposure to blood or other bodily fluids/needles	Yes / No	
Working directly with children	Yes / No	
Work near water	Yes / No	
Operation of construction, farm, logging equipment	Yes / No	
Security guard assignments	Yes / No	
Animal care	Yes / No	

Physical Environment Conditions	
	Note condition of each
Exits	marked and clear of obstacles
Stairways	clear, marked, non-slip
Evacuation maps	posted in multiple areas
First aid stations/kits, body/eyewash stations	stocked and operational
Fire extinguishers	accessible and tested
Emergency phone numbers including fire, rescue, police	posted
Emergency response procedures	host employer has them in place
Safety Data Sheets	available and updated periodically
Noise >85dB requiring hearing protection	note noise levels where temp employee will be working
Sanitary eating area	away from production area
Lighting	adequate
Ventilation	adequate
Combustible dust prevented from going into suspension	vacuum system
Combustible scrap, debris, waste stored safely	metal container with lid
Housekeeping	neat and orderly
Oily and paint-soaked waste disposal	in covered metal waste cans
Walking surfaces	uneven surfaces painted, lit or covered
Elevated platforms	over 30 inches have guardrails
Overall facility conditions	any other notes