# SAFETY PROGRAM "QUICK-CHECK"

This is a quick survey of the various written programs or topics that may be required by OSHA for your business. The goal of this evaluation is to help determine what topics have received attention, and to what degree those topics have been addressed at [C_Officialname]. This is not intended to be a complete list of the various OSHA requirements; instead it is a summary of the major issues typically identified in an audit.

| SAFETY PROGRAM TOPIC TITLE | WRITTEN PLAN OR WORK INSTRUCTION | | | INTEGRATION LEVEL | | | | | TRAINING SATURATION | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| Accident Reporting & Investigating Process | YES | NO | N/A | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Audit & Inspection Forms | YES | NO | N/A | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| **Bloodborne Pathogens Exposure Control Plan** | **YES** | **NO** | **N/A** | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Compressed Gas Cylinder Plan | YES | NO | N/A | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| **Confined Space Entry Program** | **YES** | **NO** | **N/A** | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Cutting, Welding & Brazing Plan | YES | NO | N/A | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| **Electrical Safety Plan** | **YES** | **NO** | **N/A** | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| **Emergency Action Plan** | **YES** | **NO** | **N/A** | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Ergonomics Plan | YES | NO | N/A | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Fall Protection Program | YES | NO | N/A | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| **Fire Prevention Plan** | **YES** | **NO** | **N/A** | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| **Fire Protection Equipment** | **YES** | **NO** | **N/A** | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Flammable & Combustible Liquid Program | YES | NO | N/A | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Hand Tool Safety Program | YES | NO | N/A | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| **Hazard Communication Program** | **YES** | **NO** | **N/A** | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| **Hearing Conservation Program** | **YES** | **NO** | **N/A** | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Housekeeping Program | YES | NO | N/A | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Indoor Air Quality Control Plan | YES | NO | N/A | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| **Lab Safety Policy** | **YES** | **NO** | **N/A** | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Ladder Safety Program | YES | NO | N/A | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Liquid Petroleum Gas (LPG) Safety Plan | YES | NO | N/A | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| **Lockout/Tagout Program** | **YES** | **NO** | **N/A** | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| **Machine Safeguarding Program** | **YES** | **NO** | **N/A** | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Material Handling Equipment Program | YES | NO | N/A | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Means of Egress Plan | YES | NO | N/A | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Medical Surveillance Program | YES | NO | N/A | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| **Personal Protective Equipment Program** | **YES** | **NO** | **N/A** | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| **Process Safety Management** | **YES** | **NO** | **N/A** | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| **Powered Industrial Trucks Program** | **YES** | **NO** | **N/A** | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| **Recordkeeping Practices & Requirements** | **YES** | **NO** | **N/A** | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| **Respiratory Protection Plan** | **YES** | **NO** | **N/A** | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Safety & Health Management System Policy | YES | NO | N/A | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Safety Committee Organizational Plan | YES | NO | N/A | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Safety Signs & Colors Program | YES | NO | N/A | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Spray Finishing Operations Plan | YES | NO | N/A | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| **Toxic Substances Control Plan** | **YES** | **NO** | **N/A** | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Walking-Working Surface Maintenance Plan | YES | NO | N/A | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |
| Workplace Violence Prevention Plan | YES | NO | N/A | 1 | 2 | 3 | 4 | 5 | 1 | 2 | 3 | 4 | 5 |

**Ratings Key**

| | | |
|---|---|---|
| 5 | Excellent | 90–100% implemented; all trained |
| 4 | Good | 70–80% implemented; most trained |
| 3 | Average | 50–60% implemented; some trained |
| 2 | Poor | 20–40% implemented; few trained |
| 1 | Failed | 0–20% implemented; none trained |

**BOLD** indicates required program or required documentation
**N/A** indicates a topic not applicable to your organization