

Client Worksite Evaluation Form

Client Company:	Date:		
Client Company Address:			
Client Company Telephone:			
Does the Client Company have a Safety Manager? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, enter name:			
ADMINISTRATIVE:			
1. Nature of Operations (describe service or finished product):			
2. Description of work temporary employees will be performing:			
3. Number of temporary employees used:			
4. In which departments are temps needed?			
5. Please review Client Company's OSHA 300 Form for the past three full years and provide the number of injuries for each year.			
6. Using the Establishment Search (https://www.osha.gov/pls/imis/establishment.html), has the Client Company had any OSHA citations within the last 5 years?			
7. Client's current EMR:			
8. Will the client offer an early return-to-work or modified duty program for our employees?			
9. Is there a safety committee in place? Can our employees participate?			
PRODUCTION:			
General Housekeeping	Yes	No	Comments
1. Floor condition: Are floors free from slip/fall hazards?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are all areas well lit and accessible?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are aisles and walkways clearly marked and free from debris?	<input type="checkbox"/>	<input type="checkbox"/>	
Machinery & Machine Guarding	Yes	No	Comments
1. Point of operation guards in place?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Belts, pulleys, gears, shafts guarded?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Lockout Tagout Program in effect for machine maintenance?	<input type="checkbox"/>	<input type="checkbox"/>	
Life Safety	Yes	No	Comments
1. Exits marked and visible (signs, emergency lighting)?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Exit doors unlocked?	<input type="checkbox"/>	<input type="checkbox"/>	
3. First aid kits and eye wash stations available?	<input type="checkbox"/>	<input type="checkbox"/>	

Client Worksite Evaluation Form

Personal Protective Equipment (PPE) Equipment Required	Yes	No	Comments
1. Safety Glasses	<input type="checkbox"/>	<input type="checkbox"/>	
2. Hard Hats	<input type="checkbox"/>	<input type="checkbox"/>	
3. Footwear (i.e. steel toe, slip-resistant, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	
4. Hearing Protection (If yes, is a full hearing conservation program in place and will our employees be included?)	<input type="checkbox"/>	<input type="checkbox"/>	
5. Is required safety equipment (PPE) provided to temporary employees?	<input type="checkbox"/>	<input type="checkbox"/>	
Material Handling	Yes	No	Comments
1. Is lifting required for any jobs?	<input type="checkbox"/>	<input type="checkbox"/>	
2. If you answered "yes" to question 1, how often will employees be required to lift? (Please comment)	<input type="checkbox"/>	<input type="checkbox"/>	
3. Maximum weight lifted or moved? If more than 50 lbs., team lift or mechanical aides must be used.	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are mechanical aides (hoists, hand trucks, dollies) available?	<input type="checkbox"/>	<input type="checkbox"/>	
5. If forklifts are used, is there a training program in place?	<input type="checkbox"/>	<input type="checkbox"/>	
Ergonomics	Yes	No	Comments
1. Is work repetitive?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are repetitive jobs rotated (positions and/or department)?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are anti-fatigue mats provided for standing jobs?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Is bending, twisting, or reaching required?	<input type="checkbox"/>	<input type="checkbox"/>	
Safety Programs & Training	Yes	No	Comments
1. Are Temp employees given safety orientation? If so, explain what is covered in the Comments section.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is there a written Safety Program in place?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Is there department training for specific jobs?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is training given when an employee takes on a new job assignment?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are regular safety trainings provided and documented with temps included?	<input type="checkbox"/>	<input type="checkbox"/>	

Client Worksite Evaluation Form

Industrial Hygiene / Chemical Exposure	Yes	No	Comments
1. Are there any potential air hazards that meet or exceed OSHA Permissible Exposure Limits (PELs)?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, a copy of the client's most recent air monitoring results should be included and reviewed.
2. If yes to question 1, what protections are in place? If respirators are used, are medical evaluations and fit testing also completed?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Will temporary employees be working with any chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	
4. If yes, are they trained on those chemicals and provided with the SDSs?	<input type="checkbox"/>	<input type="checkbox"/>	
Other Potential Hazards			
	Yes	No	Comments
1. Welding	<input type="checkbox"/>	<input type="checkbox"/>	If yes, approval must be received prior to placement.
2. Confined Spaces	<input type="checkbox"/>	<input type="checkbox"/>	If yes, approval must be received prior to placement.
3. Cranes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, approval must be received prior to placement.
3. Other (specify in comments)	<input type="checkbox"/>	<input type="checkbox"/>	
General Comments:			
Completed By (Print Name):			
Date:			Print Name:
Title:			
Signature:			