



## CHAPTER 10

### Compliance Assessment Program

#### POLICY

The Flight Department shall periodically measure the effectiveness of the Department Safety Program in compliance with governmental regulations and the ideals of loss prevention and control. The Compliance Assessment Program is a tool in this endeavor designed to measure progress, provide feedback, identify required actions, eliminate deficiencies, and recognize positive performance. These objectives are realized through a program of comprehensive assessments.

#### Responsibility

The Safety Manager is responsible for the administration of the Compliance Assessment Program. Responsibility for the correction of identified deficiencies lies with the Department Manager exercising authority over the affected area.

#### Comprehensive Assessments

Comprehensive compliance assessments will be performed at each facility at least once every three calendar years. Each comprehensive assessment shall address the entire facility's compliance with all aspects of the Department Safety Program.

The Safety Manager will notify management of the assessment date, objectives of the assessment, and identities of assessment team members at least one month prior to the assessment. A list of pertinent documents expected to be examined will be included. The assessment shall be scheduled so that at least one manager and one Safety Representative are present for the entire procedure. The activities of the assessment team shall be scheduled so as not to interfere with the conduct of flight operations.

An opening conference will be held at the beginning of the assessment to review objectives, scope, and to clarify expectations. At least one Facility Manager, one local Safety Representative, and the entire assessment team shall attend.

The physical inspection will take place with the assistance of the local Safety Representative. The assessment will include facility conditions, work practices, documentation, and personnel interviews. Any hazardous situations or equipment shall be either placarded or removed from service until the hazardous situation is corrected.

A closing conference will be held with all personnel present at the opening conference and a summary of findings will be presented. If any discrepancies are noted, recommendations for corrective action should be presented. For each deficiency noted, corrective action, person responsible, and a reasonable target completion date shall be agreed upon. These items shall be included in the final written report. Prior to completion of the assessment, the team leader will collect all written notes of the assessment team members relating to the inspection. All notes shall either be destroyed or included in the written report.

The written report will be completed as soon as practicable following the assessment. Once approved by the Safety Manager, a copy of the assessment report will be forwarded to base management. The Safety Manager will provide follow-up monitoring of deficiency corrections. After all corrective actions are completed, the Safety Representative will so notify the Safety Manager. The Safety Manager shall maintain the original assessment report for three years or until all deficiencies are corrected, whichever is longer.

# Safety Best Practices Manual

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## Appendix I - Compliance Assessment Checklists

# Safety Best Practices Manual

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## Hazard Communication Program Assessment

Yes No NA

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- 1. Is there a Hazardous Chemical List maintained separately from Material Safety Data Sheets?
- 2. Is the Hazardous Chemical List maintained at the Right-to-Know Information Center and available for employees to reference during their work shift?
- 3. Is the Hazardous Chemical List up-to-date, listing all hazardous chemicals known to be in the workplace?
- 4. Are hazardous chemicals deleted from the Hazardous Chemical List when they are removed from the workplace?
- 5. Does the Hazardous Chemical List identify each chemical by name as depicted on its corresponding Material Safety Data Sheet?
- 6. Is there a binder of Material Safety Data Sheets (MSDS) maintained at the Right-to-Know Information Center for employees to reference during their work shift?
- 7. Is there a Material Safety Data Sheet corresponding to each chemical on the Hazardous Chemical List?
- 8. Is there a Material Safety Data Sheet Request Form maintained in the MSDS binder for each hazardous chemical for which an MSDS has not been supplied with an initial shipment?
- 9. Are any known hazardous chemicals used by employees for which a Material Safety Data Sheet is not available in the MSDS binder?
- 10. Are all containers in the workplace which hold hazardous chemicals, and not exempted under portable container exemption, properly labeled?
- 11. Are unlabeled portable containers holding hazardous chemicals utilized by anyone other than the employee who performed the transfer from a labeled container?

# Safety Best Practices Manual

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12. Are unlabeled portable containers holding hazardous chemicals utilized across work shifts (i.e., not emptied prior to the end of each work shift)?

**Comments:** (Explain all red boxes checked)

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# Safety Best Practices Manual

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## Hazard Communication Program Assessment (cont.)

Yes   No   NA

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13. Do all container labels refer to the respective hazardous chemical by name as depicted on the corresponding Material Safety Data Sheet and the Hazardous Chemical List?
14. Do all container labels list appropriate hazard warnings that provide information regarding the hazards of the chemicals (e.g., carcinogen, corrosive, eye hazard, etc.)?
15. When hazardous non-routine tasks are performed, are employees informed of the hazardous chemical(s) to which they might be exposed and the proper precautions to be taken to reduce or avoid exposure?
16. Are outside contractors and employers of any other potentially affected employees advised of any chemical hazards that may be encountered in the normal course of their work on the premises and in foreseeable emergencies?
17. Are outside contractors and employers of any other potentially affected employees provided with details of the labeling system in use, location and availability of Material Safety Data Sheets, and protective measures to be taken?
18. Is each contractor who brings hazardous chemicals into the workplace required to provide the Facility Manager with the appropriate hazard information on these substances, including Material Safety Data Sheets, labeling system used, and precautionary measures to be taken in working with these chemicals?
19. Is information on hazardous chemicals brought into the workplace by contractors incorporated into the Department's written program while they are in use in the workplace (i.e., Material Safety Data Sheets, Hazardous Chemical List)?
20. Is the required OSHA poster (Safety and Health Protection on the Job) prominently displayed in the workplace?
21. Have all base employees who are assigned duties where there is the potential for exposure to hazardous chemicals received initial training on the OSHA Hazard Communication Standard, the Department Hazard Communication Program, and the safe use of those hazardous chemicals?

# Safety Best Practices Manual

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22. Have all base employees assigned duties where there is the potential for exposure to hazardous chemicals received recurrent training during the last three calendar years on the OSHA Hazard Communication Standard, the Department Hazard Communication Program, and the safe use of those hazardous chemicals?

**Comments:** (Explain all red boxes checked)

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# Safety Best Practices Manual

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## Hazard Communication Program Assessment (cont.)

	Deficiency noted	<input type="checkbox"/> list Item #	Target correction date	Person responsible
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### Overall Comments:

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Facility reviewed: \_\_\_\_\_

Checklist completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Safety Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit original audit form to the Safety Manager. The Safety Representative shall maintain a copy of this audit for two years, until all discrepancies are corrected, or until a comprehensive assessment is performed, whichever is later.

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# Safety Best Practices Manual

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## OSHA Injury/Illness Recording and Reporting Assessment

Yes No NA

- | Yes                      | No                                  | NA                       |   |
|--------------------------|-------------------------------------|--------------------------|---|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Is the Facility Manager responsible for maintaining appropriate and current logs and for following OSHA required posting procedures?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Are recordable injuries and illnesses entered on the OSHA 200 Log and the OSHA 101 Supplementary Record within six workdays after learning of their occurrence or diagnosis?                 |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Is a written or oral report filed within eight hours of any accident which results in a fatality to one or more employees or requires the hospitalization of three or more employees?        |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4. Are OSHA 200 and 101 forms (or equivalent) containing data relevant only to that base retained for five calendar years following the year to which they relate and available for inspection? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 5. Has the Facility Manager forwarded a copy of OSHA 200 and 101 forms pertinent to the previous year to the Safety Manager by February 1?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 6. Has the Facility Manager, or designee, posted a copy of the base totals and information following the fold-line of the OSHA 200 Log in a prominent place from February 1 until March 1?      |

**Comments:** (Explain all red boxes checked)

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# Safety Best Practices Manual

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## OSHA Injury/Illness Recording and Reporting Assessment (cont.)

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Facility reviewed: \_\_\_\_\_

Checklist completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Safety Manager: \_\_\_\_\_ Date: \_\_\_\_\_

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# Safety Best Practices Manual

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## Facility Emergency Plan Assessment

Yes No NA

- | Yes                      | No                       | NA                       |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Is the Facility Manager responsible for maintenance of the facility's evacuation plan?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Is an evacuation route map posted in the main reception and passenger areas, the hangar area, the maintenance shop area, the Flight Operations/Dispatch area, and any other work area where employees are routinely assigned to perform duties? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Are all employees familiar with the Facility Emergency Plan including knowledge of emergency procedures, location of emergency exits, and escape routes to safe areas in case of an evacuation?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Has a Facility Evacuation Plan drill been conducted at least once during the previous calendar year by the Facility manager or the Department Manager?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Is each exit and egress route marked by a readily visible sign?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Is each door, passage, or stairway which is not an exit, and which is likely to be mistaken for an exit, identified by a sign reading "Not an Exit", or an actual location, such as "To Basement", Storeroom, Closet, or the like?              |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Is every aisle or egress a minimum of 28" wide and maintained free of obstructions?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Is each designated exit door unlocked during working hours to allow egress in the event of an emergency?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Is an emergency telephone number list or speed dial list posted on or immediately adjacent to each phone in the main reception/passenger area, the hangar area, the maintenance shop area, and the Flight Operations/Dispatch area?             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Does each emergency telephone number list include phone numbers for police, fire department, and emergency medical aid?  |

# Safety Best Practices Manual

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**Comments:** (Explain all red boxes checked)

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# Safety Best Practices Manual

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## Facility Emergency Plan Assessment (cont.)

Yes No NA

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11. Have all employees received initial training on the Facility Emergency Plan?
12. Have any employee's responsibilities or designated actions under the plan changed without subsequent documented training?
13. Has the plan changed without subsequent documented training?
14. Are all flammable and combustible materials handled and stored in accordance with manufacturer's recommendations?
15. Are ignition sources (i.e., electricity, open flame, sparks) isolated from potential fuel sources to the maximum extent practicable?
16. Are "No Smoking" signs posted and obeyed in appropriate areas (i.e., near potential fuel sources)?
17. Are procedures that may produce sparks (e.g., grinding, metal work, electrical work) performed away from potential fuel sources when practicable?
18. Is all servicing, maintenance, and testing of fire alarm and extinguishing systems conducted by trained personnel?
19. Have all portable fire extinguishers been hydrostatically tested in accordance with the Safety Manual?
20. Have all employees assigned routine duties in work areas where portable fire extinguishers are provided received initial training on incipient fire fighting?
21. Have all employees assigned routine duties in work areas where portable fire extinguishers are provided, received recurrent training during the past three calendar years on incipient fire fighting?

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22. Have all maintenance personnel additionally received recurrent training during the past three calendar years on fuel source and ignition source controls related to particular fire hazards associated with maintenance areas and on proper housekeeping practices?

**Comments:** (Explain all red boxes checked)

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# Safety Best Practices Manual

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## Facility Emergency Plan Assessment (cont.)

Yes No NA

- | Yes                      | No                       | NA                       |  |
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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 23. Is any firefighting equipment damaged, expended, or unserviceable?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 24. Has any firefighting equipment been taken out of service for maintenance without appropriate substitute?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 25. Are all installed employee alarm systems in operating condition unless undergoing repairs or maintenance?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 26. Have all alarm systems been tested in accordance with the Safety Manual (i.e., unmonitored alarms - every two months, monitored alarms - annually) during the past year? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 27. Have all fixed fire extinguishing systems been tested and inspected during the past year?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 28. Are all portable fire extinguishers visually inspected monthly, with documentation, to ensure they are in place, charged, and ready for use?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 29. Have all portable fire extinguishers been maintenance checked, with documentation, during the past year?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 30. Have responsible employees been provided a copy of the "Telephone Bomb Threat Checklist" and do they know who is responsible for determining the response action?        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 31. Has the facility addressed any possible severe weather issues and is a plan in place to provide for the safety of employees?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 32. Have the emergency lights been tested monthly for 30 seconds and annually for 1½ hours in accordance with NFPA 101?  |

# Safety Best Practices Manual

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**Comments:** (Explain all red boxes checked)

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## Facility Emergency Plan Assessment (cont.)

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Facility reviewed: \_\_\_\_\_

Checklist completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Safety Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit original audit form to the Safety Manager. The Safety Representative shall maintain a copy of this audit for two years, until all discrepancies are corrected, or until a comprehensive assessment is performed, whichever is later.

# Safety Best Practices Manual

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## Bloodborne Pathogens Exposure Control Plan Assessment

Yes No NA

- | Yes                      | No                       | NA                       |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Are Universal Precautions (i.e., hand washing requirements, no food or drink areas, sharp objects handling, etc.) observed to prevent contact with blood and other potentially infectious materials (OPIM)? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Are engineering controls (i.e., hand washing facilities, etc.) used in preference to other control methods to eliminate or minimize potential exposure to infectious materials?                             |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Is appropriate personal protective equipment (i.e., gloves, face and eye protection, protective clothing, etc.) available, readily accessible, and provided at no cost to employees?                        |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Is appropriate personal protective equipment worn whenever contact with blood or OPIM can reasonably be anticipated?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Are appropriately marked containers available for the disposal of soiled personal protective equipment?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Have all employees who have been identified as having potential exposure to blood or OPIM been offered the Hepatitis B vaccine, at no cost to the employee?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Have all such employees who have declined the Hepatitis B vaccine signed a Hepatitis B Vaccine Declination Form?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Have all reported exposure incidents been handled in accordance with the provisions of the Exposure Control Plan?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Have medical records relating to any reported exposure incident been submitted to or obtained by the Company Medical Officer to comply with recordkeeping requirements?                                     |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Have all employees in job classifications identified as having possible occupational exposure to blood or OPIM received initial training on the Bloodborne Pathogens Exposure Control Plan?                |

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- 11. Have all employees in job classifications identified as having possible occupational exposure to blood or OPIM received annual training during the previous 12 calendar months on the Bloodborne Pathogens Exposure Control Plan?

**Comments:** (Explain all red boxes checked)

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# Safety Best Practices Manual

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## Bloodborne Pathogens Exposure Control Plan Assessment (cont.)

	Deficiency noted	<input type="checkbox"/> list Item #	Target correction date	Person responsible
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Facility reviewed: \_\_\_\_\_

Checklist completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Safety Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit original audit form to the Safety Manager. The Safety Representative shall maintain a copy of this audit for two years, until all discrepancies are corrected, or until a comprehensive assessment is performed, whichever is later.

# Safety Best Practices Manual

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## Access to Employee Exposure and Medical Records Assessment

Yes No NA

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- 1. Do employees notify their supervisor in the event of exposure to hazardous chemicals or harmful physical agents?
  
- 2. Has a Hazardous Substance Exposure Report been completed and submitted to the Safety Manager relating to each reported exposure incident?
  
- 3. Are medical records pertaining to each exposure incident maintained by the Company Medical Officer?
  
- 4. Have all employees been provided initial training on their rights under the Access to Employee Exposure and Medical Records Standard (29 CFR 1910.20)?
  
- 5. Have all employees been provided annual notification on their rights under the Access to Employee Exposure and Medical Records Standard (29 CFR 1910.20)?

**Comments:** (Explain all red boxes checked)

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# Safety Best Practices Manual

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## Access to Employee Exposure and Medical Records Assessment (cont.)

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Facility reviewed: \_\_\_\_\_

Checklist completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Safety Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit original audit form to the Safety Manager. The Safety Representative shall maintain a copy of this audit for two years, until all discrepancies are corrected, or until a comprehensive assessment is performed, whichever is later.

# Safety Best Practices Manual

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## Hearing Conservation Program Assessment

(Only conducted at locations with documented exposures)

Yes No NA

- | Yes                      | No                       | NA                       |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Is a copy of the Occupational Noise Exposure Standard, 29 CFR 1910.95, available in the facility and easily accessible to all employees?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Has noise monitoring been conducted in any area where employees may be exposed to an average of 85 dBA or greater during an 8-hour workday or, equivalently, a dose of fifty percent?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Has the noise survey been performed by trained personnel using a sound meter or dosimeter meeting American National Standards Institute (ANSI) specifications?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Is noise monitoring repeated when changes in equipment or controls may result in employees being exposed at or above the action level?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Have all affected employees been given the opportunity to observe any noise measurements conducted at the facility?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Have all employees found to be exposed at or above the action level been notified in writing?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Have all employees whose exposure is at or above the action level received an annual audiometric test, at no cost to the employee, during the last 12 calendar months?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. For baseline audiograms performed during the previous 12 months, have the tests been preceded by at least 14 hours without exposure to workplace noise, and have affected employees been notified of the need to avoid high levels of non-occupational noise? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Are annual audiograms compared to the baseline audiogram to determine if a standard threshold shift has occurred?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Are all standard threshold shifts of over 25 dBA which are determined to be work-related recorded on the OSHA 200 log?   |

# Safety Best Practices Manual

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**Comments:** (Explain all red boxes checked)

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# Safety Best Practices Manual

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## Hearing Conservation Program Assessment (cont.)

Yes No NA

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11. Has Health Services reviewed the audiometric history of all affected employees who have undergone a change of employment status (e.g., retirement, termination, job change with exposure below the action level) to determine the need for an exit audiogram?
12. Are feasible engineering and administrative controls utilized when any employee's exposure equals or exceeds the mandatory protection level?
13. Are all employees exposed to noise at or above the action level provided with hearing protection that attenuates employee exposure to below the mandatory protection level, at no cost to the employee?
14. Is hearing protection required to be worn by employees exposed to workplace noise at or above the mandatory protection level?
15. Is hearing protection required to be worn by employees who have not yet had a baseline audiogram or who have experienced a standard threshold shift when exposed to noise at or above the action level? (Hearing protectors in this case must attenuate noise at or below the action level.)
16. Is all hearing protection provided to employees labeled with the Noise Reduction Rating (NRR) developed by the Environmental Protection Agency?
17. Are employees given the opportunity to select their hearing protectors from a variety of suitable models provided by the Department?
18. Are noise exposure measurement records retained in an accurate and accessible manner by the Safety Manager for two years following the date of the measurement?
19. Is a copy of the most recent noise exposure measurement record maintained in the Safety Training Record of each affected employee covered under the Hearing Conservation Program?

# Safety Best Practices Manual

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20. Are audiometric test results maintained for the duration of employment of each affected employee?

**Comments:** (Explain all red boxes checked)

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# Safety Best Practices Manual

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## Hearing Conservation Program Assessment (cont.)

	Deficiency noted	<input type="checkbox"/> list Item #	Target correction date	Person responsible
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Facility reviewed: \_\_\_\_\_

Checklist completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Safety Manager: \_\_\_\_\_ Date: \_\_\_\_\_

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# Safety Best Practices Manual

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## Personal Protective Equipment Policy Assessment

Yes   No   NA

- | Yes                      | No                       | NA                       |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Has the facility been assessed to identify hazards requiring the use of PPE?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Has the hazard assessment been certified in writing?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Do supervisors select and require the use of PPE that is suitable for protection from the identified hazards?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Have affected personnel and their supervisors been fitted for and instructed in the proper use and care of selected PPE?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Do all affected personnel properly use and care for PPE?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Are complete and accurate PPE training records maintained by the facility Safety Representative?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Is damaged or defective PPE in use in the facility?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Is appropriate eye or face protection meeting or exceeding ANSI Z87.1-1989 (and marked to indicate so) used when employees are exposed to: <ul style="list-style-type: none"><li>• Flying particles (side protection is required).</li><li>• Liquid chemicals.</li><li>• Acids or caustic liquids.</li><li>• Harmful light radiation.</li><li>• Molten metal.</li><li>• Chemical gases or vapors.</li></ul> |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Are affected personnel who wear prescription corrective lenses provided with protective eyewear that either incorporates the prescription or may be worn over prescription lenses without disturbing the proper position of the prescription lenses or the protective lenses?   |

# Safety Best Practices Manual

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**Comments:** (Explain all red boxes checked)

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# Safety Best Practices Manual

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## Personal Protective Equipment Policy Assessment (cont.)

Yes No NA

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10. Is contact lens use restricted accordingly when the work environment entails exposures to chemicals, vapors, splashes, radiant or intense heat, molten metals, or a highly particulate atmosphere?
13. Is appropriate hand protection worn by personnel whose hands are exposed to hazards such as:
- Skin absorption of harmful substances.
  - Severe cuts or lacerations.
  - Severe abrasions.
  - Punctures.
  - Chemical burns.
  - Thermal burns.
  - Extreme cold.
14. Is hand protection selected based upon an evaluation of:
- The hazards identified.
  - The duration of use.
  - The type of task being performed.
15. Have all maintenance personnel received initial training, training every three years, and at any time when the employee's conduct indicates the need for retraining in the use and care of PPE which they use, or may be required to use?

**Comments:** (Explain all red boxes checked)

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# Safety Best Practices Manual

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## Personal Protective Equipment Policy Assessment (cont.)

	Deficiency noted	<input type="checkbox"/> list Item #	Target correction date	Person responsible
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### Overall Comments:

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Checklist completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Safety Manager: \_\_\_\_\_ Date: \_\_\_\_\_

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# Safety Best Practices Manual

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## Respiratory Protection Program Assessment

Yes   No   NA

- | Yes                      | No                       | NA                       |  |
|--------------------------|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. Do Department personnel, other than aircraft maintenance personnel, wear respirators in Department workplaces?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Are chemicals which pose a respiratory hazard used in the facility for which a respiratory protection determination has not been made by the Safety Manager?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Are base maintenance personnel knowledgeable of the facility's respiratory protection requirements?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Are respirators selected, inspected, used, and maintained in accordance with the Respiratory Protection Program?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Are complete fit testing records maintained by the facility Safety Representative?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Has each user of a respirator covered by the Program, and immediate supervisor, been trained in the proper selection, use, and maintenance of respirators by competent and experienced persons?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Are respirators utilized only where engineering control measures to isolate the contaminated atmosphere from the employee (e.g., enclosing or confining the contaminant-producing operation, exhausting the contaminant, or substituting with less toxic materials) are impossible, impractical, or insufficient, while controls are being installed, and during clean up operations? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Are all respirators maintained or used in the facility approved by the Mine Safety and Health Administration and the National Institute for Occupational Safety and Health (MSHA/NIOSH)?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Are respirators assigned to individual workers where practicable?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Has each user of a respirator been fit tested during the past 12 months in accordance with the requirements of the OSHA Respiratory Protection Standard?   |

# Safety Best Practices Manual

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**Comments:** (Explain all red boxes checked)

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# Safety Best Practices Manual

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## Respiratory Protection Program Assessment (cont.)

Yes   No   NA

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11. Is fit testing repeated when a person has a condition which may interfere with facepiece sealing, such as significant change in body weight (10% or more), significant scarring in the area of the face seal, dental changes, reconstructive or cosmetic surgery, or any other condition that may affect the fit of the facepiece seal?
12. Is fit test evaluation made using recognized qualitative fit testing procedures and solutions by a person trained to perform fit testing?
13. Is fit testing performed while wearing protective equipment, such as spectacles, goggles, face shield, or helmet that will be worn during work activities and could interfere with the fit?
14. Are respirator users who are required to wear a full face respirator and who wear prescription glasses issued prescription spectacle kits?
15. Do employees use, or are they fit tested for, tight fitting respirators that require a seal for effective performance when facial hair or other conditions prevent the seal?
16. Is each person fit tested given the opportunity to test a variety of respirator models providing suitable protection from an assortment of at least three sizes for each type of facepiece and from at least two different manufacturers?
17. Is a record of fit testing which conforms to that specified in the Respiratory Protection Program maintained by the facility Safety Representative?
18. Does every person required to utilize respiratory protection for more than five hours during any work week have a current written medical certification available at the facility?
19. When assigning personnel to perform work requiring the use of respirators, is due consideration given to each individuals physical ability to perform the work while wearing a respirator?
20. Are any personnel identified with an impaired sense of smell prohibited from the use of air purifying respirators?

# Safety Best Practices Manual

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21. Are any personnel identified with an impaired sense of smell required to undergo quantitative fit testing prior to being permitted to use air supplied respirators?

**Comments:** (Explain all red boxes checked)

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# Safety Best Practices Manual

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## Respiratory Protection Program Assessment (cont.)

Yes   No   NA

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22. Is a current copy of any required medical certification form maintained by the Safety Representative?
23. Is respirator equipment maintained in a clean and serviceable condition?
24. Are respirators that are issued for the exclusive use of one employee cleaned after each use, or more often, if necessary?
25. Are respirators that are used by more than one employee thoroughly cleaned and disinfected after each use?
26. Are respirators inspected for wear and damage before and after each use by the wearer?
27. Is a written record of respirator inspections (including inspected items, user's initials, and date performed) maintained in the respirator case or storage area?
28. Is replacement of worn or damaged parts made only with manufacturer designated replacement parts by properly trained and experienced personnel who are authorized to replace respirator parts?
29. Are any employees who have facial hair or any other condition which prevents a proper facepiece to face seal permitted to wear tight-fitting respirators?
30. Is the facepiece fit of tight-fitting respirators checked by the wearer each time a respirator is donned?
31. Are personnel permitted to wear hard, non-permeable contact lenses while wearing full facepiece respirators?

# Safety Best Practices Manual

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**Comments:** (Explain all red boxes checked)

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# Safety Best Practices Manual

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## Respiratory Protection Program Assessment (cont.)

	Deficiency noted	<input type="checkbox"/> list Item #	Target correction date	Person responsible
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### Overall Comments:

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Facility reviewed: \_\_\_\_\_

Checklist completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Safety Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit original audit form to the Safety Manager. The Safety Representative shall maintain a copy of this audit for two years, until all discrepancies are corrected, or until a comprehensive assessment is performed, whichever is later.



# Safety Best Practices Manual

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## Powered Industrial Vehicle Policy Assessment

Yes No NA

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- 1. Are only personnel designated, trained, and certified permitted to operate powered industrial vehicles?
- 2. Have all personnel who operate powered industrial vehicles completed the Department's training program relevant to each particular vehicle that they operate at least once during the past six calendar years?
- 3. Are frequently operated vehicles, such as aircraft tugs, inspected daily prior to first use?
- 4. Are less frequently operated vehicles inspected prior to the first use during any work shift?
- 5. Are all inspections documented on the vehicle until the last use of the day?
- 6. Are all powered industrial vehicles maintained and operated in accordance with manufacturer's recommendations?
- 7. Are any vehicles altered in a manner that is not approved by the manufacturer?
- 8. Are any powered industrial vehicles operated for uses other than those approved by the manufacturer?
- 9. Are powered industrial vehicles prohibited from use where any uncontained flammable or combustible liquids are present?
- 10. Are personnel aware of the restriction from operating any powered industrial vehicle while under the influence of medication labeled with a caution against driving or operating heavy machinery?

# Safety Best Practices Manual

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11. Do operators comply with any vision restrictions, e.g., corrective lenses, as indicated on a valid state driver's license?

**Comments:** (Explain all red boxes checked)

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# Safety Best Practices Manual

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## Powered Industrial Vehicle Policy Assessment (cont.)

Yes   No   NA

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- 12. Are all powered industrial vehicles operated in a safe manner consistent with training and the “General Safety Rules for the Operation of Powered Industrial Vehicles”?
  
- 13. Are all accidents and incidents involving powered industrial vehicles immediately reported to the Manager, Base Aviation Maintenance via the Department Hazard and Incident Reporting System?
  
- 14. Are all equipment defects and personal impairments that may interfere with the safe operation of powered industrial vehicles reported to the Manager, Base Aviation Maintenance?
  
- 15. Is all battery charging performed in areas designated for that purpose?
  
- 16. Is the storage and handling of liquid fuels, such as gasoline and diesel fuel, performed in accordance with the National Fire Protection Association (NFPA) Flammable and Combustible Liquids Code (NFPA No. 30)?
  
- 17. Is the storage and handling of liquefied petroleum gas fuel performed in accordance with the NFPA Storage and Handling of Liquefied Petroleum Gases Code (NFPA No. 58)?

**Comments:** (Explain all red boxes checked)

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# Safety Best Practices Manual

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## Powered Industrial Vehicle Policy Assessment (cont.)

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Facility reviewed: \_\_\_\_\_

Checklist completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Safety Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit original audit form to the Safety Manager. The Safety Representative shall maintain a copy of this audit for two years, until all discrepancies are corrected, or until a comprehensive assessment is performed, whichever is later.

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# Safety Best Practices Manual

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## Contractor Safety Policy Assessment

Yes   No   NA

- | Yes                      | No                                  | NA                       |  |
|--------------------------|-------------------------------------|--------------------------|--|
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 1. Are all contractors covered by the Contractor Safety Policy informed of general safety and environmental regulations and specific requirements that must be followed while on Department property?  |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 2. Are all covered contractors informed of potential hazards within the specific Department facility prior to starting a project per the Hazard Communication Program?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 3. Are all hazardous chemicals used and/or stored in the Department facility by contract personnel included in the Department's Hazard Communication Program (i.e., Material Safety Data Sheets, Hazardous Chemical Lists, container labeling, and employee training)? |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 4. Do all applicable Department authorized contracts include the General Safety Regulations for Contractors (Appendix I, Section 14 of Safety Manual)?   |
| <input type="checkbox"/> | <input checked="" type="checkbox"/> | <input type="checkbox"/> | 5. Are contractor activities monitored to correct violations of the contract's safety clause?  |

**Comments:** (Explain all red boxes checked)

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# Safety Best Practices Manual

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## Contractor Safety Policy Assessment (cont.)

	Deficiency noted	<input type="checkbox"/> list Item #	Target correction date	Person responsible
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### Overall Comments:

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Facility reviewed: \_\_\_\_\_

Checklist completed by: \_\_\_\_\_ Date: \_\_\_\_\_

Safety Manager: \_\_\_\_\_ Date: \_\_\_\_\_

Please submit original audit form to the Safety Manager. The Safety Representative shall maintain a copy of this audit for two years, until all discrepancies are corrected, or until a comprehensive assessment is performed, whichever is later.