



## Workplace Examination Check List

Agency/County/Municipality: \_\_\_\_\_

Department/Area: \_\_\_\_\_

### Records Review

*(Indicate task completed by filling in the date completed.)*

1. Log of Occupational Injuries and Illnesses (sh-900) \_\_\_\_\_
2. Workers' Compensation Records \_\_\_\_\_
3. Incident Reports \_\_\_\_\_
4. Police Reports \_\_\_\_\_
5. Incident Investigation Reports \_\_\_\_\_
6. Other Applicable Data (specify): \_\_\_\_\_

### Work Practice Review

*(Indicate task completed by filling in the date completed.)*

1. Relevant Policies \_\_\_\_\_
2. Relevant Standard Operating Procedures \_\_\_\_\_
3. Relevant Work Practices \_\_\_\_\_

### Workplace Assessment

*(Indicate task completed by filling in the date completed.)*

1. Physical Inspection \_\_\_\_\_
2. Worker Surveys \_\_\_\_\_
3. Focus Groups \_\_\_\_\_
4. Hazard Mapping \_\_\_\_\_
5. Other Method (specify): \_\_\_\_\_