



Texas Department  
of Insurance

# Accident Prevention Plan Review Checklist

Provided by

**Workers'  
Health & Safety**

HS95-069D (12-05)

# Accident Prevention Plan Review Checklist

Company Name: \_\_\_\_\_  
 Jobsite Address: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Inspector(s): \_\_\_\_\_

Yes	No	N/A	Date Corrected	<b><u>Check Items Inspected:</u></b> <b><u>Worksite General</u></b>
_____	_____	_____	_____	1. Are Occupational Safety and Health Administration (OSHA) posters displayed in prominent locations?
_____	_____	_____	_____	2. Are safety signs/warnings posted where appropriate?
_____	_____	_____	_____	3. Are emergency telephone numbers posted where they can be found readily?
_____	_____	_____	_____	4. Is a first aid kit available and adequately stocked?
_____	_____	_____	_____	5. Is a summary of Occupational Illnesses posted?
_____	_____	_____	_____	6. Are emergency evacuation traffic routes identified and posted?

Yes	No	N/A	Date Corrected	<b><u>Management Component</u></b>
_____	_____	_____	_____	1. Is there a written safety policy statement?
_____	_____	_____	_____	2. Is the policy statement signed by management?
_____	_____	_____	_____	3. Are copies of the policy provided to new employees?
_____	_____	_____	_____	4. Are individual(s) responsible for development, implementation, and enforcement of the accident prevention plan?
_____	_____	_____	_____	5. Are employee/supervisor responsibilities and authority assigned?
_____	_____	_____	_____	6. Is a safety team established to monitor your safety and health program?
_____	_____	_____	_____	7. Is there an established procedure for handling employee safety and health complaints?

Yes	No	N/A	Date Corrected	<b><u>Record Keeping Component</u></b>
_____	_____	_____	_____	1. Are OSHA 300/301 being maintained as required?
_____	_____	_____	_____	2. Are procedures in place to maintain records and logs?
_____	_____	_____	_____	a. Safety inspections
_____	_____	_____	_____	b. Safety meeting minutes
_____	_____	_____	_____	c. Accident investigations
_____	_____	_____	_____	d. Emergency response drills
_____	_____	_____	_____	3. Are employee medical records up-to-date and in accordance with OSHA standards?
_____	_____	_____	_____	4. Are records of employee exposure to hazardous substances or harmful physical agents maintained?
_____	_____	_____	_____	5. Are employee training records maintained and available for review?
_____	_____	_____	_____	6. Are records being maintained for the time period required by law?
_____	_____	_____	_____	7. Are operating permits and records current?
_____	_____	_____	_____	8. Is a responsible person designated by job title for record keeping?

Yes	No	N/A	Date Corrected	<u>Analysis Component</u>
___	___	___	_____	1. Has a job safety analysis been conducted?
___	___	___	_____	2. Has a trend analysis been conducted?
___	___	___	_____	3. Is there an established time frame for analysis (monthly, quarterly, semi-annually, annually)?
___	___	___	_____	4. Are analysis records maintained and current?
___	___	___	_____	5. Is the safety program documentation reviewed for completeness?
___	___	___	_____	6. Are identified discrepancies corrected?
___	___	___	_____	7. Does the insurance loss run information match your records?
___	___	___	_____	8. Is the safety program current for all employer operations and employee activities?
___	___	___	_____	9. Has the accident prevention program documentation been reviewed for completeness?
___	___	___	_____	10. Have hazard assessments been conducted, are they current, and are controls established?
___	___	___	_____	11. Is a responsible person designated for analysis?

Yes	No	N/A	Date Corrected	<u>Health &amp; Safety Training Component</u>
___	___	___	_____	1. Have new employees received orientation training?
___	___	___	_____	2. Do employees participate in regularly scheduled safety meetings?
___	___	___	_____	3. Does management provide resources and participate in employee training?
___	___	___	_____	4. Have employees received documented required training?
___	___	___	_____	a. Work area hazards
___	___	___	_____	b. Emergency action plan
___	___	___	_____	c. Equipment operation
___	___	___	_____	d. Personal protective equipment
___	___	___	_____	e. Location and use of emergency equipment
___	___	___	_____	f. Hazard communication/Material Safety Data Sheets (MSDS)
___	___	___	_____	g. Hearing conservation
___	___	___	_____	5. Do all employees receive refresher training at least annually?
___	___	___	_____	6. Have employees received instruction on reporting procedures to report unsafe conditions, defective equipment, and unsafe acts?
___	___	___	_____	7. Have supervisors received instruction in accident investigation and hazard abatement?
___	___	___	_____	8. Have employees received the following required OSHA training, as needed?
___	___	___	_____	a. Emergency action plan
___	___	___	_____	b. Fire prevention plan
___	___	___	_____	c. Operation of powered manlifts
___	___	___	_____	d. Hearing protection
___	___	___	_____	e. Ionizing radiation
___	___	___	_____	f. Storage of flammable and combustible liquids
___	___	___	_____	g. Explosives or blasting agents
___	___	___	_____	h. Storage and handling of LP gases
___	___	___	_____	i. Process safety management of highly hazardous chemicals
___	___	___	_____	j. Hazardous waste operations and emergency response
___	___	___	_____	k. Respiratory protection
___	___	___	_____	l. Accident prevention signs and tags
___	___	___	_____	m. Permit-required confined spaces
___	___	___	_____	n. Control of hazardous energy - lockout/tagout

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- o. Medical service and first aid
  - p. Fire brigades
  - q. Portable fire extinguishers
  - r. Fire extinguishing system
  - s. Servicing multi-piece and single-piece rim wheels
  - t. Powered industrial trucks
  - u. Mechanical power presses
  - v. Welding
  - w. Electrical safety related work practices
  - x. Toxic and hazardous substances
  - y. Bloodborne pathogens
  - z. Hazard communication
9. Is a responsible person designated to give training?

**Yes**    **No**    **N/A**    **Date Corrected**

**Audit/Inspection Component**

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1. Are there regularly scheduled and conducted inspections of:
  - a. Facilities
  - b. Worksite locations
  - c. Vehicles
  - d. Equipment and tools
  - e. Personal protective equipment
  - f. Housekeeping
2. Is inspection of fire suppression equipment current?
3. Is first-aid equipment available and the sharps disposal kit adequately supplied?
4. If medical/first-aid facilities are not in proximity, is at least one employee on each shift qualified to render first-aid?
5. Are medical personnel readily available for advice and consultation?
6. Are quick drenching and/or eye flushing stations available where corrosive liquids or materials are handled?
7. Are inspection checklists utilized?
8. Are procedures established to ensure that inspection deficiencies are corrected?
9. Is a responsible person designated to inspect?

**Yes**    **No**    **N/A**    **Date Corrected**

**Accident Investigation Component**

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1. Have accident investigation guidelines been established?
2. Are responsibilities assigned for all phases of the investigation process?
  - a. Who is responsible for conducting investigations?
  - b. Who completes records/logs?
  - c. What forms are used?
  - e. Who completes the accident investigation report?
  - f. Who ensures corrective actions are implemented and effective?
3. Are all accidents and "near misses" investigated?
4. Are accident investigation recommendations implemented?
5. Are the personnel involved in the investigation process trained in investigation techniques and procedures?
6. Is a responsible person designated to investigate?

<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Date Corrected</b>	<b><u>Periodic Review and Revision Component</u></b>
_____	_____	_____	_____	1. Is your accident prevention plan reviewed at least annually?
_____	_____	_____	_____	2. Are results documented and shared with management/supervisors/employees?
_____	_____	_____	_____	3. Are professional safety services or other sources utilized in revising or updating safety program?
_____	_____	_____	_____	4. Who conducts the review?
_____	_____	_____	_____	5. Are follow-up procedures in place?
_____	_____	_____	_____	6. Is a responsible person designated to review?
_____	_____	_____	_____	<b><u>Corrective Actions</u></b> Are deficiencies found by this review, proposed corrective actions, and commitment dates described in attached documents?

Note: This Accident Prevention Plan review checklist is not designed to supersede existing safety inspection checklists, rather it should be used only as a general guideline to assess your accident prevention plan. You are encouraged to customize this general guideline to accommodate your specific accident prevention plan.

If you are interested in any detailed inspection checklists for general industry and construction, please contact Texas Department of Insurance, Division of Workers' Compensation, Workers' Health and Safety at (512) 804-4620.