

SAFETY/LOSS CONTROL INSPECTION CHECKLIST 2011

Date _____

Agency/Department _____

Safety Coordinator _____

Location _____

Number of Employees at Location _____

PROGRAM DOCUMENTS

- | | | |
|-----------------------------------|------------------------------------|---------------------------------|
| Injury Illness Prevention Program | <input type="checkbox"/> COMPLETED | <input type="checkbox"/> NEEDED |
| Workplace Violence Plan | <input type="checkbox"/> COMPLETED | <input type="checkbox"/> NEEDED |
| Emergency Plan | <input type="checkbox"/> COMPLETED | <input type="checkbox"/> NEEDED |

POSTINGS

- CalOSHA Poster - **Safety and Health Protection on the Job**
- Workplace Violence Policy Poster
- Workers Compensation Program & Contacts
- Unemployment Insurance and Disability Insurance
- Pay Day Notice
- Wages, Hours, and Working Conditions
- California Fair Employment Practice Act, Discrimination in
Employment is Prohibited by Law