

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, Provide Name/Contact number/E-mail address: _____	

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. How many injuries has the client had per the Client Company's OSHA 300 Form for the past three full years?
6. Has the client company had any OSHA citations within the last 5 years? Note: To locate this information Please use the Osha establishment search (https://www.osha.gov/pls/imis/establishment.html)
7. Client's Loss History:
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?
10. Provide the clients preferred clinic for injury treatment Name/Address/Phone #: _____

PRODUCTION:

General Housekeeping	Yes	No	Comments
1. Floor condition: Are floors free from slip/fall hazards? Are carpets & rugs causing a potential trip hazard?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are buckets & mops available to clean up spills promptly to prevent slips & falls?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are non-slip mats, grates, or clip-free coatings used in wet areas to prevent slips/falls?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are all areas well lit & accessible?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are aisles and walkways clearly marked & clear of obstructions?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Do Stairways have handrails?	<input type="checkbox"/>	<input type="checkbox"/>	
Machinery & Machine Guarding	Yes	No	Comments

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1. Point of operation guards in place?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Have employees been told to report missing machine guards to their supervisors?			
3. Belts, pulleys, gears, shafts guarded?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Lockout Tagout Program in effect for machine maintenance?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are all electrical boxes secured? Are there any open doors on electrical boxes?	<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, fire extinguishers, and eye wash stations available and clearly marked and identifiable?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Have employees been told what to do in case of a fire or other emergency?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are Emergency Egress (Evacuation) Maps posted?	<input type="checkbox"/>	<input type="checkbox"/>	
Personal Protective Equipment (PPE) Equipment Required	Yes	No	Comments
1. Is any PPE Required? If so, please list required PPE in comments.	<input type="checkbox"/>	<input type="checkbox"/>	
2. Is PPE being properly utilized?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Is required safety equipment (PPE) provided to our temporary employees?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Please list a contact name that will assist with PPE related concerns in comments.	<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/certification 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	<input type="checkbox"/>	<input type="checkbox"/>	

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standing jobs?			
4. Is bending, twisting, or reaching required?	<input type="checkbox"/>	<input type="checkbox"/>	
Safety Programs & Training	Yes	No	Comments
1. Are our temporary 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"/>	
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 & provided with the SDSs? Is there a contact to assist with 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. Noise Level Concerns/Do you need to raise your voice to talk?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, approval must be received prior to placement.
3. Confined Spaces	<input type="checkbox"/>	<input type="checkbox"/>	If yes, approval must be received prior to placement.
4. Cranes	<input type="checkbox"/>	<input type="checkbox"/>	If yes, approval must be received prior to placement.
5. Ladders/Height Exposures – Are Inspection cards/tags on equipment?	<input type="checkbox"/>	<input type="checkbox"/>	If yes, approval must be received prior to placement.
6. Other (specify in comments)	<input type="checkbox"/>	<input type="checkbox"/>	
General Comments (Excellent, satisfactory, unsatisfactory):			
Completed By (Print Name & Title):			
Signature:			Date:

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Appendix B: COVID-19 Inspections

Date: _____

Name of person conducting the inspection: _____

Work location evaluated: _____

Exposure Controls	Status	Person Assigned to Correct	Date Corrected
Engineering			
Barriers/partitions			
Ventilation (amount of fresh air and filtration maximized)			
Additional room air filtration			
Signage, floor markings, colored tape, etc.			
Cubicles, Offices, Conference/meeting room, & common areas arranged for proper physical distancing			
Administrative			
Physical distancing			
Surface cleaning and disinfection (frequently enough and adequate supplies, outside service)			
Hand washing facilities (adequate numbers and supplies)			
Disinfecting and hand sanitizing solutions being used according to manufacturer instructions			
Workers encouraged if they are sick or exhibiting symptoms of COVID-19 to stay home			
Training Available, Provided, & Documented			
PPE (not shared, available and being worn)			
Face coverings (cleaned sufficiently often)			
Gloves			
Face shields/goggles			
Respiratory protection			
Symptom screenings and/or temperature checks			
Signage about frequent handwashing and use of hand sanitizer			