CR 1.2

1 General Safety

CONSULTANT: ALL QUESTIONS UNDERLINED IN BLUE ARE REQUIRED QUESTIONS FOR THE COMPLIANCE REVIEW

CONSULTANT: STATEMENTS IN SURVEY UNDERLINED IN RED ARE HYPERLINKS TO THE LOSS PREVENTION MANUAL

Number of Employees:

Number of Full Time Employees:

Number of Part Time Employees:

Click Here for the entire General Safety section of the Loss Prevention Manual

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1.1 PROGRAM

For this section, refer to Page 6 in the Loss Prevention Manual, General Safety document.

1.1.1 Is there a written general safety plan? *(Check only one)*

☐ Yes ☐ No

>> 1.1.1.1 Is the written general safety plan: *(Check only one)*

☐ Department/Generic ☐ Agency/Site Specific ☐ Both

>> 1.1.1.2 Does it contain a management policy statement from the department/agency head? *(Check only one)*

☐ Department/Generic ☐ Agency/Site Specific ☐ Both ☐ None

>> 1.1.1.4 Is the program readily accessible to all employees? *(Check only one)*

☐ Yes ☐ No

1.1.1.3 Has the program been presented to new employees during orientation and such action been documented? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

1.1.2 Are there written safety responsibilities? *(Check only one)*

☐ Yes ☐ No

>> 1.1.2.2 Is there a documented method of accountability for these responsibilities? *(Check only one)*

☐ Yes ☐ No

1.1.2.1 Have documented safety responsibilities been presented to all new employees initially during orientation and/or upon assignment to a position with different/additional safety responsibilities? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

1.1.3 Are there general safety rules? *(Check only one)*

☐ Yes ☐ No

>> 1.1.3.1 Have these rules been distributed (via safety meetings, postings, etc.) to all employees and such action documented? *(Check only one)*

☐ Yes ☐ No

1.1.4 Are site/task specific safety rules required? *(Check only one)*

☐ Yes ☐ No

>> 1.1.4.1 Are there site/task specific safety rules? *(Check only one)*

☐ Yes ☐ No

>> 1.1.4.1.1 Have these rules been distributed (via meetings, posting, etc.) to all employees and such action documented? *(Check only one)*

☐ Yes ☐ No

Safety Program Comments:

1.2 SAFETY MEETINGS AND TRAINING

For this section, refer to Pages 7-8 in the Loss Prevention Manual, General Safety document.

1.2.1.1 CLASS A: How many documented safety meetings have been conducted at this agency during the most recently completed audit/Compliance Review period? *(Check only one)*

☐ 12+ ☐ 10-12 ☐ 7-9 ☐ 4-6 ☐ 1-3

☐ 0

1.2.1.2 CLASS A: Did the agency meet the 75% attendance requirement at every meeting during the audit period? *(Check only one)*

☐ Yes ☐ No

1.2.1.3 CLASS A: Did the department and/or agency head meet the 100% attendance requirement during the audit period? *(Check only one)*

☐ Yes ☐ No

1.2.2.1 CLASS B: How many documented safety meetings have been conducted at this agency during the most recently completed audit/Compliance Review period? *(Check only one)*

☐ 4+ ☐ 3 ☐ 1-2 ☐ 0

1.2.2.2 CLASS B: Did the agency meet the 75% attendance requirement at every meeting during the audit period? *(Check only one)*

☐ Yes ☐ No

1.2.2.3 CLASS B: Did the department and/or agency head meet the 100% attendance requirement during the audit period? *(Check only one)*

☐ Yes ☐ No

☐

1.2.3-a Does the agency have a written policy that covers Drug-Free Workplace? *(Check only one)*

☐ Yes ☐ No

☐

>> 1.2.4.1 Is the agency conducting mandatory, documented awareness on the basics of and the agency's policy on a Drug-Free Workplace within 1 year of hire? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

☐

>> 1.2.4.3 Is the agency conducting mandatory, documented awareness on a Drug-Free Workplace at least once every 5 years? *(Check only one)*

☐ Yes ☐ No

☐

1.2.3-b Does the agency have a written policy that covers Sexual Harassment? *(Check only one)*

☐ Yes ☐ No

☐

>> 1.2.4.2 Is the agency conducting mandatory, documented awareness on the basics of and the agency's policy on a Sexual Harassment within 1 year of hire? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

☐

>> 1.2.4.4 Is the agency conducting mandatory, documented awareness on Sexual Harassment at least once every 5 years? *(Check only one)*

☐ Yes ☐ No

☐

1.2.5 Does the agency have a safety committee? *(Check only one)*

☐ Yes ☐ No

☐

>> 1.2.5.1 CLASS A: How often does the safety committee meet? *(Check all that apply)*

☐ 10-12+ times per year ☐ 7-9 times per year ☐ 4-6 times per year ☐ 1-3 times per year ☐ No Meetings

☐

>> 1.2.5.1 CLASS B: How often does the safety committee meet? *(Check all that apply)*

☐ 10-12+ times per year ☐ 7-9 times per year ☐ 4-6 times per year ☐ 1-3 times per year ☐ No Meetings

☐

>> 1.2.5.2 Are attendance and topic(s) of the meeting documented? *(Check only one)*

☐ Yes ☐ No

☐

Is this audit being conducted for a Headquarters or a Field Office? *(Check only one)*

☐ Headquarters ☐ Field Office

☐

>> 1.2.6.1 Has the agency's designated loss prevention coordinator received documented training in the following areas:

☐

>> -----> Accident Investigation: *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

☐

>> -----> Inspections: *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

☐

>> -----> Safety Meetings: *(Check only one)*

Yes No Not Applicable

☐

>> -----> Supervisor Responsibilities: *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

☐

>> 1.2.6.2 Has the agency's designated loss prevention coordinator received documented training on Job Safety Analyses (JSAs)? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

☐

>> 1.2.7.1 Has the agency's designated loss prevention coordinator or other qualified position trained the field safety representative on the following:

☐

>> -----> Accident Investigation: *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

☐

>> -----> Inspections: *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

☐

>> -----> Safety Meetings: *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

☐

>> -----> Supervisor Responsibilities: *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

☐

>> 1.2.7.2 Has the agency's designated loss prevention coordinator or other qualified position trained the field safety representatives on Job Safety Analyses (JSAs)? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

☐

1.2.8 Has the agency's loss prevention coordinator and/or representatives attended documented training at least once every three (3) years on the ORM Loss Prevention Program? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

☐

1.2.9 Is documented, specific training provided to all employees who must perform new tasks or operate new equipment, or whose safety performance is unsatisfactory? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

☐

Safety Meetings and Training Comments:

☐

1.3 INSPECTIONS

For this section, refer to Pages 9-10 in the Loss Prevention Manual, General Safety document.

☐

1.3.1.1 Class A: How many potential inspections were there during the most recently completed audit/Compliance Review period?

☐

1.3.1.2 Class A: How many documented inspections were there during the most recently completed audit/Compliance Review period?

☐

1.3.1.3 Class A: What percentage of documented inspections were conducted during the most recently completed audit/Compliance Review period? *(Check only one)*

☐ 95-100% ☐ 90-94% ☐ 85-89% ☐ 80-84% ☐ 75-79%

☐ 74% and below

☐

1.3.1.4 Class A: Is an inspection form used? *(Check only one)*

☐ Yes ☐ No

☐

>> 1.3.1.4.1 Class A: What type of inspection form is used? *(Check only one)*

☐ Departmental/Generic ☐ Agency/Site Specific ☐ Other

☐

>> 1.3.1.4.2 Class A: Which topics does the inspection form address:

☐

>> -----> Building Safety: *(Check only one)*

☐ Yes ☐ No

☐

>> -----> Electrical Safety: *(Check only one)*

☐ Yes ☐ No

☐

>> -----> Emergency Equipment: *(Check only one)*

☐ Yes ☐ No

☐

>> -----> Fire Safety: *(Check only one)*

☐ Yes ☐ No

☐

>> -----> Office Safety: *(Check only one)*

☐ Yes ☐ No

☐

>> -----> Storage Methods: *(Check only one)*

☐ Yes ☐ No

☐

1.3.1.5 Class A: Is there a method in place for employees to notify management of workplace hazards? *(Check only one)*

☐ Yes ☐ No

☐

1.3.1.6 Class A: Is there a method in place for repair or corrective action of workplace hazards? *(Check only one)*

☐ Yes ☐ No

☐

1.3.2.1 Class B: How many potential inspections were there during the most recently completed audit/Compliance Review period?

☐

1.3.2.2 Class B: How many documented inspections were there during the most recently completed audit/Compliance Review period?

☐

1.3.2.3 Class B: What percentage of documented inspections were conducted during the most recently completed audit/Compliance Review period? *(Check only one)*

☐ ☐ ☐ ☐ ☐

95-100% 90-94% 85-89% 80-84% 75-79%

☐ 74% and below

1.3.2.4 Class B: Is an inspection form used? *(Check only one)*

☐ Yes ☐ No

>> 1.3.2.4.1 Class B: What type of inspection form is used? *(Check only one)*

☐ Departmental/Generic ☐ Agency/Site Specific ☐ Other

>> 1.3.2.4.2 Class B: Which topics does the inspection form address:

>> -----> Building Safety: *(Check only one)*

☐ Yes ☐ No

>> -----> Electrical Safety: *(Check only one)*

☐ Yes ☐ No

>> -----> Emergency Equipment: *(Check only one)*

☐ Yes ☐ No

>> -----> Fire Safety: *(Check only one)*

☐ Yes ☐ No

>> -----> Office Safety: *(Check only one)*

☐ Yes ☐ No

>> -----> Storage Methods: *(Check only one)*

☐ Yes ☐ No

1.3.2.5 Class B: Is there a method in place for employees to notify management of workplace hazards? *(Check only one)*

☐ Yes ☐ No

1.3.2.6 Class B: Is there a method in place for repair or corrective action of workplace hazards? *(Check only one)*

☐ Yes ☐ No

1.3.3 Was there a State Fire Marshal's inspection completed at this agency during the most recently completed audit/Compliance Review year? *(Check only one)*

☐ Yes ☐ No

>> 1.3.3.1 Were there any deficiencies found by the State Fire Marshal during these inspections? *(Check only one)*

☐ Yes ☐ No

>> 1.3.3.1.1 Were the deficiencies corrected? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

Inspection Comments:

☐

1.4 INCIDENT/ACCIDENT INVESTIGATION

For this section, refer to Pages 10-11 in the Loss Prevention Manual, General Safety document.

☐

1.4.1 Do the agency's investigation procedures address the use of the DA2000/DA3000 or other equivalent form(s) regarding employee, visitor, and/or client situations? *(Check only one)*

☐ Yes ☐ No

☐

1.4.2 Do the agency's investigation procedures address bodily injury and/or property concerns? *(Check only one)*

☐ Yes ☐ No

☐

1.4.3 Has the agency had any accidents or incidents within the most recently concluded audit/Compliance Review period? *(Check only one)*

☐ Yes ☐ No

☐

>> 1.4.3.1 Is the agency using the DA2000/DA3000 or equivalent form for any accident or incident? *(Check only one)*

☐ Yes ☐ No

☐

>> 1.4.3.2 Is there a designated employee who reviews the forms for completeness and accuracy? *(Check only one)*

☐ Yes ☐ No

☐

>> 1.4.3.3 Is the agency retaining the completed DA2000/DA3000 or equivalent form(s) for all incidents/accidents for review by the Loss Prevention Unit? *(Check only one)*

☐ Yes ☐ No

☐

1.4.4 Are Job Safety Analyses (JSAs) needed at this agency? *(Check only one)*

☐ Yes ☐ No

☐

>> 1.4.4.1 Are JSAs developed for incident/accident trends, death, or change in job procedures or equipment? *(Check only one)*

☐ Yes ☐ No

☐

>> 1.4.4.2 Is employee training on JSAs documented at least annually? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

☐

>> 1.4.4.3 Are the JSAs posted in the workplace in an area accessible to all employees? *(Check only one)*

☐ Yes ☐ No

☐

>> 1.4.4.4 Is the agency reviewing all applicable JSAs in post-incident/accident situations? *(Check only one)*

☐ Yes ☐ No

☐

Incident/Accident Investigation Comments:

☐

1.5 RECORDKEEPING

For this section, refer to Page 11 in the Loss Prevention Manual, General Safety document.

1.5.1 Is the agency maintaining all required records (i.e., inspection reports, Hazard Control Logs, JSAs, safety meetings) for a minimum of 3 years and documentation on all ORM-required training for a minimum of 5 years? *(Check only one)*

☐ Yes ☐ No

1.5.2 Is the agency maintaining all documentation related to accident/incident investigations for a minimum of 3 years? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

Recordkeeping Comments:

1.6 BLOODBORNE PATHOGENS/FIRST AID

For this section, refer to Page 11 in the Loss Prevention Manual, General Safety document.

1.6.1 Does the agency have a written BBP program? *(Check only one)*

☐ Yes ☐ No

>> 1.6.1.1 Is the written BBP program: *(Check only one)*

☐ Departmental/Generic ☐ Agency/Site Specific ☐ Both

>> 1.6.1.2 Does the agency BBP program address the following:

>> -----> Exposure Determination: *(Check only one)*

☐ Yes ☐ No

>> -----> Medical Evaluation for Affected Employees: *(Check only one)*

☐ Yes ☐ No

>> -----> Methods of Compliance: *(Check only one)*

☐ Yes ☐ No

>> -----> Awareness/Training: *(Check only one)*

☐ Yes ☐ No

>> -----> Work Practice Controls: *(Check only one)*

☐ Yes ☐ No

Bloodborne Pathogens/First Aid Comments:

1.6.2 EMPLOYEE TRAINING ON BBP

For this section, refer to Page 12 in the Loss Prevention Manual, General Safety document.

☐

1.6.2.1 Is the agency conducting documented employee awareness on BBP for low risk employees within 12 months of hire? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

☐

1.6.2.1-2 Is the agency conducting documented employee awareness on BBP for low risk employees at least once every 5 years thereafter? *(Check only one)*

☐ Yes ☐ No

☐

1.6.2.2 Are there any high-risk employees, as identified by the agency? *(Check only one)*

☐ Yes ☐ No

☐

>> 1.6.2.2.1 Is the agency conducting documented employee training on BBP for high-risk employees within 3 months of hire? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

☐

>> 1.6.2.2.1-2 Is the agency conducting documented employee training on BBP for high-risk employees at least once every year? *(Check only one)*

☐ Yes ☐ No

☐

1.6.3 Are spill procedures in place? *(Check only one)*

☐ Yes ☐ No

☐

1.6.4 Are spill kits maintained? *(Check only one)*

☐ Yes ☐ No

☐

1.6.5 Does the agency have a written First Aid program for employees and visitors? *(Check only one)*

☐ Yes ☐ No

☐

1.6.6 Are First Aid kits maintained? *(Check only one)*

☐ Yes ☐ No

☐

1.6.7 Does the agency location meet any of the following criteria:

***Working with night shifts or any minimal/partial crew shifts?**
***Employees working in remote/isolated locations?**
***The on-site medical facility is closed?** *(Check only one)*

☐ Yes ☐ No

☐

>> 1.6.7.1 Does the agency have someone available in these situations who is trained/able to render First Aid? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

☐

Employee Training on BBP Comments:

☐

1.7 EMERGENCY PREPAREDNESS PLAN

For this section, refer to Page 12 in the Loss Prevention Manual, General Safety document.

☐

1.7.1 Does the agency have a written emergency preparedness program? *(Check only one)*

☐ Yes ☐ No

☐

>> 1.7.1.1 Is the written emergency preparedness program: *(Check only one)*

☐ Departmental/Generic ☐ Agency/Site Specific ☐ Both

☐

>> 1.7.1.2 Does the plan address fire? *(Check only one)*

☐ Yes ☐ No

☐

>> 1.7.1.3 Does the plan address natural disasters? *(Check only one)*

☐ Yes ☐ No

☐

>> 1.7.1.4 Does the plan address proximity threats? *(Check only one)*

☐ Yes ☐ No

☐

>> 1.7.1.5 Does the plan address terrorism? *(Check only one)*

☐ Yes ☐ No

☐

1.7.2 Are fire drills conducted at least once every 12 months (including space leased/outside of your agency's control)? *(Check only one)*

☐ Yes ☐ No

☐

Emergency Preparedness Plan Comments:

☐

1.8 HAZARDOUS MATERIALS

For this section, refer to Page 13 in the Loss Prevention Manual, General Safety document.

☐

1.8.1 Has a documented assessment been conducted to determine if there are any hazardous materials at any agency location covered by this audit? *(Check only one)*

☐ Yes ☐ No

☐

1.8.1.1 Are hazardous materials present at any agency location covered by this audit? *(Check only one)*

☐ Yes ☐ No

☐

>> 1.8.1.1.1 Does the agency have a written hazardous materials program? *(Check only one)*

☐ Yes ☐ No

☐

>> 1.8.1.1.1.1 Is the written hazardous materials program: *(Check only one)*

☐ Generic/Departmental ☐ Agency/Site Specific ☐ Both

>> **1.8.1.1.1.2 Does the plan ensure that materials are handled properly?** *(Check only one)*

☐ Yes ☐ No

>> **1.8.1.1.1.3 Does the plan ensure that materials are stored properly?** *(Check only one)*

☐ Yes ☐ No

>> **1.8.1.1.1.4 Does the plan ensure that materials are disposed of properly?** *(Check only one)*

☐ Yes ☐ No

>> **1.8.1.1.1.5 Does the plan ensure that storage cabinets are available as needed?** *(Check only one)*

☐ Yes ☐ No

>> **1.8.1.1.1.6 Does the plan ensure that Material Safety Data Sheets (MSDS) are available?** *(Check only one)*

☐ Yes ☐ No

>> **1.8.1.1.1.7 Does the plan ensure that proper Personal Protective Equipment (PPE) is available?** *(Check only one)*

☐ Yes ☐ No

>> **1.8.1.1.1.8 Does the plan ensure that laboratory hoods are maintained/air flow calibrated?** *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

>> **1.8.1.1.2 Is documented employee training conducted on Hazard Communication?** *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

>> **1.8.1.1.3 Is documented employee training conducted on Lab Safety?** *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

>> **1.8.1.1.4 Is documented employee training conducted on Material Safety Data Sheets?** *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

>> **1.8.1.1.5 Is documented employee training conducted on Personal Protective Equipment?** *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

Hazardous Materials Comments:

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2 Driver Safety

Click Here for the entire Driver Safety section of the Loss Prevention Manual

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2.1 PROGRAM

For this section, refer to Page 3 in the Loss Prevention Manual, Driver Safety document.

2.1.1 Is there a written program that includes ALL of the following components?

-----> Procedure for enrolling employees in the program: *(Check only one)*

☐ Yes ☐ No

-----> Definition of high-risk drivers: *(Check only one)*

☐ Yes ☐ No

-----> Procedure for identifying high-risk drivers: *(Check only one)*

☐ Yes ☐ No

-----> Driver training: *(Check only one)*

☐ Yes ☐ No

-----> Disciplinary action for employees identified as high-risk drivers: *(Check only one)*

☐ Yes ☐ No

-----> Claims reporting: *(Check only one)*

☐ Yes ☐ No

-----> Accident investigation: *(Check only one)*

☐ Yes ☐ No

-----> Definition of State vehicles: *(Check only one)*

☐ Yes ☐ No

2.1.2 Is someone assigned to monitor the program? *(Check only one)*

☐ Yes ☐ No

Program Comments:

2.2 INSPECTION AND REPAIR OF STATE OWNED VEHICLES

For this section, refer to Pages 4-5 in the Loss Prevention Manual, Driver Safety document.

2.2.1 Does the agency have any state-owned vehicles? *(Check only one)*

☐ Yes ☐ No

>> 2.2.1.1 How many potential vehicle inspections were there in the most recently completed audit/Compliance Review period?

>> 2.2.1.2 How many vehicle inspections were conducted in the most recently completed audit/Compliance Review period?

>> 2.2.1.3 What percentage of your fleet was inspected? *(Check only one)*

☐ 100% ☐ 80-99% ☐ 60-79% ☐ 40-59% ☐ 20-39%
☐ 0-19%

☐

>> 2.2.1.4 Is documented corrective action taken on deficiencies noted on the checklist to prevent further damage or accidents? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

☐

>> 2.2.1.5 Is preventive maintenance performed and documented? *(Check only one)*

☐ Yes ☐ No

☐

Inspection and Repair of State Owned Vehicle Comments:

☐

2.3 TRAINING

For this section, refer to Page 5 in the Loss Prevention Manual, Driver Safety document.

☐

2.3.1 Is documented defensive driving training provided for all agency employees authorized to drive on state business? *(Check only one)*

☐ Yes ☐ No

☐

2.3.2 Is initial training conducted within ninety (90) days of hire? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

☐

2.3.3 Is refresher training conducted once every three (3) years thereafter? *(Check only one)*

☐ Yes ☐ No

☐

2.3.4 Are all authorized employees who receive a conviction for a violation required to attend refresher training within ninety (90) days of conviction? *(Check only one)*

☐ Yes ☐ No

☐

Training Comments:

☐

2.4 RECORDS AND FORMS

For this section, refer to Pages 4-6 in the Loss Prevention Manual, Driver Safety document.

☐

2.4.1 Is there a signed and dated list of approved or unapproved drivers verified by the Official Driving Record (ODR) forms? *(Check only one)*

☐ Yes ☐ No

☐

2.4.2 Are Driver Authorization forms (DA 2054), that have been signed and dated annually, available for review? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

2.4.3 Are Official Driving Records (ODR), which have been reviewed annually, available for review? *(Check only one)*

Yes No Not Applicable

2.4.4 Have there been any vehicular accidents during the most recent one (1) year audit period? *(Check only one)*

Yes No

>> 2.4.4.1 Has a Driver Accident Report Form (DA 2041) been completed for each accident? *(Check only one)*

Yes No

>> 2.4.4.1.1 Have all of the DA 2041 forms been faxed/e-mailed within forty-eight (48) hours to the ORM Claims Transportation Unit supervisor? *(Check only one)*

Yes No

Records and Forms Comments:

3 Bonds, Crime & Property

Click Here for the entire Bonds, Crime & Property section of the Loss Prevention Manual

3.1 PROGRAM

For this section, refer to Pages 3-7 in the Loss Prevention Manual, Bonds, Crime & Property document.

3.1.1 Is there a written program that addresses the prevention of property damage and/or loss? *(Check only one)*

Yes No

>> 3.1.1.1 Does it provide a means for documenting the damage(s) and/or loss(es)? *(Check only one)*

Yes No

3.1.2 Are there procedures in place to address separation of duties? *(Check only one)*

Yes No

3.1.3 Are there procedures in place to address controlling inventories (including disposal)? *(Check only one)*

Yes No

3.1.4 Are there procedures in place to address purchasing procedures? *(Check only one)*

Yes No

3.1.5 Are there procedures in place to address reporting losses/damages? *(Check only one)*

Yes No

3.1.6 Are there procedures in place to address investigating losses/damages? *(Check only one)*

Yes No

3.1.7 Are there procedures in place to address timely reporting of losses to the correct ORM claims unit? *(Check only one)*

☐ Yes ☐ No

3.1.8 Are there procedures in place to address handling negotiable items? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

3.1.9 Are there procedures in place to address securing vaults/safes? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

3.1.10 Is someone assigned the responsibility for keeping the program current? *(Check only one)*

☐ Yes ☐ No

Program Comments:

3.2 EMPLOYEE RESPONSIBILITY

For this section, refer to Page 4 in the Loss Prevention Manual, Bonds, Crime & Property document.

3.2.1 Does the agency program outline employee responsibility? *(Check only one)*

☐ Yes ☐ No

>> 3.2.1.1 Have only authorized employees been assigned to duties covered under the program? *(Check only one)*

☐ Yes ☐ No

>> 3.2.1.2 Are employees receiving documented training in their job duties per the program? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

Employee Responsibility Comments:

3.3 SECURITY

For this section, refer to Page 4 in the Loss Prevention Manual, Bonds, Crime & Property document.

3.3.1 Is there a comprehensive written security policy that includes but is not limited to procedures that address limited, controlled access for authorized individuals to buildings 24 hours a day, seven days a week? *(Check only one)*

☐ Yes ☐ No

3.3.2 Is there a comprehensive written security policy that includes, but is not limited to procedures that address monitoring/controlling visitor access? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

3.3.3 Is there a comprehensive written security policy that includes but is not limited to procedures that address securing all entrances and exits, both day and night? *(Check only one)*

☐ Yes ☐ No

3.3.4 Is there a comprehensive written security policy that includes but is not limited to procedures that address security system in place for all entry points? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

3.3.5 Is there a comprehensive written security policy that includes but is not limited to procedures that address securing equipment located within agency buildings? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

3.3.6 Is there a comprehensive written security policy that includes but is not limited to procedures that address limiting access to data on personal computers? *(Check only one)*

☐ Yes ☐ No

Security Comments:

3.4 KEY CONTROL

For this section, refer to Pages 8-11 in the Loss Prevention Manual, Bonds, Crime & Property document.

3.4.1 Is there a key/access card control policy in place? *(Check only one)*

☐ Yes ☐ No

>> 3.4.1.1 Does key control policy include the following:

>> -----> A key/card log? *(Check only one)*

☐ Yes ☐ No

>> -----> Procedures to change locks/codes? *(Check only one)*

☐ Yes ☐ No

>> -----> Assigning responsibility for the program? *(Check only one)*

☐ Yes ☐ No

>> -----> Methods for issuing, returning, and accounting for lost/stolen keys/cards? *(Check only one)*

☐ Yes ☐ No

>> -----> Specifying employee responsibility/procedures for handling keys/cards? *(Check only one)*

☐ Yes ☐ No

Key Control Comments:

3.5 AUDITS

For this section, refer to Pages 3, 4 & 7 in the Loss Prevention Manual, Bonds, Crime & Property document.

3.5.1 Are internal and/or legislative audits conducted at various stages of the business process? *(Check only one)*

☐ Yes ☐ No

>> 3.5.1.1 Do the internal audits cover policies to determine if they are being followed? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

>> 3.5.1.2 Does management's response to audit findings/recommendations include corrective action and prevention of recurrence? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

Audit Comments:

4 Equipment Mgmt

Click Here for the entire Equipment Management section of the Loss Prevention Manual

4.1 Does the agency have equipment? *(Check only one)*

☐ Yes ☐ No

>> _____

4.1.1 PROGRAM

For this section, refer to Pages 4-6 in the Loss Prevention Manual, Equipment Management document.

>> 4.1.1.1 Is there a written equipment management program? *(Check only one)*

☐ Yes ☐ No

>> 4.1.1.1.1 Is the written equipment management program: *(Check only one)*

☐ Departmental/Generic ☐ Agency/Site Specific ☐ Both

>> 4.1.1.1.2 Does it address mechanical equipment? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

>> 4.1.1.1.3 Does it address electrical equipment? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

>> 4.1.1.1.4 Is there a current, specific inventory of ALL applicable program equipment? *(Check only one)*

☐ Yes ☐ No

>> 4.1.1.1.5 Are there preventive maintenance procedures for inventoried equipment? *(Check only one)*

☐ Yes ☐ No

☐

>> 4.1.1.1.10 Does the program include testing procedures for mechanical equipment? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

☐

>> 4.1.1.1.11 Does the program include testing procedures for electrical equipment? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

☐

>> 4.1.1.1.12 Are maintenance and/or other designated employees trained on the written Equipment Management program? *(Check only one)*

☐ Yes ☐ No

☐

>> 4.1.1.1.13 Is formal and/or on-the-job training for the operation of inventoried equipment documented? *(Check only one)*

☐ Yes ☐ No

☐

>> 4.1.1.1.14 Is formal and/or on-the-job training for the operation of testing equipment documented? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

☐

>> 4.1.1.1.15 Is formal and/or on-the-job training for assigned maintenance duties documented? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

☐

>> 4.1.1.1.6 Is there a written preventive maintenance schedule for mechanical equipment? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

☐

>> 4.1.1.1.7 Is there a written preventive maintenance schedule for electrical equipment? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

☐

>> 4.1.1.1.8 Is preventive maintenance documentation being maintained for mechanical equipment? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

☐

>> 4.1.1.1.9 Is preventive maintenance documentation being maintained for electrical equipment? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

☐

>> Program Comments:

_____

_____

☐

>> _____

4.1.1.2 PERSONAL PROTECTIVE EQUIPMENT (PPE)

_____

For this section, refer to Page 7 in the Loss Prevention Manual, Equipment Management document.

☐

>> 4.1.1.2.1 Has a documented assessment been conducted to determine if the use of any Personal Protective Equipment is required? *(Check only one)*

☐ Yes ☐ No

☐

>> 4.1.1.2.1-a Is Personal Protective Equipment required? *(Check only one)*

☐ Yes ☐ No

>> 4.1.1.2.1.1 Are there written procedures that address the: procurement, use, maintenance, and disposal of PPE for the head? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

>> 4.1.1.2.1.2 Are there written procedures that address the: procurement, use, maintenance, and disposal of PPE for the face? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

>> 4.1.1.2.1.3 Are there written procedures that address the: procurement, use, maintenance, and disposal of PPE for the eyes? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

>> 4.1.1.2.1.4 Are there written procedures that address the: procurement, use, maintenance, and disposal of PPE for the ears? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

>> 4.1.1.2.1.5 Are there written procedures that address the: procurement, use, maintenance, and disposal of PPE for the torso? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

>> 4.1.1.2.1.6 Are there written procedures that address the: procurement, use, maintenance, and disposal of PPE for the extremities? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

>> 4.1.1.2.1.7 Are there written procedures that address the: procurement, use, maintenance, and disposal of PPE for the hands? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

>> 4.1.1.2.1.8 Are there written procedures that address the: procurement, use, maintenance, and disposal of PPE for the feet? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

>> 4.1.1.2.1.9 Are there written procedures that address the: procurement, use, maintenance, and disposal of PPE for the respiratory system? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

>> 4.1.1.2.1.10 Is assistance provided to employees for the procurement, use, maintenance, and disposal of the above equipment? *(Check only one)*

☐ Yes ☐ No

>> 4.1.1.2.1.11 Is training provided to employees involving the procurement, use, maintenance, and disposal of the above equipment? *(Check only one)*

☐ Yes ☐ No

>> Personal Protective Equipment (PPE) Comments:

>> _____

4.1.1.3 WORK ORDER SYSTEM

_____

For this section, refer to Page 7 in the Loss Prevention Manual, Equipment Management document.

☐

>> 4.1.1.3.1 Are there written work order procedures for the following areas:

☐

>> -----> Scheduled preventive maintenance: *(Check only one)*

☐ Yes ☐ No

☐

>> -----> Reported problems: *(Check only one)*

☐ Yes ☐ No

☐

>> -----> Emergency problems: *(Check only one)*

☐ Yes ☐ No

☐

>> 4.1.1.3.2 Are all repairs initiated, and serious ones completed within thirty (30) days? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

☐

>> 4.1.1.3.3 Are all repairs documented? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

☐

>> 4.1.1.3.4 Are employees aware of the written procedures for reporting problems via the work order system? *(Check only one)*

☐ Yes ☐ No

☐

>> Work Order System Comments:

_____

_____

☐

>> _____

4.1.1.4 LOCKOUT/TAGOUT (LO/TO)

_____

For this section, refer to Page 8 in the Loss Prevention Manual, Equipment Management document.

☐

>> 4.1.1.4.1 Will any LO/TO be performed by agency personnel? *(Check only one)*

☐ Yes ☐ No

☐

>> 4.1.1.4.1.1 Does the agency have a written LO/TO program? *(Check only one)*

☐ Yes ☐ No

☐

>> 4.1.1.4.1.2 For LO/TO performed by agency personnel, is there documented training for the following:

☐

>> -----> Authorized Employees: *(Check only one)*

☐ Yes ☐ No

☐

>> -----> Affected Employees: *(Check only one)*

☐ Yes ☐ No

☐

>> 4.1.1.4.2 Will any LO/TO be performed by a contractor? *(Check only one)*

☐ Yes ☐ No

>> 4.1.1.4.2.1 Does the contractor have their own written LO/TO program? *(Check only one)*

☐ Yes ☐ No

>> 4.1.1.4.2.2 For LO/TO performed by contractors, is there documented training for the agency's affected employees? *(Check only one)*

☐ Yes ☐ No

>> 4.1.1.4.3 Are proper LO/TO devices available? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

>> Lockout/Tagout Comments:

>> _____

4.1.1.5 BOILERS

For this section, refer to Page 9 in the Loss Prevention Manual, Equipment Management document.

>> 4.1.1.5.1 Does the agency have boilers that meet the criteria which mandate an inspection? *(Check only one)*

☐ Yes ☐ No

>> 4.1.1.5.1.1 Are current certificates posted at/near equipment? *(Check only one)*

☐ Yes ☐ No

>> 4.1.1.5.1.2 Have all items cited in the inspection report been corrected and documented? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

>> Boilers Comments:

>> _____

4.1.1.6 ELEVATORS & FIRE SERVICE KEY/EQUIPMENT ROOM

For this section, refer to Page 9 in the Loss Prevention Manual, Equipment Management document.

>> 4.1.1.6.1 Does the agency have elevators? *(Check only one)*

☐ Yes ☐ No

>> 4.1.1.6.1.1 Are current elevator certificates available? *(Check only one)*

☐ Yes ☐ No

>> 4.1.1.6.1.2 Have ALL code violations been corrected and documented? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

☐
>> 4.1.1.6.1.3 Are there written procedures outlining availability of the fire service key? *(Check only one)*

☐ Yes ☐ No

☐
>> 4.1.1.6.1.4 Has the fire service key been provided to the designated employee? *(Check only one)*

☐ Yes ☐ No

☐
>> 4.1.1.6.1.5 Is the fire service key provided to the local fire department or readily accessible upon their arrival? *(Check only one)*

☐ Yes ☐ No

☐
>> Elevators & Fire Service Key/Equipment Room Comments:

☐
>> _____

4.1.1.7 CONFINED SPACE

For this section, refer to Page 10 in the Loss Prevention Manual, Equipment Management document.

☐
>> 4.1.1.7.1 Has a documented assessment been performed to determine if confined spaces exist? *(Check only one)*

☐ Yes ☐ No

☐
>> 4.1.1.7.1.1 Were any confined spaces identified? *(Check only one)*

☐ Yes ☐ No

☐
>> 4.1.1.7.1.1.1 Do the identified confined spaces require a permit? *(Check only one)*

☐ Yes ☐ No

☐
>> 4.1.1.7.1.1.2 Is ALL confined space entry work contracted out? *(Check only one)*

☐ Yes ☐ No

☐
>> 4.1.1.7.1.1.2.1 Is there a written confined space entry program that covers training? *(Check only one)*

☐ Yes ☐ No

☐
>> 4.1.1.7.1.1.2.2 Is there a written confined space entry program that covers PPE? *(Check only one)*

☐ Yes ☐ No

☐
>> 4.1.1.7.1.1.2.3 Is there a written confined space entry program that covers Rescue? *(Check only one)*

☐ Yes ☐ No

☐
>> 4.1.1.7.1.1.2.4 Is there a written confined space entry program that covers Environmental Testing? *(Check only one)*

☐ Yes ☐ No

☐
>> 4.1.1.7.1.1.2.5 Is there a written confined space entry program that covers Permits? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

☐
>> 4.1.1.7.1.1.2.6 Is all required confined space equipment available? *(Check only one)*

☐ Yes ☐ No

☐

>> 4.1.1.7.1.1.2.7 Is training provided to applicable employees on Equipment? *(Check only one)*

☐ Yes ☐ No

☐

>> 4.1.1.7.1.1.2.8 Is training provided to applicable employees on PPE? *(Check only one)*

☐ Yes ☐ No

☐

>> 4.1.1.7.1.1.2.9 Is training provided to applicable employees on Rescue? *(Check only one)*

☐ Yes ☐ No

☐

>> 4.1.1.7.1.1.2.10 Is training provided to applicable employees on Environmental Testing? *(Check only one)*

☐ Yes ☐ No

☐

>> 4.1.1.7.1.1.2.11 Is training provided to applicable employees on Permits? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

☐

>> 4.1.1.7.1.1.3 Does the contractor have their own written confined space program? *(Check only one)*

☐ Yes ☐ No

☐

>> Confined Space Comments:

☐

5 Water Vessel

Click Here for the entire Water Vessel section of the Loss Prevention Manual

☐

5.1 Does the agency have any state-owned water vessels (e.g., boats, ferries, airboats)? *(Check only one)*

☐ Yes ☐ No

☐

>> _____

5.1.1 PROGRAM

_____

For this section, refer to Page 4 in the Loss Prevention Manual, Water Vessel document.

☐

>> 5.1.1.1 Is there a written program that includes ALL of the following components?

☐

>> -----> Procedure for authorizing employees in the program: *(Check only one)*

☐ Yes ☐ No

☐

>> -----> Definition of high-risk operators: *(Check only one)*

☐ Yes ☐ No

☐

>> -----> Determination of high-risk operators: *(Check only one)*

☐ Yes ☐ No

☐

>> -----> Operator training: *(Check only one)*

☐ Yes ☐ No

>> -----> Disciplinary action for employees identified as high-risk operators: *(Check only one)*

☐ Yes ☐ No

>> -----> Claims reporting: *(Check only one)*

☐ Yes ☐ No

>> -----> Accident investigation: *(Check only one)*

☐ Yes ☐ No

>> -----> Definition of State water vessels: *(Check only one)*

☐ Yes ☐ No

>> 5.1.1.2 Is someone assigned to monitor the program? *(Check only one)*

☐ Yes ☐ No

>> Program Comments:

>> _____

5.1.2 INSPECTIONS AND REPAIRS

For this section, refer to Pages 5-6 in the Loss Prevention Manual, Water Vessel document.

>> 5.1.2.1 For vessels of any size (both powered and non-powered), are monthly visual inspections performed using a written checklist on/for fire extinguishers? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

>> 5.1.2.2 For vessels of any size (both powered and non-powered), are monthly visual inspections performed using a written checklist on/for personal flotation devices? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

>> 5.1.2.3 For vessels of any size (both powered and non-powered), are monthly visual inspections performed using a written checklist on/for sound signaling devices (e.g., air horn)? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

>> 5.1.2.4 For vessels of any size (both powered and non-powered), are monthly visual inspections performed using a written checklist on/for flares? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

>> 5.1.2.5 For vessels of any size (both powered and non-powered), are monthly visual inspections performed using a written checklist on/for damage to the vessel? *(Check only one)*

☐ Yes ☐ No

>> 5.1.2.6 For vessels of any size (both powered and non-powered), are monthly visual inspections performed using a written checklist on/for communication devices (e.g., radio)? *(Check only one)*

Yes No Not Applicable

>> **5.1.2.7 For vessels of any size (both powered and non-powered), are monthly visual inspections performed using a written checklist on/for lighting?** *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

>> **5.1.2.8 For vessels of any size (both powered and non-powered), are monthly visual inspections performed using a written checklist on/for trailers?** *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

>> **5.1.2.9 Were any deficiencies found during the inspection?** *(Check only one)*

☐ Yes ☐ No

>> **5.1.2.9.1 Have corrective actions been taken for deficiencies found during the inspection?** *(Check only one)*

☐ Yes ☐ No

>> **5.1.2.9.1.1 Have the corrective actions been documented?** *(Check only one)*

☐ Yes ☐ No

>> **5.1.2.10 Are there any vessels that are twenty-six (26) feet or longer?** *(Check only one)*

☐ Yes ☐ No

>> **5.1.2.10.1 For vessels 26 feet or longer that fall under the Coast Guard jurisdiction and are used in navigable waters, have the necessary inspections been performed?** *(Check only one)*

☐ Yes ☐ No

>> **5.1.2.10.1.1 Have corrective actions been taken for all item(s) cited?** *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

>> **5.1.2.11 Is preventive maintenance performed and documented before each use for vessels of any size?** *(Check only one)*

☐ Yes ☐ No

>> **Inspections and Repairs Comments:**

>> _____

5.1.3 TRAINING

_____

For this section, refer to Page 6 in the Loss Prevention Manual, Water Vessel document.

>> **5.1.3.1 Is initial training ("Boat Louisiana") conducted before authorization to drive is granted and/or within ninety (90) days of the employee(s) entering the program?** *(Check only one)*

☐ Yes ☐ No

>> **5.1.3.2 Is a refresher course on the "Boat Louisiana", or other acceptable training course, conducted once every three (3) years thereafter?** *(Check only one)*

☐ Yes ☐ No

>> 5.1.3.3 Is documented Coast Guard training provided for all agency employees authorized to operate state-owned vessels 26 feet and longer? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

☐

>> 5.1.3.4 Is refresher training on the required Coast Guard training conducted once every five (5) years? *(Check only one)*

☐ Yes ☐ No ☐ Not Applicable

☐

>> 5.1.3.5 Are all authorized employees who receive a conviction for a violation required to retake the "Boat Louisiana" or other ORM recognized course within ninety (90) days of conviction? *(Check only one)*

☐ Yes ☐ No

☐

>> Training Comments:

☐

>> _____

5.1.4 RECORDS AND FORMS

For this section, refer to Pages 3-7 in the Loss Prevention Manual, Water Vessel document.

☐

>> 5.1.4.1 Is there a signed and dated list of approved operators indicating annual verification of the operator records? *(Check only one)*

☐ Yes ☐ No

☐

>> 5.1.4.2 Are the Vessel Authorization/Operator History forms (DA 2066) signed and dated annually? *(Check only one)*

☐ Yes ☐ No

☐

>> 5.1.4.3 Have there been any water vessel accidents, in a commercial vessel over navigable waters, during the most recent three (3) year audit period? *(Check only one)*

☐ Yes ☐ No

☐

>> 5.1.4.3.1 Was a Report of Marine Accident, Injury, or Death form (CG-2692) completed for each and submitted to the U.S. Coast Guard? *(Check only one)*

☐ Yes ☐ No

☐

>> 5.1.4.4 Have there been any non-commercial vessels involved in an accident in any waters? *(Check only one)*

☐ Yes ☐ No

☐

>> 5.1.4.4.1 Has a Louisiana Department of Wildlife and Fisheries (LDWF) Boating Accident/Investigation Report (DWF-A-BAIR) been completed for each accident and submitted to LDWF? *(Check only one)*

☐ Yes ☐ No

☐

>> Records and Forms Comments:

☐

6 Flight Operations

Click Here for the entire Flight Operations section of the Loss Prevention Manual

☐

6.1 Does the agency have any state aircraft? *(Check only one)*

☐ Yes ☐ No

☐

>> _____

6.1.1 PROGRAM

_____

For this section, refer to Pages 3-8 in the Loss Prevention Manual, Flight Operations document.

☐

>> 6.1.1.1 Is there a written flight operations program? *(Check only one)*

☐ Yes ☐ No

☐

>> 6.1.1.1.1 Does the plan follow Federal Aviation Administration (FAA) regulations? *(Check only one)*

☐ Yes ☐ No

☐

>> 6.1.1.2 Has the agency ever been cited by the Federal Aviation Administration (FAA)? *(Check only one)*

☐ Yes ☐ No

☐

>> 6.1.1.2.1 Have corrective actions been taken for the item(s) cited? *(Check only one)*

☐ Yes ☐ No

☐

>> 6.1.1.2.2 Have the corrective actions been documented? *(Check only one)*

☐ Yes ☐ No

☐

>> 6.1.1.3 Has the agency had any incidents/accidents involving aircraft within the most recently completed audit/Compliance Review period? *(Check only one)*

☐ Yes ☐ No

☐

>> 6.1.1.3.1 Has an aircraft incident/accident statement been completed for each accident? *(Check only one)*

☐ Yes ☐ No

☐

>> 6.1.1.3.1.1 Has the statement been faxed/e-mailed within forty-eight (48) hours to the ORM Transportation Unit supervisor? *(Check only one)*

☐ Yes ☐ No

☐

>> 6.1.1.4 Do all pilots flying state-owned and/or state-authorized private aircraft possess a commercial pilot's license? *(Check only one)*

☐ Yes ☐ No

☐

>> Program Comments:

☐

Closeout

Additional Comments:

☐

REMINDER: Attach the Photo Mount Sheet to *iAE*, if applicable.

☐

Location(s)

Building(s)

Print