

Self-Audit 2.2

Instructions

WANT TO SAVE TIME ON THIS YEAR'S SELF-AUDIT?

Send an email to supportlaorm@iauditexpert.com and request support to pre-fill this year's Self-Audit with last year's answers. You will be able to change answers for this year's Self-Audit, as well as answer any "new" questions. Please include your current assignment number in your email.

[Please note the following before beginning this Self-Audit:](#)

- 1) Click on the numbered header sections on the LEFT to access the questions.
- 2) Statements in the Audit underlined in **RED** are hyperlinks to the State's Loss Prevention Manual.
- 3) In order to assist the Loss Prevention Officer's audit, upload your safety plan, training documents, inspection results, etc. by clicking "Attachment" on the LEFT.
- 4) Click "Save" at the bottom of each page to SAVE your information. If you are unable to complete the audit in one session, you can resume by clicking on the link in your email to come back to this Self-Audit.
- 5) Click "Complete" at the bottom of the page to COMPLETE this Self-Audit. A pop-up error message will indicate if you have skipped any questions. Otherwise, your answers will be submitted and a report will be generated and emailed to you and your location head within 12 hours.

Any questions should be directed to supportlaorm@iauditexpert.com.

NOTE: THIS SELF-AUDIT MUST BE CONDUCTED IN INTERNET EXPLORER.

1 General Safety

[Click "SAVE" at the bottom of each section to save your answers.](#)

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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

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)*

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 or his/her designee 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 (or his/her designee) 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/training on the basics of and the agency's policy on a Drug-Free Workplace within 90 days of hire? (Check only one)

Yes

No

Not Applicable

>> 1.2.4.2 Is the agency conducting mandatory, documented awareness/training 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

>> 1.2.4.3 Is the agency conducting mandatory, documented awareness/training on the basics of and the agency's policy on Sexual Harassment within 90 days of hire? (Check only one)

Yes

No

Not Applicable

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

- Yes
 No

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

- Departmental/Generic
 Agency/Site Specific
 Other

>> 1.3.1.4.2 Class A: Which topics does the documentation 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 documented? (Check only one)

- Yes No

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

- Departmental/Generic Agency/Site Specific Other

>> 1.3.2.4.2 Class B: Which topics does the documentation 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 Are all completed DA2000/DA3000 or equivalent form(s) from the prior fiscal year for all incidents/accidents available for review by the Loss Prevention Officer? (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

Incident/Accident Investigation Comments:

Section 1.5 has been intentionally removed.

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/training on BBP for low risk employees within 90 days 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 Not Applicable (if records are maintained at headquarters or all high risk BBP exposure)

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 90 days 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 Material Safety Data Sheets (MSDS) are available? *(Check only one)*

Yes No

>> 1.8.1.1.1.6 Does the plan ensure that proper Personal Protective Equipment (PPE) is available? *(Check only one)*

Yes No

Hazardous Materials Comments:

2 Driver Safety

[Click "SAVE" at the bottom of each section to save your answers.](#)

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[Click Here](#) for the entire Driver Safety section of the Loss Prevention Manual

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

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 (# of vehicles X 12) were there in the most recently completed audit/Compliance Review period?**

>> **2.2.1.2 How many documented 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 or entering the program via authorization on a DA2054 form? *(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 Claims Unit? (Check only one)

 Yes No

Records and Forms Comments:

3 Bonds, Crime & Property

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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

3.1.2 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? (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? (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? (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 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

>> -----> 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:

4 Equipment Mgmt

[Click "SAVE" at the bottom of each section to save your answers.](#)

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

4.1 Does the agency have any mechanical and/or electrical [i.e., systems/equipment that are integral to the operation of the building and/or are an affixed (i.e., hardwired and/or plumbed) part of buildings/structures] 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

>> 4.1.1.1.6 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

>> 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

>> 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? *(Check only one)*

Yes No Not Applicable

>> 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

>> 4.1.1.3.2 Are all repairs documented? *(Check only one)*

Yes

No

Not Applicable

>> 4.1.1.3.3 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

>> 4.1.1.4.3 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 "SAVE" at the bottom of each section to save your answers.](#)

[At the end of the last section, click "COMPLETE". In order to be notified of any missed questions, you must allow pop-ups from iAuditExpert.com](#)

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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

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

Yes No

>> 5.1.2.1.1 Have corrective actions been taken for deficiencies found during the inspection? *(Check only one)*

Yes No

>> 5.1.2.1.1.1 Have the corrective actions been documented? *(Check only one)*

Yes No

>> 5.1.2.2 Are there any vessels that are twenty-six (26) feet or longer? *(Check only one)*

Yes No

>> 5.1.2.2.1 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

>> 5.1.2.2.1.1 Have corrective actions been taken for all item(s) cited? *(Check only one)*

Yes No Not Applicable

>> 5.1.2.3 Is periodic, preventive maintenance, per the manufacturer's recommendations, performed and documented? *(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 hire or the employee(s) entering the program? *(Check only one)*

Yes

No

>> 5.1.3.2 Is a refresher course conducted once every three (3) years thereafter? *(Check only one)*

Yes

No

>> 5.1.3.3 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-BIR-005 OR DWF-BIR-0100P) been completed for each accident and submitted to LDWF? *(Check only one)*

Yes

No

>> Records and Forms Comments:

6 Flight Operations

[Click "SAVE" at the bottom of each section to save your answers.](#)

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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 Claims Unit? *(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:

Location(s)

Building(s)

