**Self - A udit 3.2**

1. General Safety

**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. PROGRAM

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

* + 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

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

 Yes No  Not Applicable

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

 Yes  No

* + 1. **Are there written safety 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. **Are there general safety rules?** *(Check only one)*

 Yes  No

>> 1.1.3.1 Have these rules been distributed ANNUALLY (via safety meetings, postings, etc.) TO ALL EMPLOYEES and such action documented? *(Check only one)*

 Yes  No

* + 1. **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 ANNUALLY (via meetings, posting, etc.) TO ALL EMPLOYEES and such action documented? *(Check only one)*

 Yes  No

Safety Program Comments:

* 1. SAFETY MEETINGS AND TRAINING

For this section, refer to Pages 6-8 in the Loss Prevention Manual, General Safety document.

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

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. Has the agency's loss prevention coordinator and/or representatives attended documented training at least once every five (5) years on the ORM Loss Prevention Program? *(Check only one)*

 Yes  No  Not Applicable

* + 1. 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. INSPECTIONS

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

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. INCIDENT/ACCIDENT INVESTIGATION

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

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

 Yes  No

* + 1. 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. **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. EMPLOYEE TRAINING ON BBP

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

* + - 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. 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. **Are spill procedures in place?** *(Check only one)*

 Yes  No

* + 1. **Are spill kits maintained?** *(Check only one)*

 Yes  No

* + 1. Does the agency have a written First Aid program for employees and visitors? *(Check only one)*

 Yes  No

* + 1. **Are First Aid kits maintained?** *(Check only one)*

Yes  No

* + 1. 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. EMERGENCY PREPAREDNESS PLAN

For this section, refer to Page 15 in the Loss Prevention Manual, General Safety document.

* + 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. 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 16 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 Safety Data Sheets (SDS) 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

>> 1.8.1.1.1.7 Is the agency conducting appropriate documented employee training on hazard communication within 30 days of hire? *(Check only one)*

 Yes  No  Not Applicable

>> 1.8.1.1.1.8 Is the agency conducting appropriate documented employee training on hazard communication at least annually? *(Check only one)*

 Yes  No  Not Applicable

>> 1.8.1.1.1.9 Is the agency conducting documented employee training on hazard communication when working in a new area? *(Check only one)*

 Yes  No  Not Applicable

>> 1.8.1.1.1.10 Is the agency conducting appropriate documented employee training on hazard communication whenever a new material or procedure is introduced into the work place? *(Check only one)*

 Yes  No  Not Applicable

>> 1.8.1.1.1.11 Is the agency conducting appropriate documented employee training on hazard communication whenever the Department Head, Department Safety Officer, or Supervisor determines that refresher training is in order? *(Check only one)*

>> 1.8.1.1.1.12 Is the agency conducting appropriate documented employee training on hazard communication with regard to the new label elements and safety data sheet formats now required of all hazardous materials manufacturers? *(Check only one)*

 Yes  No  Not Applicable

Hazardous Materials Comments:

# Driver Safety

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

* 1. PROGRAM

For this section, refer to Page 2 in the Loss Prevention Manual, Driver Safety document.

* + 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:

* 1. INSPECTION AND REPAIR OF STATE OWNED VEHICLES

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

* + 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:

* 1. TRAINING

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

* + 1. Is documented defensive driving training provided for all agency employees authorized to drive on state business? *(Check only one)*

 Yes  No

* + 1. 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

* + 1. Is refresher training conducted once every three (3) years thereafter? *(Check only one)*

 Yes  No

* + 1. 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:

* 1. RECORDS AND FORMS

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

* + 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

* + 1. Are Driver Authorization forms (DA 2054 or other form), that have been signed and dated annually, available for review? *(Check only one)*

 Yes  No  Not Applicable

* + 1. Are Official Driving Records (ODR), which have been reviewed annually, available for review? *(Check only one)*

 Yes  No  Not Applicable (if records are maintained at headquarters)

* + 1. 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:

# Bonds, Crime & Property

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

* 1. PROGRAM

For this section, refer to Pages 2-7 in the Loss Prevention Manual, Bonds, Crime & Property document.

* + 1. Is there a written program that addresses the prevention of property damage and/or loss? *(Check only one)*

 Yes  No

* + 1. **Are there procedures in place to address separation of duties?** *(Check only one)*

 Yes  No

* + 1. Are there procedures in place to address controlling inventories? *(Check only one)*

Yes No

* + 1. Are there procedures in place to address purchasing procedures? *(Check only one)*

 Yes  No

* + 1. Are there procedures in place to address reporting losses/damages? *(Check only one)*

 Yes  No

* + 1. Are there procedures in place to address investigating losses/damages? *(Check only one)*

 Yes  No

* + 1. Are there procedures in place to address timely reporting of losses to the correct ORM claims unit? *(Check only one)*

 Yes  No

* + 1. Are there procedures in place to address handling negotiable items? *(Check only one)*

 Yes  No  Not Applicable

* + 1. Are there procedures in place to address securing vaults/safes? *(Check only one)*

 Yes  No  Not Applicable

* + 1. 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 3 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:

* 1. SECURITY

For this section, refer to Page 6 in the Loss Prevention Manual, Bonds, Crime & Property document.

* + 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

* + 1. 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

* + 1. 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

* + 1. 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 6-7 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:

# Equipment Mgmt

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

* 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

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + 1. PROGRAM

For this section, refer to Pages 3-6 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:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + - 1. PERSONAL PROTECTIVE EQUIPMENT (PPE)

For this section, refer to Page 6 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:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + - 1. WORK ORDER SYSTEM

For this section, refer to Page 6 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:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + - 1. LOCKOUT/TAGOUT (LO/TO)

For this section, refer to Page 7 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:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + - 1. BOILERS

For this section, refer to Page 8 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:

 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + - 1. ELEVATORS & FIRE SERVICE KEY/EQUIPMENT ROOM

For this section, refer to Page 8 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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + - 1. CONFINED SPACE

For this section, refer to Page 8 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:

# Water Vessel

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

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

 Yes  No

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + 1. PROGRAM

For this section, refer to Page 2 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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + 1. INSPECTIONS AND REPAIRS

For this section, refer to Pages 5 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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + 1. TRAINING

For this section, refer to Page 5 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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

* + 1. 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 recently concluded Audit/Compliance Review 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-010OP) 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 2-4 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: