Public Entity Risk Appraisal (non-school)

Member Name:_________________________________________    Date:___________


1.0 Member

Contacts:

1.1 Director/ Mayor:________________________ 1.4 Human Resources:________________________

1.2 Safety Coordinator:___________________ 1.5 Maintenance:__________________________

1.3 Claims Processor:_____________________ 1.6 Admin Assist__________________________


2.0 OPERATIONS
2.1 Description of Operations – How Many locations with Description

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

__________________________________________________________________________________________

____________________________________

2.2 Equipment Used: How many county vehicles etc:________________________

2.2a Maintained by: ________________________________

2.3 How many locations including all vacant and occupied buildings:__________________________

2.4 If vacant building(s) how often are they checked:_________ _________By whom:_______________

2.5 Any inter-change of employees between entities :__________________________

2.6 Is there use of subcontracted labor:   Y  or  N

2.7 Are Certificates of Insurance obtained:  Y  or   N

2.8 In what capacity/ Value:___________________________________ ___________________________
2.9 Does member own or lease an airplane, boat, drone, or construction equipment: 

2.10 Who pilots or operates the plane, boat, drone, or machinery: 

2.11 Any group transportation of employees to and from work: 

2.12 Describe transportation method: 

NOTES: 

3.0 EMPLOYEE INFORMATION 

3.1 Employment #: 

Clerical _________ Drivers _________ Custodial _________ 

Maintenance_______ Management_______ Sheriff___________ 

Water___________ Electric___________ Gas___________ 

Sanitation_________ 

Total______________ 

3.2 Department with highest Turnover: ________________________________ 

3.3 Any part-time, seasonal, or temporary labor:  Y  or  N 

3.4 Shifts worked (custodial): __________________________ 

3.5 Hours of operation: __________________________ 

3.6 HIRING PROCEDURES 

3.7 How are prospective applicants obtained: ________________________________ 

3.8 Who interviews and hires applicants: __________________________ Is it centralized  Y  or  N
3.9 Is Pre-Placement screening conducted (physicals, drug testing, aptitude testing, contacting previous employers, etc.): If yes, explain:______________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

3.10 Is there a probationary period: Y or N               How long: _______________
3.11 Is there a disciplinary plan: Y or N               Who administers:_______________
3.12 Is there an orientation / training program:_______________________

NOTES:__________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________
__________________________________________________________________________________________

4.0 INJURY & ACCIDENT REVIEW (LOSS ANALYSIS)

4.1 What type of injury is the most typical:______________________________

__________________________________________________________________________________________

4.2 Are corrective actions taken:______________________________
4.3 What have been the most severe injuries:______________________________

__________________________________________________________________________________________

4.4 Corrective action taken:______________________________
4.5 Types of questionable injuries:______________________________

NOTES:__________________________________________________________________________________

5.0 SAFETY & LOSS CONTROL PROGRAMS

5.1 Is there a management safety policy: Y or N
5.2 Written safety rules:  Y  or  N

5.3 Is personal protective equipment required:  R=required,  S=supplied,  @=required, will not wear

   Safety Glasses:____________________   Hearing Protection:____________________
   Footwear:____________________     Hard Hats:____________________
   Gloves:____________________       Respirators:____________________
   Other:______________________________________________________________
   ____________________________________________________________________

5.4 Are safety meeting held: If yes, frequency & documentation:__________________________

5.5 Is there a safety committee: If yes, frequency, make-up, follow-up, documentation:________

   ________________________________________________________________________

5.6 Are accidents investigated: If yes, by who, documented, close calls, follow-up:____________

   ________________________________________________________________________

5.7 Are facility inspections conducted: If yes, frequency, items inspected, documentation, follow-up: ______

   ________________________________________________________________________

5.8 Is there a safety incentive program:___________________________________________

5.9 Has a hazard assessment / job hazard analysis been completed:____________________

   ________________________________________________________________________

   NOTES:__________________________________________________________________

   ________________________________________________________________________

   ________________________________________________________________________

   ________________________________________________________________________


5.10 Safety Programs  (Yes or No)

   Haz Com:___________   Lockout:___________   PPE:____________________
Respiratory:__________  BBP:__________  Forklift:__________  Haz Mat:__________

Confined Space:__________  Emergency Evacuation:__________  Fire Safety:__________

Ergonomics:__________  Workplace Violence:__________  Housekeeping:__________

First Aid Training/ AED, # of employees, re-training:_________________________________________

Lifting & Backcare Training:______________________________________________________________

Recordkeeping Policies:______________________________________________________________

Machine Guarding Policy:_________________________________________________________________

Welding & Hot Work:_______________________________________________________________

Hand Tool Inspection Policy (box cutters, hammers, wedges, wrenches, electric & air powered tools):

_____________________________________________________________________________________

Overhead Crane Inspection:_________________________________________________________

Type of Ventilation:_______________________________________________________________

Fall Protection:__________  Trenching/Shoring:__________  Signage:__________

Electrical:__________  Ladder & Scaffolding:__________  Floor Opening:__________

Demolition & Explosives:__________  Mobile Equipment Alarms:_________________________

Cranes, Cherry Pickers, Hoists:___________________________________________________________

NOTES:________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

5.12 Transportation / Vehicles / Contracted Drivers

Contracted Drivers:    Y     or    N

Dead Points of Communication Y     or     N

Number & type of vehicles:______________________________________________________________
Number of Drivers: ________________________________________________________________

Operating radius:   Average:____________________   Farthest:____________________________

Overnight: ________________________________

Are MVR’s checked Annually:_______________   Are seat belts used:______________________

NOTES:______________________________________________________________________________

5.13 Fire Safety

Are backflow Preventer Inspections performed annually:    Y     or    N

What type of fire protection is available for facility:________________________________________

Is fire extinguisher training conducted:___________   Is smoking permitted:____________________

Is there an emergency evacuation plan:____________________________________________________

How are flammable liquids/material stored:_________________________________________________

Is there a welding / hot work permit policy:_________________________________________________

NOTES:______________________________________________________________________________

5.13 Industrial Hygiene

Any air sampling: For what substance:____________________________________________________

Has a mold survey been conducted:_______________________________________________________

NOTES:______________________________________________________________________________

5.14 Inspections:   Facility & Equipment

Are all building inspections conducted:____________________________________________________
Are overhead cranes & hoists inspected: ________________________________

Are slings, chains, and cables inspected: ________________________________

Are electrical boxes, outlets, junction boxes, extension cords, power lines, service lines, and other power sources inspected: ________________________________

Are licensed and non-licensed vehicles inspected: ________________________________

Are machine guards inspected: ______________   Housekeeping Practices: ______________

PPE Use:_________________   Lockout Use:_________________

Hand Tools:_________________   Work Practices:_________________

NOTES:_________________

5.15 Forklifts & other Mobile Equipment

Is there a key management system: Y     or     N

Number & type of non-licensed vehicles: ________________________________

______________________________

Number of operators:_________________   Type of Training:_________________

______________________________

Is there a daily maintenance inspection checklist:_________________

NOTES:_________________

5.16 Maintenance
# of employees in the maintenance dept.: _______________________________________________________

Maintenance is conducted on the following (yes or no):

   Equipment:_______________  Non-licensed equipment:___________________________

   Company vehicles:_______________  Building maintenance:___________________________

   Flat Roofs:_________________________________________________

Is a preventive maintenance program in effect:______________________________________________

Are written records kept on PM activities:_________________________________________________

Are service contracts, owner’s manual’s, recall notices, kept on file:____________________________

Is a lockout policy in effect for all repair, service, cleaning, clearing, adjusting activities:________

NOTES:________________________________________________________________________________

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5.17 General Safety Issues

Is or have any employees been trained in asbestos:___________________________________________

Has an emergency evacuation & disaster plan been established:______________________________

Are supervisors evaluated on the safety performance of their dept.:____________________________

5.18 Data Management

Who manages Accident & Injury records:__________________  MSDS:____________________  Employee

Med. Records:__________________  Training Records:__________________  Documentation of

Safety Activities:__________________

Other (list additional records):___________________________________________________________

NOTES:________________________________________________________________________________

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6.0 Claims Management
6.1 What are injury reporting procedures:

6.2 Is there an in-house medical provider:

6.3 Distance to the nearest ER.

6.4 Have employees trained in first aid been identified to all employees:

6.5 Are first aid kits and AED’s available:

6.6 Is injured employee contacted continually by the claims processor:

6.7 Is a Return-to-Work Program in place:

6.8 Is a Wellness Program in place:

7.0 Jail

7.1 Jail Administrator: Years on Job:

7.2 Is Jail Certified: Y or N

7.3 Jail Bed Capacity:

7.4 Medical Staff availability: On-Staff or On-Call

8.0 Shooting Range

8.1 Do you have a member owned shooting range: Y or N

8.2 If yes how is access controlled:

9.0 K9

9.1 Is overtime provided for care of animal: Y or N

10.0 Rock Quarry

10.1 Who is the Quarry Manager:

10.2 Are Inmates utilized: Y or N

11.0 Landfill

11.1 Who is the Landfill Manager:
11.2 Are Inmates utilized:  Y  or  N

12.0 Convenience Centers

12.1 Who manages the Convenience Centers: _______________________________________________

12.2 Are Inmates utilized:  Y  or  N

12.3 Is guarding provided to eliminate fall hazard from raised elevations:_____________________

12.4 Who staffs the convenience centers (circle all that apply): Full Time  Part Time  Volunteers
13.0 Loss Control Final Assessment

_______________________________________________________________

_______________________________________________________________

_______________________________________________________________

14.0 Describe facility inspection noting: physical condition of building, equipment, machinery, and working conditions for employees, adherence to safety policies discussed in initial meeting, work practices, and hazards (current & potential) noted during tour. This section will be used to support your loss control recommendations and opinion.

Survey Summary: Assess conditions, work practices, management attitude, commitment to safety, acceptance of recommendations, and controllability of hazards.

Indicate opinion of member as: (Circle One)

- **Above average** - Above average controls, program exceeds average controls for its class. Loss experience reflects program effectiveness.
- **Average** - Average controls over exposures for its industry class. Some deficiencies / lack of program controls, however not significant. Recent loss experience reflects program effectiveness.
- **Below Average** - Significant hazards, deficiencies, and lack of control over exposures for its class. However, management’s attitude is positive toward recommendations and correctability is good within next 12 months.
- **Poor** - Significant hazards, deficiencies, and lack of control over exposures for its class and highly unlikely any chance of correcting deficiencies within policy year.

Training Needs Identified: ______________________________________________________________

Additional Surveys Needed: Y or N  Locations: ______________________________________________

Other needs: __________________________________________________________________________