

Resource 33: Annual Worksite WSH Program Review Form

The WSH Committee is responsible for annually completing this form and forwarding it to the Family Services and Housing WSH Coordinator.

Date: _____ For the period between: _____ and _____

Site: _____ Contact person: _____

A. Policy and Procedures:

Has the FSH Workplace Safety and Health Program Manual been adapted to the specific needs of your workplace where necessary? Y N N/A

What additions or adaptations did you make?

(Please describe in detail. Include a separate sheet if necessary.)

How do you make the manual available to workers? _____

3. Do you have a WSH Bulletin Board? Y N N/A

Does it list:

Current WSH Committee members? Y N N/A

Minutes of meetings? Y N N/A

Scheduled meeting dates? Y N N/A

4. When did you last review your emergency response procedures? _____

Are emergency procedures clearly posted? Y N N/A

5. Have you assembled all relevant Material Safety Data Sheets (MSDS) for any controlled substances in your workplace?

Complete Partly complete Not started

a. Where are they filed?

6. Were any contracted or self-employed persons working at your worksite in the past year?
Y N N/A

a. If yes, were they provided with safework procedure information? Y N N/A

7. Have investigations been conducted? Y N N/A

a. If yes, how many were:

Incident Investigations _____
Refusals to work _____
Harassment _____
Violent Incidents _____

b. Did investigations involve workers and supervisors? Y N N/A

8. Have workplace inspections been conducted? Y N N/A

a. How often are formal inspections by Committees completed? _____

b. How often are informal inspections by supervisors completed? _____

Have new hazards been identified that require a procedure that is not included in the current manual?

B. WSH Committee:

1. Describe the constitution of your WSH Committee:

a. Number of workers _____

b. Number of management _____

2. Is your WSH Committee meeting regularly? Y N N/A

a. How often does your Committee meet? _____

3. Is your WSH Committee submitting minutes to the designated FSH WSH Representative?

Always Often Seldom Never

C. Training:

1. Have supervisors received training? Y N N/A

2. Have Committee members received training? Y N N/A

3. What training has occurred?

Workers _____

Supervisors _____

4. What additional training at the workplace is needed? _____

5. Are new employees being oriented to WSH and work safe procedures?

Y N N/A

Summary

After completing this review rate your overall functioning as a WSH Committee

Needs
improvement
in many
areas

Needs some
improvement

Functioning
well in most
areas

Functioning
well in all
areas

2. What needs to be improved?

Are the written procedures in the Family Services and Housing Workplace Safety and Health Program Manual actually working as they are supposed to? What areas of the WSH Program Manual need to be revised? Please indicate areas that are not working as they are supposed to and suggested revisions (use another sheet if needed).

Management Co-Chair Signature: _____

Worker Co-Chair Signature: _____