



## 2022 Certified Safety Program Manufacturing Document Checklist

Below are the items and/or documents your ATACF Risk Manager will need to review during the Certified Safety Program review. Please have these documents printed or ready before your appointment time. Your Risk Manager will provide the number of New Hire files or Work Comp files they would like to view prior to the visit.

Completed		Document Review Items	
<b>Hiring Practices &amp; Safety Policy &amp; Procedures</b>			
		Completed New Hire File(s) and the following: <input type="checkbox"/> Job Descriptions in Place <input type="checkbox"/> Pre-Employment Drug Screen Random Program <input type="checkbox"/> Post Job Offer Medical Questionnaire <input type="checkbox"/> New Hire Orientation Schedule <input type="checkbox"/> New Hire Follow Up Documentation & Training	
		Written Safety Manual with Sign-Off & the Following Policies in Place if Applicable: <input type="checkbox"/> Seat Belts <input type="checkbox"/> Speeding <input type="checkbox"/> 3 Points of Contact <input type="checkbox"/> No Jumping <input type="checkbox"/> Electronic Device Policy <input type="checkbox"/> Personal Protective Equipment <input type="checkbox"/> Required Safe Lifting/Pushing and Pulling Techniques <input type="checkbox"/> Wheel Chocks <input type="checkbox"/> 5 <sup>th</sup> Wheel Pin Puller <input type="checkbox"/> Ergonomic Binder Policy	
<b>Training &amp; Inspections</b>			
		<input type="checkbox"/> Daily <input type="checkbox"/> Monthly and/or <input type="checkbox"/> Quarterly Safety Training/Meetings w/Documentation: <input type="checkbox"/> Safe Work Methods <input type="checkbox"/> Forklift <input type="checkbox"/> Fire Safety <input type="checkbox"/> Confined Safety <input type="checkbox"/> Ladder Safety <input type="checkbox"/> GHS <input type="checkbox"/> Emergency Response <input type="checkbox"/> LO/TO <input type="checkbox"/> Machine Guarding Fall Protection <input type="checkbox"/> PPE (footwear, safety glasses, hearing protection, safety gloves, respirators, high vis vest) <input type="checkbox"/> Slips, Trips & Falls <input type="checkbox"/> Wheel Chocks <input type="checkbox"/> Monthly Facility Inspections	
		Hazard Identification Program and Unsafe Behavior Observations	
		Unsafe Behavior Observations	
<b>Claims Reported</b>			
		Complete Work Comp Claim File(s) and review of the following: <input type="checkbox"/> All claims are reported within two (2) business days <input type="checkbox"/> Post Injury Drug Screen <input type="checkbox"/> Post Injury Follow-Up Call Documentation <input type="checkbox"/> Return to Work Program	
<b>Management Commitment &amp; Control</b>			
		Video Cameras <input type="checkbox"/> Inside Facility <input type="checkbox"/> Outside Facility	
		Injury Prevention Safety Incentive Plan Documentation	