

## SAFETY AUDIT

1. Is there an in-house safety and occupational health committee?
2. Is safety integrated into each functional area?
3. Are there unit/organizational meetings regularly scheduled and held, where safety and occupational health is emphasized? How effective are they?
4. Is there a formal and effective accident investigation and review program to determine cause factors and provide appropriate prevention measures ?
5. Are actions developed and implemented to meet the responsibilities contained in the accident prevention plans of higher headquarters, local installation, and Department of the Army guidance, to provide focus and continuity to safety program efforts?
6. Are practices and procedures that minimize accident risk incorporated into regulations, directives, SOPs, Job Hazard Analysis (JHA), special orders, training plans, and/or operational plans?
7. Are SOPs/JHS=s developed for all operations entailing risk of death, serious injury, or property loss?
8. Is the DD Form 2272 (Department of Defense Safety and Occupational Health Program) posted on official bulletin boards.
9. Are procedures in place to ensure appropriate safety and occupational health training is provided, i.e., are soldiers and civilian employees provided the training and education necessary to achieve the skills/knowledge necessary to:
  - (1) Recognize the hazards and accident risks associated with their duties and work environment?
  - (2) Know the procedures necessary to control risks and work safely?
  - (3) As appropriate, know the safety responsibilities of their leaders, supervisors, and commanders?
  - (4) Know the avenues available to them to report unsafe acts and/or conditions?
  - (5) For supervisory personnel, know their responsibilities when unsafe acts and/or conditions are reported to them?
10. Do personnel know and follow the local accident reporting procedures?
11. Are safety and occupational health rules, regulations, and standards being complied with in

the facility/organization?

12. Is appropriate PCE provided to employees for their protection and are they trained in the requirements for selection, use, inspection, and care of the PCE?

13. Are steps taken to engineer out a hazard before resorting to use of PCE as the norm?

14. Are in-house inspections conducted to identify unsafe act/conditions and is there a procedure in place to abate hazards that have been identified?

15. Are proper medical evaluations conducted to determine worker capability to perform assigned tasks when respirators or other PCE which may result in additional physiological stress are utilized?

16. Are baseline and periodic medical surveillance examinations performed IAW AR 40-5?

17. Is accident experience data collected, analyzed, and shared throughout the unit/organization?

18. Are changes in operations, plans for exercises, and new construction coordinated with the Installation Safety Division to ensure the safety and occupational health of personnel affected?

19. Does the commander/director budget for resources necessary to conduct safety activities?

20. Is a close liaison maintained with other installation staffs on all relevant safety and occupational health matters?

21. Have leaders ensured Risk Management training is provided to Commanders/Managers/Supervisors?

22. Are safety risk decisions integrated into all decision processes for the activity/facility/operation?

23. Does the Commander/Director accept any residual risk associated with unabated hazards?

24. Is there a process to identify residual hazards?

25. Are safety decisions concerning risks documented?

26. Are supervisors and management held accountable for safe performance and enforcement of rules for safe performance?

27. Since most injuries are caused by acts and behaviors, are systems being implemented to modify behavior?