

Occupational Health and Safety



During the past 12 months, did your worksite:	Yes	No	Score
1. Have and promote a written policy on injury prevention and occupational health and safety? This policy could be promoted to employees regularly through emails, newsletters, or signage in public places.	<input type="checkbox"/> (2 pts.)	<input type="checkbox"/> (0 pts.)	_____
2. Provide opportunities for employee input on hazards and solutions, and implement these solutions when appropriate? Answer "yes" if, for example, there were all-hands meetings, surveys, or focus groups for discovering and solving job health and/or safety issues.	<input type="checkbox"/> (3 pts.)	<input type="checkbox"/> (0 pts.)	_____
3. Encourage employees to report uncomfortable, unsafe, or hazardous working conditions to a supervisor, occupational health and safety professional or through another reporting channel? Answer "yes" if, for example, employees are directed to report workplace injuries, bullying, or sexual harassment using a designated hotline.	<input type="checkbox"/> (2 pts.)	<input type="checkbox"/> (0 pts.)	_____
4. Carefully investigate the primary cause of any reported work-related illnesses or injuries and take specific actions to prevent similar events in the future?	<input type="checkbox"/> (3 pts.)	<input type="checkbox"/> (0 pts.)	_____
5. Provide educational materials about health and safety at work? Answer "yes" if, for example, your worksite provides brochures, videos, posters, newsletters, or timely reminders for issues such as hand washing, taking breaks to reduce eye strain, or wearing personal protective equipment.	<input type="checkbox"/> (1 pt.)	<input type="checkbox"/> (0 pts.)	_____
6. Provide and promote <u>interactive educational programming</u> on how to avoid accidents or injury on the job? Answer "yes" if, for example, your worksite offers "lunch and learns," seminars, workshops, or classes that address injury prevention. These sessions can be provided in-person or virtually (online, telephonically, mobile app); on or off site; through vendors, on site staff, or other practitioners.	<input type="checkbox"/> (2 pts.)	<input type="checkbox"/> (0 pts.)	_____
7. Have a process in place for measuring and , if necessary, improving worksite air quality? Answer "yes" if, for example, your worksite routinely tests heating, ventilation, and air conditioning (HVAC) systems, vacuums carpets, and controls moisture levels to prevent mold growth.	<input type="checkbox"/> (2 pts.)	<input type="checkbox"/> (0 pts.)	_____
8. Make adjustments or provide resources where necessary to reduce the risk of eye injury or vision impairment? Answer "yes" if, for example, your worksite provides proper lighting to work areas, protective eyewear in hazardous environments (e.g., factories, construction sites) or ergonomic setup at work stations.	<input type="checkbox"/> (2 pts.)	<input type="checkbox"/> (0 pts.)	_____
9. Proactively support employees returning to work after illness or injury? Answer "yes" if, for example, your organization provides temporary job modifications or phased return-to-work options.	<input type="checkbox"/> (1 pt.)	<input type="checkbox"/> (0 pts.)	_____

Your Worksite's Occupational Health and Safety Score _____

Maximum Occupational Health and Safety Score **18**