**Safety and Health Program Assessment Worksheet
Assessment Tips**

1. A comprehensive, baseline hazard survey has been conducted within the past five (5) years.

Assessment Tips:

The baseline hazard survey should be documented in a written report as a requirement for a score of "3" on this item.

Qualified persons such as OSHA consultants, private consultants, insurance loss control specialists, or appropriately trained and experienced employees of the organization should have conducted the baseline hazard survey.

The word "comprehensive" in the context of this item does not mean perfect or all-inclusive. It does mean that major operations, especially high-risk operations, and all shifts are included in the baseline survey. It also means that hazard categories normally associated with the type of business are addressed in the survey.

Serious hazards identified during a consultation indicate deficiencies in the organization's baseline hazard survey whenever such hazards existed at the time of the baseline survey, but are missing from the survey report.

The 5-year timeframe, although a common planning horizon, is nevertheless somewhat arbitrary. The consultant should question the validity of a baseline hazard survey, even one conducted during the previous five years, if subsequent changes in the organization appear to nullify the survey's relevance or accuracy. Due to the rapid change that occurs in most small organizations, a baseline hazard survey older than five years should not be accepted without justification.

No comprehensive baseline survey is effective unless each identified hazard is immediately corrected or appropriately scheduled for correction in the organization's action plan for safety and health.

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2. Effective safety and health self-inspections are performed regularly.

Assessment Tips:

Inspections are defined as periodic activities or events involving observation and/or testing of selected safety and health aspects of the work and workplace. Essentially, an inspection is a systematic comparison of observed status to expected or desired status. Inspections may be formal or informal.

Formal inspections usually involve the use of checklists and often result in the issuance of inspection reports. Complex inspections should always be supported by a checklist and conducted on a formal basis. The written documentation associated with formal inspections (checklists, logs, reports, etc.) may be used to support a score of "3" on this item if the documentation indicates that such inspections were thorough and conducted on a regular basis.

Informal procedures may be effective for routine and limited inspections in which the inspection coverage can be systematically addressed by rote. The thoroughness and consistent performance of informal inspections will usually require evaluation by interview.

The term "regularly" means recurrence within understood limits (daily, weekly, monthly, quarterly, etc.) and does not necessarily mean a set pattern or firm schedule. The appropriate frequency of inspections depends on the stability and criticality of the factors covered by each inspection. The period of time between inspections represents a time-tolerance for safety and health system failures.

Self-inspection requires the organization to exercise an internal capacity to conduct effective safety and health inspections. Ideally, this capacity will not reside in a single individual, but will be diffused throughout the organization. Workers should perform or participate in the performance of safety and health inspections of their own work areas or operations. Team efforts are highly desirable, especially for general inspections.

No inspection is effective unless each identified hazard is immediately corrected or appropriately scheduled for correction in the organization's action plan for safety and health.

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3. Effective surveillance of established hazard controls is conducted.

Assessment Tips:

Surveillance is similar to inspection in that both are concerned with the way things are, compared to the way they should be. Surveillance, however, is constant or ongoing while inspection is periodic. This means that surveillance normally provides a shorter time-tolerance for system failures than do inspections. On the other hand, inspections are usually more structured,

systematic, and thorough than surveillance. Together, however, these two complementary hazard detection techniques provide the best means to ensure early detection of existing hazards.

This item can be evaluated by consultant observations. Whenever consultants observe that established controls (engineering controls, PPE, safety rules, safe work practices, etc.) are being violated, there is indication that surveillance is missing or ineffective. Likewise, when consultants observe that established hazard controls are in place and operative, there is indication that surveillance is effective.

This item can also be evaluated by interview. Employees, particularly supervisors, can be asked to describe the key safety and health controls associated with their work areas, operations, or job duties; how such controls are monitored; and what steps are taken when problems are detected.

Surveillance of hazard controls is not effective unless control failures are immediately corrected or appropriately scheduled for correction in the organization's action plan for safety and health.

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4. An effective hazard reporting system exists.

Assessment Tips:

The existence and design of an organization's hazard reporting system can be ascertained by questioning management during the opening conference and/or by interviewing supervisors and workers later in the consultation process. The best hazard reporting systems have both centralized and decentralized features.

The decentralized component allows direct reporting of a hazard to the individual with primary responsibility for the affected work area, operation, or personnel. This direct reporting procedure normally facilitates prompt correction of the hazard by the responsible person closest to the problem. Workers reporting hazards to their supervisors is an example. However, workers should always have the option of reporting to the organizational level whenever they feel that correction of a directly reported hazard has been neglected or ineffective. Likewise, supervisors should always forward to the organizational level any worker hazard report for which the supervisor is unable to take appropriate corrective action.

The centralized component of hazard reporting provides a common point for collection of reported hazard information across the organization. In addition to employee reports, hazard incidence information collected at the organizational level includes the results of surveys, analyses, and formal

inspections of the workplace, providing a broader information base for priority setting and action planning. In larger organizations, the safety director or safety committee usually collects such information. In very small organizations, the owner-manager or a designee is usually responsible.

A crucial factor in hazard reporting system effectiveness is that each individual who reports a hazard receives prompt feedback concerning when and how the hazard will be corrected or an objective explanation why no corrective action will be taken. Although hazard correction status reports are sometimes provided to employees, such reporting is more often informal. Therefore, evaluation of the feedback feature normally requires interviews with employees who have reported hazards.

The basic objective of a hazard reporting system is early detection and reporting of hazards effectively known to employees. A hazard is "effectively known" when the employee is both aware of the existence of the hazardous condition or activity and understands, at least generally, the possible harm it represents. Therefore, when the consultant identifies previously unreported hazards, and employees should have effectively known such hazards, the underlying problem may be a training problem, a reporting problem, or both. Interviews with employees will be needed to make a determination.

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5. Change analysis is performed whenever a change in facilities, equipment, materials, or processes occurs.

Assessment Tips:

A change analysis program is essentially planning-for-planning. It is, at minimum, a set of policies designating responsibilities for current and future planning activities involving changes in facilities, equipment, materials, or processes, including the safety and health aspects of such changes. Ideally, responsible parties will be in "line" positions. The change analysis program should also include planning procedures that ensure the safety and health input of appropriate personnel such as safety staff, the safety committee, and affected supervisors and workers.

Change analysis is primarily a hazard detection function. Consultants should use items 11-19 to evaluate the degree to which an organization has successfully addressed correction of any hazards or potential hazards it has identified by change analysis.

Hazards identified during a consultation indicate a deficiency in this item when such hazards could have been identified, and therefore prevented, by effective change analysis.

Absence of hazards associated with recently implemented changes in facilities, equipment, materials, or processes is suggestive that change analysis in the organization is effective.

Some OSHA consultation projects have added "changes in environment" to their consideration in evaluating this item for employers not engaged at fixed work sites.

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6. Accidents are investigated for root causes.

Assessment Tips:

Accident investigation must be conducted as a formal procedure, even in the smallest of organizations. Therefore, every employer should establish policies to ensure that thorough and timely accident investigations are specified, performed, and recorded. Although the procedures are formal, the implementing policies in very small organizations may be unwritten and informal, requiring verification by interviews with responsible parties. Organizational policy should (1) specify the class of accidents that require investigation. Regulation requires investigation of the class of accidents that involve recordable injuries and illnesses, but the employer may also require investigation of the class of accidents that involve only property losses. Organizational policy should (2) assign responsibilities for performance of accident investigations. Normally, such responsibilities rest with the appropriate supervisor, the safety committee, safety staff, or some combination of these personnel. However, there is an opportunity for top management to exhibit visible safety and health leadership by participating in accident investigations. Organizational policy should (3) adopt a standard recording form for all accident investigations. This standard record may be a workers compensation First Report of Injury form, the OSHA Supplementary Record (Form 101), or an equivalent record developed by the organization.

The objective of an accident investigation is not to assign blame, but to identify root causes of the accident so that corrective measures can be taken. Hazards?unsafe or unhealthful conditions or activities?are involved in all accidents. The underlying personal, organizational, job-related, and environmental factors that result in or allow the existence of these hazards are the root causes of the accidents. Considerable skill and diligence is often required to ascertain the root causes of an accident. Records or reports of completed accident investigations are the best source of information for consultants to judge if root causes are being discovered by the organization. As a rule-of-thumb, any accident investigation that attributes single causation has not adequately addressed root causes.

Individuals with accident investigation responsibilities can be interviewed to learn if they understand and acknowledge the importance of root cause analysis.

Accident investigation is not effective unless identified hazards and underlying root causes are immediately addressed or appropriately scheduled for correction in the organization's action plan for safety and health.

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7. Material Safety Data Sheets are used to reveal potential hazards associated with chemical products in the workplace.

Assessment Tips:

This item and the hazard communication standard (29CFR1910.1200) are closely related, but not redundant. The hazcom standard does not directly address the prevention, elimination, or control of workplace hazards posed by chemical products. Rather, its focus is on communication of information about potential hazards and possible protective measures. Nevertheless, the process of detecting workplace hazards associated with chemical products, as incorporated in this item, cannot be effective until Material Safety Data Sheets for all hazardous products have been obtained and reviewed by the employer as required in the hazcom standard.

Hazards identified by consultants may indicate deficiencies in this item if such hazards were not effectively known to the employer, but would have been revealed by review of relevant Material Safety Data Sheets.

The process of detecting workplace hazards from information in Material Safety Data Sheets is not effective unless such identified hazards are immediately corrected or appropriately scheduled for correction in the organization's action plan for safety and health.

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8. Effective job hazard analysis is performed.

Assessment Tips:

Job hazard analysis is a formal technique for hazard detection involving careful study and recording of each step in a job, identifying existing or potential hazards associated with each step, and determining the best way to perform the job to reduce or eliminate these hazards. Informal examination of a job does not constitute job hazard analysis. In most cases, completed

worksheets will be available to document that the organization is performing job hazard analyses.

Review of completed job hazard analysis worksheets by consultants should reveal the effectiveness with which the procedures have been conducted.

Hazards identified by consultants may indicate deficiencies in this item if the hazards could have been detected, and therefore corrected, by effective job hazard analysis.

Almost all jobs are candidates for job hazard analysis, but it is a rare organization that has up-to-date worksheets completed for every job in the workplace. Therefore, job hazard analysis is an ongoing effort in most organizations that employ this hazard detection technique. However, jobs should be scheduled for attention on a priority basis, with higher priority being assigned to jobs having the highest rates of accidents and disabling injuries, jobs where "close calls" have occurred, jobs where major changes have been made in processes and procedures, and jobs involving new workers.

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9. Expert hazard analysis is performed.

Assessment Tips:

Expert hazard analysis does not include hazard detection activities, such as routine inspections, that the organization should perform on its own.

Industrial hygiene testing, ergonomic evaluations, and other specialized safety and health services requested by employers and provided by OSHA consultants should be considered positive factors in assessing this item. Likewise, specialized consultation services recommended by OSHA consultants performing onsite visits may be considered negative factors in evaluating this item whenever such services are rejected or deferred by the employer (unless the employer obtains the needed services elsewhere).

Evidence that an organization has engaged insurance loss control professionals, consulting engineers, private safety or health consultants, medical personnel or other experts in specialized safety and health analyses of its workplace is commendable and a very positive factor to be considered in evaluating this item. Absent such evidence, however, the onsite consultant may nevertheless consider this item fully in place unless an unmet need for expert hazard analysis has been identified.

Expert hazard analysis is not effective unless the identified hazards are immediately corrected or appropriately scheduled for correction in the organization's action plan for safety and health.

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10. Incidents are investigated for roots causes.

Assessment Tips:

A safety and health incident is a "close call" event that does not result in an OSHA recordable injury or illness. Such incidents are important, however, because they are numerically predictive of accidents that do involve serious injury. Incident investigation programs are difficult for employers to implement successfully, especially in small organizations. The difficulty lies in defining those events to be reported as incidents, and ensuring that such incidents are, in fact, reported. Therefore, this item is a "stretch" item for small employers. When fully in place, however, it indicates an exceptional safety and health system.

To score "1" or higher on this item, the organization must maintain an accurate first aid log with root cause analysis performed for log entries.

To score "2" or "3" on this item, the organization must create and promote the use of incident reporting procedures. Ideally, this would be a no-fault or anonymous reporting mechanism (such as a special form) integrated into the established hazard reporting system (item 4). All reported incidents would be subjected to root cause analysis. Effectiveness of incident reporting and analysis can be evaluated by review of reporting system records, root cause analysis reports, and employee interviews.

Incident investigation is not effective unless identified hazards and underlying causes are immediately corrected or appropriately scheduled for correction in the organization's action plan for safety and health.

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11. Feasible engineering controls are in place.

Assessment Tips:

An engineering control is any change in facilities, equipment, tools, or process that eliminates or reduces a hazard. Such changes are usually physical changes involving some level of planning or design.

The term "feasible" means technically and economically capable of being implemented.

Under OSHA's current "Hierarchy of Controls" policy, a feasible engineering control must be implemented even if the method does not completely control the hazard.

Interim controls are required until engineering controls are in place.

A rating of "3" on this item indicates that there are no outstanding hazards requiring control by engineering methods. Organizations in this category may sometimes include improved engineering controls in their action plan. Such improvements will not negatively affect the organization's rating on this item, if existing engineering controls adequately address the associated hazard.

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12. Effective safety and health rules and work practices are in place.

Assessment Tips:

Workplace rules apply to general areas of conduct (e.g. "No horseplay" and "No smoking in this area.")

Safe work practices apply to specific operations or tasks (e.g. "Hearing protection required while operating this equipment.")

To be "effective," a workplace rule or work practice (1) must exist, (2) must be correct and sufficient, (3) must be communicated, and (4) must be followed. Consultants may determine that improvement is needed for any or all of these requirements.

Rules or work practices may be formally or informally communicated to workers. Formal communications are usually written and include employee manuals, operating manuals, posters, postings on bulletin boards, and work aids. Informal communications are usually verbal and include training, supervisory instructions, and peer influence. Communication is best when formal and informal methods are used in conjunction.

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13. Applicable OSHA-mandated programs are effectively in place.

Assessment Tips:

A "mandated program" is a set of managerial and operational requirements directed toward a specific safety and/or health objective. Typically, these

requirements include any or all of the following: formal designation of responsible persons, creation of controlled-access areas, planning and documentation activities, exposure and medical monitoring, hazard controls, periodic program assessment, recordkeeping, and employee training or information. Examples of mandated programs are Hazard Communication, Hearing Conservation, Lock-Out/Tag-Out, and Confined Space Entry.

Evaluation of this item is a 2-step procedure. First, the consultant must determine the mandated programs that are applicable to the organization. Next, the consultant must determine if the applicable programs have been fully and effectively implemented by the organization.

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14. Personal protective equipment is effectively used.

Assessment Tips:

Personal protective equipment (PPE) may be used by an organization as an interim control or as the last line of defense against a hazard. To be effective, however, PPE must be appropriate, available, carefully maintained, and properly used. There are management issues with each of these criteria that should be addressed in assessing this item.

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15. Housekeeping is properly maintained.

Assessment Tips:

Overall housekeeping is often a covariant of safety and health because many of the organizational factors that determine good housekeeping are the same factors that result in safety and health performance. However, in assessing this item, consultants should focus on those aspects of housekeeping that have direct bearing on safety and health. Examples include aisles marked and free of tripping hazards, clear emergency exists, flammables and combustibles stored away from sources of ignition, incompatible chemicals not stored together, prompt cleaning of spills, clean restrooms, and effective waste management.

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16. The organization is properly prepared for emergency situations.

Assessment Tips:

Organizations should be prepared for any emergency situation that can be reasonably anticipated. Emergency situations include fire, natural disasters known to the area, catastrophic failures in the company or neighboring facilities, workplace violence, and perhaps, terrorist acts.

Assessment of this item is a 3-step procedure. First, the consultant must determine the types of emergency situations for which preparation is indicated. At a minimum, each organization should be prepared for fires and relevant natural disasters. Second, the consultant must determine if the organization has engaged in planning and developed adequate emergency procedures to address the areas of concern. These emergency procedures, which are normally written and posted, serve as the primary information source in the second step. Third, the consultant must determine the organization's state of readiness to carry out the adopted procedures. Evidence of successful periodic drills is the best indicator of readiness.

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17. The organization has an effective plan for providing competent emergency medical care to employees and others present at the site.

Assessment Tips:

Every organization should have procedures specifying when and how to summon ambulance or paramedic services. Such procedures should be written, posted, and familiar to employees, especially supervisors. When the response time for such emergency medical services is not sufficient to meet the needs of an organization, onsite interim response capability is indicated. In the absence of a plant nurse, most organizations need interim first aid and CPR capabilities provided by onsite individuals holding current certifications. First aid kits and related equipment should be stocked to meet the particular anticipated needs of the organization.

Organizations having operations that pose serious danger to emergency medical responders should not be rated "3" on this item without demonstration that such responders have been duly notified of the potential danger and the precautions needed to conduct a safe response.

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18. *Effective preventive maintenance is performed.

Assessment Tips:

This is a "stretch" item. As a rule, only the best organizations provide effective preventive maintenance for their equipment and facilities.

Preventive maintenance is important to the organizational safety and health system because equipment failures can cause accidents affecting operating personnel and because maintenance workers can be injured due to the hectic pace associated with emergency repairs.

"Preventive maintenance" is used as a generic term in this item. Technically, preventive maintenance refers to scheduled maintenance. The schedule is normally based on recommendations of the equipment manufacturer. There should be a log indicating if maintenance was performed according to schedule. "Predictive maintenance" is based on periodic testing, such as vibration analysis. In this approach, maintenance actions are undertaken only when test results indicate a need. Records will normally be available to document that an organization has implemented a predictive maintenance approach. Another approach is the plant shutdown for overhaul of major equipment or processes. The practice of plant shutdown can be easily determined by interview.

The consultant should recognize that, typically, organizations employ a variety of preventive and non-preventive maintenance methods as determined by technological and economic considerations. And preventive maintenance is not necessary for all equipment and facility components in order to have a safe and healthful workplace. Therefore, in assessing this item, the consultant should focus on (1) past accidents and incidents in which maintenance deficiencies were contributing factors, (2) identified hazards involving maintenance problems, (3) potential equipment failures with foreseeable safety and health consequences, and (4) high-risk emergency repair scenarios. Particular attention should be devoted to the maintenance of engineered hazard controls and emergency equipment.

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19. An effective procedure for tracking hazard correction is in place.

Assessment Tips:

Timely correction of every identified hazard is critical to an effective safety and health system. There should always be some kind of written method to document the progress and status of hazard correction. The degree of sophistication in the tracking method will decrease with company size. Among larger clients, a work-order system will usually be in place. Progressive companies often allow any employee to initiate a work order involving safety and health issues. In some organizations, the safety and health committee initiates and tracks hazard correction with progress reported in the minutes. Among very small organizations, the owner/operator should track hazard corrections the same way other important business tasks are tracked. Often this will involve entries in a calendar or appointment book.

If there has been a prior consultative visit to the organization and hazards were identified, the employer's adherence to established correction due dates suggests that an effective tracking system is in place.

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20. Workplace injury/illness data are effectively analyzed.

Assessment Tips:

Workplace injury/illness data should be analyzed to enumerate injury and illness types, to detect time trends and spatial patterns, and to determine proportional distributions among operations and personnel. Results of the analyses are useful in detecting hazards and setting priorities for hazard correct.

Formal analysis of data involving less than 10 injuries and illnesses is not necessary. Interpretation of such small sets of data should be readily apparent without manipulation. However, responsible persons in the organization should have reviewed the data and be able to describe their conclusions in interviews. Also, note that combining data for multiple years can increase the size of the data set, thereby possibly justifying formal analysis.

A score of "3" on this item indicates that the organization undertakes collection and effective analysis of its injury and illness data or that less than 10 injuries and illnesses were recorded over the part three years, and responsible persons in the organization have informally interpreted those small data sets.

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21. Hazard incidence data are effectively analyzed.

Assessment Tips:

Hazard incidence data should be analyzed to enumerate hazard types, to detect time trends and spatial patterns, and to determine proportional distributions among operations and personnel. Results of the analyses are useful in setting hazard prevention priorities.

As in the analysis of injury and illness data, formal analysis of data involving fewer than 10 recorded hazards is not indicated, although informal analysis is appropriate.

A score of "3" on this item indicates that the organization undertakes collection and formal analysis of its hazard incidence data or that less than 10

hazards were recorded over the past three years, and responsible persons in the organization have interpreted those data.

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22. A safety and health goal and supporting objectives exist.

Assessment Tips:

A "goal" is a broad statement of organizational intent. It sets the sights of the organization on a major achievement. Most goals are long-range in nature, involving multiple years of planning efforts. Some goals, however, are not time framed at all, representing instead the organization's commitment to maintain or continuously improve already existing levels of excellence. Goals may or may not be measurable or directly achievable.

The Safety and Health Program Assessment Worksheet (Form 33) envisages a single safety and health goal that brings coherence and unity-of-purpose to the organization's safety and health system. Nevertheless, an organization's desire to set more than one safety and health goal should not detract from the consultant's assessment of this item.

Safety and health goals may be outcome-based or process-based. Outcome-based goals are those that focus on the occurrence of injuries and illnesses or associated monetary losses. Examples of goal statements that are outcome based are "We will have no workplace injuries or illnesses over the next three years" or "We will reduce our recordable injury rate by 80 percent over the next three years." The former goal represents zero tolerance, while the latter represents incremental improvement. As a rule, goals involving incremental advancement are preferable to zero-tolerance goals for those organizations that have considerable room for improvement in their outcome statistics.

An issue associated with outcome-based goals is the potential for such goals to stimulate organizational and individual under-reporting of injuries and illnesses. Great care must be taken to ensure that organizations do not seek their outcome-based goals in a manner that discourages reporting of accidents, injuries, and illnesses.

Process-based goals are those that focus on operational and organizational safety and health characteristics, with little or no emphasis on injury or illness outcomes. Examples of process-based goals are "We will achieve a score of at least 150 on the Safety and Health Program Assessment Worksheet (Form 33) within three years" or "We will achieve SHARP status within 18 months."

The first step in achieving a safety and health goal is the establishment of a set of objectives that support the goal. Objectives should be stated in terms of

SMART criteria, i.e., Specific, Measurable, Achievable, Result-oriented (tied to the goal), and Time-framed (usually less than one year).

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23. An action plan designed to accomplish the organizations safety and health objectives is in place.

Assessment Tips:

Actions that are planned to accomplish a safety and health objective should be short-term and highly specific. Complex actions should be broken down into steps, milestones, or other progress points. As with objectives, action statements should incorporate SMART criteria (see tip for Item 22). Ideally, action statements will begin with an action verb. Action statements should identify those responsible for the action and the planned completion date.

The action plan is a list of all safety and health actions to be accomplished over the planning period. Typically, the planning period is one year in order to coincide with annual objectives (Item 22) and comprehensive review (Item 25). However, multiple sequential action plans of shorter duration (monthly, quarterly, etc.) can achieve the same result.

Action statements (with milestones, if any), assigned responsibilities, and planned completion dates are the essential ingredients for all actions included in an action plan. Space for actual completion dates is desirable if progress is to be tracked directly on the plan. Actions should be correlated with relevant objectives by grouping or designation. A matrix format may be useful to depict actions that relate to more than one objective. Also, employers working to improve their Safety and Health Program Assessment Worksheet score may wish to code their objectives and/or actions with the relevant item numbers.

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24. A review of in-place OSHA-mandated programs is conducted at least annually.

Assessment Tips:

Periodic reviews to evaluate the operational effectiveness of applicable OSHA-mandated programs are a good safety and health practice. Some program standards, e.g. the 1910.146 standard governing permit-required confined space entry programs, actually specify a requirement for such reviews. Note that each mandated program represents a cross-section of the organization's larger safety and health system and any "thorough" review of the mandated program entails not only identification of operational defects (Items 1-19), but

also any managerial or cultural problems (Items 20-58) that may limit effectiveness.

If an employer does not conduct periodic reviews of any of the organization's in-place mandated programs, a rating of "0" should be assigned to this item.

If an employer has only one mandated program in place, and conducts a nearly complete review of that program, then the consultant should assign a rating of "2" to this item. If review of the single program is thorough, a rating of "3" is appropriate.

If an employer has more than one mandated program in place and conducts periodic review of at least one, but not all of the programs, then the consultant should assign a rating of "1" to this item. A rating of "2" is indicated when all of the in-place mandated programs are periodically reviewed, but minor improvement is needed in the quality of some or all of these reviews. Where there are multiple mandated programs in place, a rating of "3" always requires effective periodic review of each program.

Failure of an employer to implement an applicable OSHA-mandated program should be considered in the hazard identification portion of the consultation and in the rating of Item 13, rather than in the rating of this item.

Review of mandated programs presents an excellent opportunity for an organization to stimulate employee participation and exhibit management leadership.

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25. *A review of the overall safety and health management system is conducted at least annually.

Assessment Tips:

An annual audit of the organizational safety and health system should be conducted on a formal basis. The appropriate level of written documentation for the audit will vary with the size of the organization and the complexity of the audit. At a minimum, the annual safety and health audit should highlight the accomplishments and identify the failures of the past year. The audit should also ascertain the underlying reasons for any failures so that these issues can be addressed. Ideally, the audit will correlate action successes and failures of the past year with outcome results such as injuries and illnesses. This correlation can be used to determine if these actions should be extended, changed or dropped, and to determine if new actions and/or objectives should be initiated.

This item is a "stretch" item. The attribute incorporated in this item is characteristic of the highest performing safety and health systems, and it contributes incrementally to excellence in these systems once the related basic attributes, particularly Items 20, 21, 22, and 23 are in place.

Although the annual audit is concerned with accountability for safety and health performance at all levels of the organization, it is primarily a scorecard for top management leadership. For this reason, top managers should be directly involved in the audit process or, at least, keenly aware of the audit results.

Some organizations have their safety and health system in a "continuous improvement" mode. The notion of an annual audit is not in conflict with this approach. The audit provides a "big picture" assessment of the overall impact that numerous small improvements are having on organizational performance.

There are numerous ways to perform an annual safety and health audit. It may be conducted internally or externally. Corporate staff commonly perform external audits for small units of the company. Internal audits may be performed by the organization's safety committee or by a special team assembled for that purpose. Regardless of the method, it is essential that the audit process be data driven with top management endorsement. Also, the most effective audits involve input from all levels of the organization?managers, supervisors, and workers.

The annual safety and health audit does not necessarily involve an inspection activity. Auditors may depend on previous inspection reports to conduct their analysis. However, annual audits may include inspections to verify or augment previous inspection results or to establish a new hazard baseline.

Audits may be very brief in time and documentation if the organization successfully completed its planned safety and health actions, accomplished its objectives, and achieved the desired outcome results.

Some organizations sponsor "celebrations" to announce or recognize the safety and health successes revealed by the annual audit. Such events tend to heighten employee awareness of and participation in workplace safety and health issues in a way that stimulates or solidifies a safety and health culture.

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26. Safety and health program tasks are each specifically assigned to a person or position for performance or coordination.

Assessment Tips:

Although assignable tasks pertain to most aspects of an organizational safety and health system, the particular tasks selected for assignment should follow primarily from review of the Operational Component (Items 1-19). These items almost always involve clearly assignable responsibilities. For example, in assessing whether safety and health self-inspections are regularly performed (Item 2), the consultant should determine if responsibilities for such inspections have been assigned. The "training" items (Items 34-39) also frequently involve assignable responsibilities. Therefore, assessment of safety and health training can be expected to yield information relevant to this item. It is particularly important to examine the assignment of responsibilities for actions set forth in the organization's action plan, if any, because these tasks have direct bearing on achievement of current safety and health objectives.

The intent of this item is simply to ascertain if managers and supervisors have designated individuals they intend to hold responsible for the various safety and health tasks of the organization. The degree to which such responsibilities have been successfully communicated to people who are empowered, motivated, and accountable for performance of the assigned tasks is the subject of other Safety and Health Program Assessment Worksheet items.

This item is not concerned with responsibility in the sense of ultimate responsibility for workplace safety and health as placed on the employer by statute. It is concerned with the performance of specific safety and health tasks. Nevertheless, claims by very small owner/operators that they have retained total responsibility for all or most of the safety and health tasks in their small organizations may be accepted. Although such a one-person safety and health system may be workable in rare instances, more often these situations merely reflect the reluctance or inability of the employer to delegate. Regardless, the adequacy or inadequacy of such a situation will be revealed through the assessment and rating of other items.

The notion that "everybody is responsible" is a common tenet in many organizations with strong safety and health cultures. This approach is great for some aspects of the safety and health system, such as following safety rules and reporting hazards. It is not acceptable for rating this item, which requires individual responsibilities for performing specific safety and health tasks. In this view, if everyone is responsible, no one is responsible.

The "top-down" approach will usually work well for assessing this item. The consultant should first select one or more priority categories of safety and health tasks to be examined. Once particular types of tasks have been identified, then the consultant can simply ask managers and supervisors to identify the individuals or positions with assigned responsibility for the relevant tasks. For example, if accident investigation is a priority task, the consultant may ask a manager?"Who is responsible for conducting accident investigations?" The manager may respond by indicating that supervisors are responsible for investigating all accidents in their area. This fact, acquired by

top-down interview, establishes a positive cue for rating this item. If the manager indicates instead that no one has been assigned responsibility for accident investigations, then an absence-of-positive cue is established.

If the consultant, using the "bottom-up" approach, finds a hazard that has been overlooked by the organization primarily because no one had responsibility for conducting a needed accident investigation, then the consultant has established a negative cue for rating this item. On the other hand, where evidence accumulated during a safety or health survey suggests that, at least sometimes, accident investigations are being performed; such evidence provides an "absence-of-negative" cue for rating this item.

Remember that a single negative or absence-of-positive cue eliminates the possibility of a "3" rating, and likewise a single positive or absence-of-negative cue eliminates the possibility of a "0" rating. In many cases, therefore, the consultant will face a decision in selecting either a rating value of "1" or a rating value of "2" with that judgement resting on the relative weight of positive and negative cues.

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27. Each assignment of safety and health responsibility is clearly communicated.

Assessment Tips:

Ideally, assessment of this item will follow from the assessment of Item 26. In that item, individuals responsible for performance of priority safety and health tasks were tentatively identified, based on the perceptions of the managers or supervisors to whom those individuals report. The intent of the present item is to confirm that the responsible individuals are, in fact, aware of and understand their assignments. The simplest way to find out is to ask them. The major advantage of this method is that it provides systematic information on the communication of responsibilities for important safety and health tasks.

Another method for assessing this item is to ask selected members of the organization to list or describe the safety and health responsibilities they hold. This method provides an efficient way to gain limited information on where safety and health responsibilities reside in an organization, but for a broader range of task categories than does the method described in the bullet-point above. This method also reveals situations in which individuals have assumed an undelegated safety or health task in order to meet a need that may not be recognized by the manager or supervisor. Such situations are common in organizations with strong safety and health cultures and active worker participation.

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28. *An accountability mechanism is included with each assignment of safety and health responsibility.

Assessment Tips:

This item is a "stretch" item. The attribute incorporated in this item is characteristic of the highest performing safety and health systems, and it contributes incrementally to excellence in these systems once the related basic attributes, particularly Items 26, 27, 29, 30, 31, 32, and 33, are in place.

Ideally, assessment of this item will follow from assessment of Item 27, which is concerned with communication of task assignments. Effective monitoring by the delegator of the delegatee's performance of an assigned safety and health task is the central idea of the present item. This attribute is derived from the time-tested management adage that what gets monitored is what gets done. At the time any safety or health task is assigned, both the delegator and the delegatee need to have a clear and consistent mutual understanding of how and when performance of the assignment will be measured. This need places great importance on effective communication of expectations and reporting methods at the time each assignment is made.

Modern managers and supervisors use a variety of accountability mechanisms. These include regular written reports or memoranda, periodic personal conferences, timely briefings or oral reports to the delegator, and presentations at group meetings such as meetings of the safety committee. Computer reporting is increasingly important in business today. This may involve something as sophisticated as an electronic management information system or as simple as regular e-mail messages. Some delegators prefer the "open-door" method of monitoring delegated assignments. This is a form of "management by exception" that brings to the attention of the delegating authority only those problems that the delegatee is uncertain how to handle or unable to do so.

The particular mechanism chosen by a delegator to ensure accountability for safety and health tasks should be consistent with that person's management style and compatible with the organization's culture. Also, it should be comparable to the mechanisms in place to ensure accountability for other organizational functions such as productivity and quality.

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29. Individuals with assigned safety and health responsibilities have the necessary knowledge, skills, and timely information to perform their duties.

Assessment Tips:

Ideally, assessment of this item will follow from the assessment of Item 27, which establishes that assignment of responsibility for each safety and health task has been made and acknowledged. The intent of the present item is to determine if the responsible person knows how and when to perform the assigned task.

This item considers three types of learning that are necessary for effective task performance. First, the term "knowledge" refers to understanding gained from study or experience. Knowledge relates to the "why" and "what if" issues associated with a task. Second, the term "skill" means ability. It refers to the "how" and "just do it" aspects of a task. Skill is usually obtained by practice to proficiency. Third, the term "timely information" refers to advance data, instructions, alerts, warnings, or other communications that either trigger performance of a task or alter the way it should be performed. It relates primarily to the "when" aspects of task performance and is particularly important under hazardous or emergency conditions.

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30. Individuals with assigned safety and health responsibilities have the authority to perform their duties.

Assessment Tips:

Ideally, assessment of this item will follow from the assessment of Item 27, which establishes that assignment of responsibility for a task has been made and acknowledged. The intent of the present item is to determine if the responsible person has the necessary authority to perform the assigned task.

At least three types of authority are necessary for a responsible person to perform assigned safety and health tasks effectively?these are (1) authority over the work, (2) authority over needed resources, and (3) authority over subordinates. Authority over the work means that the responsible person can make and implement operational decisions relative to the assigned task, including work stoppage if necessary. Authority over resources means that the responsible person identifies task-related resource needs and obtains or specifies and requisitions those resources. Resource needs may involve physical resources such as supplies or equipment as well as service resources such as training, repairs, maintenance, and housekeeping. If needed resources are not available, the responsible person must have the authority to make operational decisions that react to or compensate for the resource deficiency. Authority over subordinates means that the responsible person is able to make and enforce task-related assignments to others. All three types

of authority are usually inherent to a line position, hence the advantage of safety and health as a line function.

Any limitations to the authority of a responsible person should be clearly spelled out by the delegator at the time the assignment is made. Evaluation of such authority restrictions may reveal that the nominally designated responsible person is, in fact, not the responsible person because true responsibility entails authority.

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31. Individuals with assigned safety and health responsibilities have the resources to perform their duties.

Assessment Tips:

Ideally, assessment of this item will follow from the assessment of Item 27, which establishes that assignment of responsibility for each safety and health task has been made and acknowledged. The intent of the present item is to determine if the responsible person has the resources necessary to perform the assigned task.

Assessment of this item may overlap assessment of Item 29, which concerns knowledge, skills, and information. If task resources are unavailable because the responsible person is unaware of the need for such resources, or because that person does not know how to obtain the resources, then the absence of resources reflects a negative or absence-of-positive cue for assessment of this item and for assessment of Item 29.

Assessment of this item may overlap assessment of Item 30, which concerns authority issues. If task resources are unavailable because the responsible person lacks the authority to obtain the resources, then the resource deficiency reflects a negative or absence-of-positive cue for assessment of this item and for assessment of Item 30.

If task resources are unavailable because the responsible person has neglected or chosen not to obtain the resources, then the resource deficiency reflects a negative cue (or absence-of-positive cue) for assessment of this item alone. The consultant may, however, also use the finding as evidence in assessing other items, particularly Items 32-33 concerning motivation and Item 28 concerning accountability. The present item (Item 31) is also the appropriate assessment point for task resource deficiencies that cannot be attributed to a particular cause.

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32. Organizational policies promote the performance of safety and health responsibilities.

Assessment Tips:

This item is concerned with positive motivation for safety and health performance. It includes consideration of positive motivations for performance of the specifically assigned safety and health tasks that are evaluated in Items 26-31. But it also includes the positive motivations applicable to the general safety and health activities and responsibilities that are incumbent on all members of the organization. Examples of desirable general behaviors include employee participation activities, following safety rules, and reporting hazards.

The methods used to motivate employee safety and health behaviors in some organizations may be complex. As a general rule, assessment of this item should adhere primarily to the bottom-up approach, which is a hazard-based approach. A bottom-up analysis is capable of revealing only negative assessment cues and absence-of-negative cues. A negative cue, in the context of this item, is a hazard or potential hazard, for which lack of motivation on the part of one or more individuals, is a directly contributing factor. Because this type of analysis usually cannot distinguish between the need for positive motivation and the need for negative motivation, a negative cue for this item often constitutes a negative cue for Item 33 as well.

An absence-of-negative cue in the context of this item is obtained by the bottom-up approach when a safety and/or health survey fails to reveal hazards or potential hazards for which lack of motivation is a directly contributing factor. The absence-of-negative cue provides positive evidence, often weak, that the attribute is fully or partially in place. The strength of this type of cue is proportional to the scope of the survey and the degree to which consultants are able to discern the influence of applicable motivational factors in eliminating or controlling hazards. In addition, an absence-of-negative cue for this item may also constitute a cue for rating Item 33.

In rating this item with bottom-up information, a single negative cue eliminates the possibility of a "3" value and a single absence-of-negative cue eliminates the possibility of a "0" value. The choice between selecting a "1" value and a "2" value will be a judgement call based on the relative weights of positive and negative evidence.

Motivation is driven by the consequences of action or inaction as perceived by the individual. Major positive consequences for safety and health performance might include improved personnel evaluations, pay raises, bonuses, and promotions. However, smaller positive consequences, especially those based on recognition, are also quite effective in motivating safety and health performance. The most successful motivators, large or small, are "PIC"

consequences. These are consequences that are Positive, Immediate, and Certain from the perspective of the employee.

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33. Organizational policies result in correction of non-performance of safety and health responsibilities.

Assessment Tips:

This item evaluates policies and practices designed to discourage safety and health non-performance. It includes consideration of disincentives to non-performance of the specifically assigned safety and health tasks that are evaluated in Items 26-31. But it also includes the negative motivators applicable to non-performance of the general safety and health activities and responsibilities that are incumbent on all members of the organization. Examples of undesirable general behaviors include breaking safety rules, refusing to wear required personal protective equipment (PPE), and ignoring established safe work practices.

Negative and positive motivations are closely related subjects. The second and third bulleted assessment tips regarding positive motivations under Item 23 are applicable and significant to this item too.

Achieving superior safety and health performance requires confronting poor performance as well as recognizing good performance. But motivation, especially negative motivation, is not the appropriate method for correcting every performance problem. The first step in correcting poor safety and health performance is to determine the underlying cause of the problem. The type of analysis involved in assessing Items 26-31 will reveal some of the common non-motivational obstacles to good performance. Poor work design may require job engineering. Poorly delegated task assignments may require clearer communication of expectations and consequences. Perhaps performance feedback has not been provided. Also, resources may not be appropriate or sufficient to the task or training may be inadequate.

The employer should have in place a formal system of progressive disciplinary actions that is used when poor safety and health performance persists after obstacles to performance have been removed.

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34. Employees receive appropriate safety and health training.

Assessment Tips:

Although, technically, all members of an organization except the owner are employees, the focus of this item is on non-supervisory and non-managerial employees, i.e. workers. Training of supervisors and managers is addressed in Items 36-39.

The term "training" is used in this item as generic shorthand for any and all types of safety and health learning. It is not limited to skill development as normally associated with that word. Training may be formal or informal, and it may include methods as diverse as off-site workshops, OJT, and job aids.

Ideally, any bottom-up assessment of this item will follow an assessment of Item 29.

In conducting a top-down assessment of this item, the consultant should look for an organized safety and health training effort that identifies any training needs, determines the best way to meet those needs, delivers the needed training in a timely manner, and evaluates the effectiveness of the training provided. Viewed in this way, training becomes an organizational safety and health task that can be systematically assessed under Items 26-33.

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35. New employee orientation includes applicable safety and health information.

Assessment Tips:

If the employer does not provide employee orientation, a rating of "0" should be assigned to this item. Likewise, a rating of "0" is appropriate if orientation is provided without safety and health information.

An orientation session is not expected to cover all of the detailed and job-specific safety and health information needed by every new employee. Orientation is not a substitute for the training assessed in Item 34. At a minimum, however, orientation should cover the employer's announced safety and health policy, general safety and health rules, major hazards and protections, and emergency procedures. Re-orientation may be necessary when an employee changes job duties, if the change involves significant new hazards, protections, or emergency procedures.

A rating of "3" on this item is indicated only when orientation is provided that includes appropriate safety and health information for both new employees and, as needed, for employees who are assuming new duties.

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36. Supervisors receive appropriate safety and health training.

Assessment Tips:

The term "supervisor" means the first-line supervisor. These individuals are close to the work and have direct responsibility for personnel doing the work. In very small organizations, the supervisor is probably the owner/operator. The first prerequisite for effective safety and health supervision is an understanding of the hazards, protections, and emergency procedures associated with the supervised work.

Ideally, any bottom-up assessment of this item will follow an assessment of Item 29.

In conducting a top-down assessment of this item, the consultant should look for the same type of organized safety and health training effort provided for employees (Item 34).

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37. *Supervisors receive training that covers the supervisory aspects of their safety and health responsibilities.

Assessment Tips:

Supervisory effectiveness is key to safety and health performance. Although supervisors may have job-related knowledge of hazards, protections, and emergency procedures, this is often not enough. They need to be able to train and motivate their subordinates to recognize the hazards, use the protective measures, and follow the emergency procedures. The supervisory skills needed to accomplish this are rarely included in hazard-based training. Supervisors may need coaching or specialized training to acquire these skills. Training that develops supervisory skill may be general or, ideally, directed to safety and health issues.

This item is a "stretch" item. The attribute incorporated in this item is characteristic of the highest performing safety and health systems, and it contributes incrementally to excellence in these systems once the related basis items, particularly Items 2, 3, 4, 12, 14, 15, and 16 are in place.

Ideally, any bottom-up assessment of this item will follow an assessment of Item 29, and any top-down assessment will follow assessment of Item 36.

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38. Safety and health training is provided to managers.

Assessment Tips:

The term "managers" includes top managers and middle managers.

Training for managers should be sufficient to provide for their personal safety and health. It should also be adequate for them to exercise leadership roles regarding safety and health issues throughout the workplace.

Ideally, any bottom-up assessment of this item will follow an assessment of Item 29.

In conducting a top-down assessment of this item, the consultant should look for the same type of organized safety and health training effort provided for employees (Item 34).

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39. *Relevant safety and health aspects are integrated into management training.

Assessment Tips:

The premise of this item is that managers who understand both the way and extent to which effective safety and health protection impacts the overall effectiveness of the business itself are far more likely to ensure that the safety and health management system operates as needed.

This item is a "stretch" item. The attribute incorporated in this item is characteristic of the highest performing safety and health systems, and it contributes incrementally to excellence in these systems once the basis attributes are in place.

This item should be assessed primarily with a top-down approach involving interviews with managers, especially the top manager. These interviews should query the manager's familiarity and concern with the organization's current loss status, including both direct and indirect losses, and how the organization's record compares to the performance of other companies in the same business and about the same size. Managers in organizations with high safety and health performance should be aware of the financial incentive to continue performing well. Managers should appreciate the positive effect of safety and health on employee recruitment, turnover, absenteeism, productivity, and morale. Assessment and rating of this item by interviews is inherently subjective. In making a judgement, the consultant should consider what the interviews have revealed about both the degree to which

management comprehends the business consequences of safety and health performance and the extent to which that understanding is held by the various individual managers.

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40. Top management policy establishes clear priority for safety and health.

Assessment Tips:

For the purpose evaluating this item, no organizational safety and health system formally exists until it is established by top management policy. The purpose of a policy statement is to establish the priority of safety and health relative to other organizational goals such as profitability, productivity, and quality.

The policy on safety and health issued by top management must be effectively communicated to middle managers, supervisors, and employees. In most cases, this requires a written policy statement. However, in some very small organizations (no more than 10 employees) where policy is normally set and effectively communicated by oral instruction, there may be no need for a written policy statement.

Assessment and rating of this item will normally involve a top-down approach. The availability of a written statement establishes that policy has been set, if the statement has been developed or endorsed by top management. Consultant needs to conduct interviews to confirm whether a written policy has been effectively communicated. Verification of an unwritten policy depends totally on interviews.

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41. Top management considers safety and health to be a line rather than a staff function.

Assessment Tips:

The term "line" refers to any position in the organization, such as the production supervisor, having authority over the work and personnel performing the work. It is authority legitimized by a "line" of delegation from the top manager. The term "staff" refers to any position, such as the safety manager, that provides advice and support to line managers. However, the term "staff" is not synonymous with the support function of the business unit. Maintenance, sales, and marketing, for example, are support functions of a business, but the supervisors of these functions are in line positions.

It is a common practice in organizations to hold the safety director or safety committee responsible for safety and health performance. This practice frequently results in nominally responsible individuals who do not have the necessary authority to perform their assigned safety and health duties (Item 30). In addition, assignment of responsibility for safety and health protection to a single staff member, or even a small group, may leave other members feeling that someone else is taking care of safety and health problems.

This item calls for judgement regarding the attitude of top management. The surest way to get information to support such a judgement is to ask the top manager. Confirming or negating information can be obtained by interviews with other personnel and by any assessments performed for Item 26.

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42. *Top management provides competent safety and health staff support to line managers and supervisors.

Assessment Tips:

Staff support encompasses a wide range of activities and assistance. For example, this item may involve top management providing a part-time or full-time safety director, as appropriate. The existence of a competent full-time safety manager, empowered and positioned organizationally near top management, is one of the most certain indicators of an advanced safety and health system and of the top manager's commitment to its effectiveness. In larger organizations, those near the upper size limit for consultation eligibility, this item may concern the justified need for specialized professionals (such as a plant nurse or industrial hygienist). In organizations with a company trainer, the top manager may dedicate a portion of the trainer's time to safety and health training. Some organizations need secretarial support for their safety and health committee, and many organizations need clerical support for maintenance of Form 200 logs and filing First Reports of Injury. The exact nature of the staff support provided by a top manager should fit the particular needs and circumstances of the organization.

This item is a "stretch" item. The attribute incorporated in this item is characteristic of the highest performing safety and health systems, and it contributes incrementally to excellence in these systems once the basic items, particularly Item 26 and Item 41, are in place.

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43. Managers personally follow safety and health rules.

Assessment Tips:

The premise of this item is that, if managers give high priority to safety and health protection in practice, others will see the example and follow. On the other hand, where there is lack of management involvement in this area, a written or spoken policy of high priority for safety and health will have little credibility. Managers who wear required personal protective equipment in work areas and follow all other established safety and health rules demonstrate such involvement.

Assessing adherence or non-adherence to established safety and health rules by managers or workers through the bottom-up approach requires information about actual behaviors. This information may be direct or indirect. Direct information is obtained by observation. However, the likelihood of a consultant actually observing a manager following or breaking a safety rule during a facility walk-around is not great. Nevertheless, when such an act is witnessed, it constitutes a bottom-up assessment cue for rating this item. When the observed manager is seen breaking a safety rule, the infraction is a negative cue. When the observed manager is seen following a rule, it is an absence-of-negative cue because no hazard was created when the rule was followed. Indirect information on rule adherence by managers can be obtained through interviews with workers who often observe whether these managers avoid hazards by following safety rules. Interviews with the managers, themselves, may also be revealing.

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44. Managers delegate the authority necessary for personnel to carry out their assigned safety and health responsibilities effectively.

Assessment Tips:

This item can be assessed by the bottom-up approach if it can be linked to hazard-related information through Item 30.

Top-down assessment of this item can be achieved by interviews with managers and, perhaps, by review of documents. Interviews should reveal management's philosophy and practice regarding delegation of authority to personnel with assigned responsibilities for safety and health tasks. The consultant should learn from these interviews whether or not management grants the necessary authority over the work, authority over resources, and authority over subordinates. Although interview is the most likely source of top-down information, documents that contain information on delegated authority may exist in larger organizations. These documents may include the organization chart, position descriptions, and the charter of the safety and health committee.

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45. Managers allocate the resources needed to properly support the organizations safety and health system.

Assessment Tips:

This item can be assessed by the bottom-up approach if it can be linked to hazard-related information through Item 31.

Top-down assessment of this item can be achieved by interviews with managers and, perhaps, by review of documents. Interviews should reveal management's philosophy and practice regarding allocation of resources for safety and health. A positive assessment cue is established when managers report current allocations for safety and health purposes and /or plans for future allocations to achieve safety and health improvements. Resources include personnel or personnel-effort, supplies, equipment, facilities, and services. Interview of the owner/operator is the most realistic source of top-down information on resource allocation in very small organizations. In larger organizations, a safety and health budget or identifiable safety and health components in the general budget may exist as a source of information on the resources allocated to safety and health.

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46. Managers assure that appropriate safety and health training is provided.

Assessment Tips:

This item can be assessed by the bottom-up approach if it can be linked to hazard-related information through Item 29.

Top-down assessment of this item can be achieved by interviews with managers. However, any top-down assessment of the item should follow top-down assessment of one or all of the items in the Safety and Health Training section of the Items 34 through 39. Review of these six training items provides the consultant with specific information and issues to be addressed by the managers during interview.

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47. Managers support fair and effective policies that promote safety and health performance.

Assessment Tips:

This item can be assessed by the bottom-up approach if it can be linked to hazard-related information through Item 32 and/or Item 33.

Top-down assessment of this item can be achieved by interviews with managers and, perhaps, by document reviews. Interviews should reveal management's philosophy and practice regarding motivation of performance for safety and health. This includes both the positive and negative aspects of motivation. In very small organizations, interview of the owner/operator is the most realistic source of information on how personnel are motivated for safety and health. In larger organizations, however, there may be a written disciplinary policy, personnel evaluation forms, position descriptions, and written policies on pay raises, bonuses, and promotions. Review of such documents should provide top-down information to assess this item.

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48. Top management is involved in the planning and evaluation of safety and health performance.

Assessment Tips:

The term "involved" means that the top manager is engaged at some appropriate level in organizational planning and evaluation relative to workplace safety and health. Some top managers may personally participate in such planning and evaluation activities. This level of involvement would be especially appropriate for the owner/operator of a very small business. In larger organizations, the top manager may simply receive and review reports and make decisions concerning recommendations. In any event, all top managers should be familiar with the safety and health planning and evaluation efforts undertaken by their organizations. This includes awareness of what has been done, who did it, what were the results, and what actions were taken in response.

Top-down assessment of this item can be achieved by interviews with top managers. However, any top-down assessment of the item should follow top-down assessment of one or all of the items in the Planning and Evaluation section of the Items 20 through 25. Review of these six planning and evaluation items provides the consultant with specific information and issues to be discussed with the top manager during interview.

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49. Top management values employee involvement and participation in safety and health issues.

Assessment Tips:

This item calls for a judgement on the part of the consultant regarding an attitude of top management. The surest way to get information to support such a judgement is to ask the top manager. The top manager should be able to describe how employee input on safety and health issues is solicited, and how voluntary participation in safety and health efforts of the organization is encouraged.

Information obtained from interview with the top manager should be confirmed or negated by interview of other personnel and by any assessments performed for items in the Employee Participation section of th Items 50 through 58.

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50. There is an effective process to involve employees in safety and health issues.

Assessment Tips:

This item can be assessed by the bottom-up approach if it can be linked to hazard-related information through Item 4.

Top-down assessment of this item should begin with interviews with management or staff to determine what, if any, process has been established for employee input on safety and health issues. An effective process for employee involvement should provide for (1) the solicitation of input, (2) the receipt of input, and (3) the acknowledgement of input. The established process may provide a single way or multiple avenues for soliciting, receiving, and acknowledging employee inputs.

Common methods for soliciting input are postings, paycheck flyers, e-mail postings, chain-of-command distributions, and company-wide meetings. Common standing methods of receiving employee inputs on safety and health issues are chain-of-command reporting, managerial open-door policies, suggestion boxes, organizational e-mail systems, and direct reporting to the safety director or safety and health committee. A more ad hoc, but highly effective, way of both soliciting and receiving employee input is to ensure that employees are represented in small group meetings where safety and health issues are discussed. Joint labor-management safety and health committees are one example of this approach. In evaluating the process that provides acknowledgement, it is important to remember that any acknowledgement message should not only confirm that the employee input was received, but it should also provide feedback to the employee concerning how the information or suggestion was used. There is no single best way to achieve employee input on safety and health issues. Much depends on the culture of the

organization and the management styles of the managers. The best system is the one that works for the organization.

Information obtained in assessing Items 51 through 53 (which pertain to employee involvement in specific safety and health issues) may also be relevant to the assessment of this item.

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51. Employees are involved in organizational decision making in regard to safety and health policy.

Assessment Tips:

The term "involved" means that the thoughts, suggestions, concerns, objections, or support of employees concerning safety and health policy issues are sought, obtained, and considered by policy makers before decisions are made. It does not mean, or suggest, that employees should be allowed to usurp the decision-making authority that is vested in management.

A top-down assessment of this item should begin with interviews of management, particularly the top manager. During these interviews, the consultant should ask the managers to identify major safety and health policies that have been adopted by the organization and describe how employee involvement influenced these decisions. The top management policy setting safety and health as an organizational value and any policies regarding positive or negative motivations for safety and health should be included in the discussion. If the interviews with managers reveal effective employee involvement in policy-making decisions, each example of such involvement may support a positive cue for evaluating this item. Absence-of-positive cues are indicated where there is evidence that policy-making lacks employee involvement. Confirming or negating information may be obtained for both types of cues by interviews with other personnel.

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52. Employees are involved in organizational decision making in regard to the allocation of safety and health resources.

Assessment Tips:

The term "involved" means that the thoughts, suggestions, concerns, objections, or support of employees regarding allocation of safety and health resources are sought, obtained, and considered before decisions are made. It does not mean, or suggest, that employees should be allowed to usurp the decision-making authority that is vested in management.

A top-down assessment of this item should begin with interviews of management, particularly the top manager. During these interviews, the consultant should ask the managers to identify resource allocations for safety and health and describe how employee involvement influenced these decisions. The discussion might include allocation of all or any of the following resources: personnel, personnel-effort, supplies, equipment, facilities, or services. If the interviews with managers reveal effective employee involvement in resource allocation for safety and health, each example of such involvement may support a positive cue for evaluating this item. Absence-of-positive cues are indicated where there is evidence that the decisions surrounding safety and health resource allocations lack employee involvement. Confirming or negating information may be obtained for both types of cues by interviews with other personnel.

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53. Employees are involved in organizational decision making in regard to safety and health training.

Assessment Tips:

The term "involved" means that the thoughts, suggestions, concerns, objections, or support of employees concerning issues related to safety and health training are sought, obtained, and considered before decisions are made. It does not mean, or suggest, that employees should be allowed to usurp the decision-making authority that is vested in management.

A top-down assessment of this item should begin with interviews of management, particularly the top manager. During these interviews, the consultant should ask the managers to identify safety and health training decisions that have been made by the organization and describe how employee involvement influenced these decisions. Training decisions include decisions to provide training as well as decisions not to provide training. Training decisions may involve the training topic, who will deliver the training and how, who will receive the training, and when and where. If the interviews with managers reveal effective employee involvement in safety and health training decisions, each example of such involvement may support a positive cue for evaluating this item. Absence-of-positive cues are indicated where there is evidence that the decisions surrounding safety and health training lack employee involvement. Confirming or negating information may be obtained for both types of cues by interviews with other personnel.

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54. Employees participate in hazard detection activities.

Assessment Tips:

The term "participate" means that employees are actively engaged in hazard detection activities, preferably on a voluntary basis.

Hazard detection activities are the subject of those items in the Hazard Anticipation and Detection section of the Items 1 through 10. Assessment of these items may reveal bottom-up information that can support an assessment of the present item also.

Top-down assessment of this item by interviews can proceed in two ways. The first way is the more systematic approach that focuses on employee participation in a specific hazard detection activity such as inspections. In this case, managers, supervisors, or workers are asked to identify who conducts inspections. In the second approach, selected employees are asked to identify their own participation in hazard detection activities. This approach is particularly suited to activities, such as hazard reporting, that are random in nature. A combination of the approaches will provide the best overall assessment of this item. Each example of employee participation in hazard detection revealed by either interview method constitutes a positive cue for assessing this item. However, absence-of-positive cues are established only where employee participation in a hazard detection activity is both lacking and appropriate. For example, expert analysis activities may not require employee participation. Finally, there can be no employee participation if needed hazard detection activities are not being performed at all. These situations represent not only operational deficiencies, but also lost opportunities to stimulate employee participation, and should be considered a strong absence-of-positive cue for assessing this item.

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55. Employees participate in hazard prevention and control activities.

Assessment Tips:

The term "participate" means that employees are actively engaged in hazard prevention and control activities, preferably on a voluntary basis.

The activities covered in this item are the subject of those items in the Hazard Prevention and Control section of the Items 11 through 19. Assessment of these items may reveal bottom-up information that can support an assessment of the present item also.

Top-down assessment of this item can be achieved through interviews with managers, supervisors, and workers. Managers or supervisors can be asked to give examples of employee participation in organizational projects such as designing engineered safety and health controls or establishing safe work

practices. Interviews with workers can be used to confirm, negate, or expand on the information provided by managers and supervisors. Worker interviews may also reveal the degree to which individuals endorse and adhere to the company's established safety and health protections.

A positive cue is established for assessing this item by each example of employee participation in a hazard prevention or control project and by each interview that reveals active commitment to safety and health protections. Absence-of-positive cues follow from worker interviews that indicated these individuals are not actively committed to established safety and health protections, and from evidence of projects or other organizational efforts addressing safety and health protections that should have, but did not, include employee participation. Evidence that workers voluntarily take personal initiative to prevent risk to themselves and co-workers suggests a strong positive cue for this item.

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56. *Employees participate in the safety and health training of co-workers.

Assessment Tips:

The term "participate" means that employees are actively engaged in the safety and health training of co-workers.

This item is a "stretch" item. The attribute incorporated in this item is characteristic of the highest performing safety and health systems, and it contributes incrementally to excellence in these systems once the basic items, particularly Items 34 and 35, are in place.

It is unreasonable to expect that every worker in an organization be engaged in some sort of co-worker training, and such an expectation must be excluded in assessment of this item. In most organizations however, there are individuals who have the ability and desire (or at least willingness) to help in the development of their co-workers. These individuals often make excellent instructors because of their experience-based credibility. When the subject matter is safety and health, the visibility of an employee instructor adds to the safety and health culture of the organization. Mentoring by an experienced employee can be an especially effective way to instill safety and health in a new employee. The mentoring and coaching activities that take place in an organization are often unofficial and informal. For this reason, interviews with employees are needed to uncover the true extent of employee-provided guidance for safety and health that may be taking place.

Positive cues for this item are suggested when the consultant ascertains that employees are participating in formal training of their co-workers on safety

and health issues. Positive cues are also indicated when the consultant determines that employees are engaged in formal or informal mentoring or coaching of new workers with regard to safe and healthful work practices. However, demonstrating an absence-of-positive cue for this item will be difficult because the decision to participate in training, mentoring, or coaching usually rests with the individual employees and not with the organization.

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57. Employees participate in safety and health planning activities.

Assessment Tips:

The term "participate" means that employees are actively engaged in safety and health planning activities.

Item 22 and Item 23 are also concerned with safety and health planning activities. Assessment of these items may reveal information relevant to assessment of this item as well.

Top-down assessment of this item can be achieved through interviews with managers, supervisors, and workers. Managers and supervisors can be asked to identify the major safety and health planning activities undertaken by the organization and describe how employees participate in these activities. The process of setting the organization's safety and health goal and supporting objectives and the process used to develop an action plan should be included in the discussion. If any safety and health benchmarking activities have been undertaken by the organization, these activities should also be discussed in the interviews. Information obtained from interviews with managers or supervisors can be confirmed, negated, or expanded through interviews with other personnel.

Each example, derived from the interviews, of employee participation in safety and health planning activities constitutes a positive cue for assessment of this item. Each example of a safety and health planning activity conducted without employee participation is an absence-of-positive cue. When an organization does not conduct the activities necessary to produce the critical safety and health planning products?goal, objectives, and action plan?this is a sure indication that employees are not participating in planning activities, and is it confirms a strong absence-of-positive cue for assessing this item.

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58. Employees participate in the evaluation of safety and health performance.

Assessment Tips:

The term "participate" means that employees are actively engaged in the evaluation of organizational safety and health performance.

Items 20, 21, 24, and 25 are also concerned with evaluation of organizational safety and health performance. Assessment of these items may yield information relevant to assessment of this item as well.

Top-down assessment of this item can be achieved through interviews with managers, supervisors, and workers. Managers and supervisors can be asked to identify the major safety and health evaluation activities undertaken by the organization and describe how employees participate in those activities. The annual comprehensive review, review of OSHA-mandated programs, and analyses of injury/illness data or hazard incidence data are examples of evaluation activities that should be discussed. Information obtained from interviews with managers and supervisors can be confirmed, negated, or expanded through interviews with other personnel.

Each example, derived from the interviews, of employee participation in safety and health evaluation activities constitutes a positive cue for assessment of this item. Each example of a safety and health evaluation activity conducted without employee participation is an absence-of-positive cue. When an organization does not conduct evaluations of its safety and health performance, this is a sure indication that employees are not participating in evaluation activities and a strong absence-of-positive cue for assessing this item.