

CONSULTANT CHECKLIST GUIDELINES

Note: For each item on the checklist, if there are no irregular situations, simply check the box.

DATE OF INITIAL CONTACT

Note the date of the phone conversation with the employer. If multiple calls are needed, record the first one.

PRE-SURVEY PREPARATION

- ☐ 1. Appointment with appropriate officials?
Note the title and name, i.e.: President, Plant Manager, Safety Official, etc.
If the top ranking official is not available, explain why.
- ☐ 2. Knowledge of workplace requirements?
Note general processes and any special processes and the preparation required.
- ☐ 3. Scope of request clarified with employer?
Comprehensive or limited. Note if employer wants to restrict survey to only certain areas or processes.
- ☐ 4. Equipment determined and tested?
Note the type of equipment prepared and the operational tests, or checks, etc.
- ☐ 5. Proper materials gathered?
Sample programs, industry guides, publications, PPE needed, etc.

OPENING CONFERENCE

- ☐ 1. Appropriate management, employee rep, and union rep as needed.
Note name and title of management and rep.
- ☐ 2. Credentials Presented?
Yes or no.
- ☐ 3. Scope of request reviewed with management?
Comprehensive or limited. Note any changes in the scope especially if employer wants to restrict survey to only certain areas or processes.
- ☐ 4. Survey procedures explained?
Yes or no. Refer to CPPM. Note any abnormalities.
- ☐ 5. Hazard obligation explained?
Yes or no. Ensure employer agrees to correct hazards identified. Refer to CPPM. Note any abnormalities.
- ☐ 6. Closing conference explained?
Yes or no. Note any abnormalities.
- ☐ 7. Injury/illness records reviewed?
Yes or no. Review accident trends, 300 logs, form 19s, review accident locations.
- ☐ 8. Standards and forms furnished to employee?
Yes or no. Provide Industry Guides, sample written programs, and information on how to obtain standards and publications.

SURVEY

- ☐ 1. Posting requirements met?
Yes or no. DOL poster, 300 logs, noise, other posting requirements.
- ☐ 2. Employee participation/interviews?
Yes or no. If no, explain.
- ☐ 3. Hazard evaluation survey conducted?
Yes or no. Note information on a limited scope survey.
- ☐ 4. All necessary safety/health programs evaluated?
Yes or no. Note any abnormalities.
- ☐ 5. Management system evaluated (Form 33)?
Yes or no. Note if form 33 will be completed or not. If not, why.
- ☐ 6. Consultant's equipment functioning properly?
Yes or no. Only add comments if equipment fails during survey.

CLOSING CONFERENCE

- ☐ 1. Appropriate management, employee rep, union rep, as needed?
Note name and title of management and employee rep.
- ☐ 2. All observed hazards discussed?
Yes or no. Note any abnormalities.
- ☐ 3. Hazards related to references?
Yes or no. Note any abnormalities.
- ☐ 4. Abatement methods and dates discussed?
Yes or no. Add detail if suggestions made are crucial
- ☐ 5. Safety/health management recommendations made?
Yes or no. Note any abnormalities.
- ☐ 6. Employer responsibility for correcting hazards?
Yes or no.
- ☐ 7. Abatement form discussed?
Yes or no.
- ☐ 8. Achievement/recognition programs discussed?
Yes or no.

CASE FILE

- ☐ 1. Visit summary section of report completed?
Yes or no.
- ☐ 2. Hazards documented?
Yes or no.
- ☐ 3. Report proofread for errors and content?
Yes or no. Add comments if major changes were needed.
- ☐ 4. Report mailed without delay?
Yes or no. List the date that report was mailed.
- ☐ 5. Abatements tracked and documented. Note status and date of completion.