

North Carolina Department of Labor

Division of Occupational Safety and Health

Bureau of Consultative Services

On the Job Evaluation (OJE) of Safety & Health Consultants for Initial Surveys

Consultant Name: _____ Date/Time Started: _____

Company Name: _____ Visit #: _____

	Yes	No	Comments
I. Pre-Survey Preparation			
A. Appointment w/the appropriate officials			
B. Knowledge of workplace requirements			
C. Proper calibrated equipment, material(s)			
II. Opening Conference			
A. Credentials presented			
B. Scope of request reviewed			
C. Survey procedures explained			
D. 3 yr. 300s & written programs reviewed			
III. Establishment Survey			
A. Employees interviewed			
B. All apparent hazards identified			
C. All applicable programs evaluated			
D. Form 33 information evaluated			
IV. Closing Conference			
A. Hazards & abatement dates discussed			
B. Employer's correction responsibility			
C. SHARP (program) discussed			
D. Recommendations for improvements			
V. Report			
A. Narrative complete w/Form 33			
B. List of hazards included			
C. CPPM & BOP followed; Timely Report Sent			
D. Report Tiffed into OSHA Express (OE)			

Additional Remarks & Recommendations: _____

Evaluator: _____ Date: _____