

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 #: _____

I. Pre-Survey Preparation

Yes No Comments

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: _____