



## Work Site Evaluation Form for Temporary Employment Agencies

<b>This form is to be completed by the Temporary Employment Agency and must be filled out completely.</b>			
Temp Agency:		Date:	
Client Company:			
Client Company Address:			
Client Company Telephone:			
Does the Client Company have a Safety Manager?		Yes <input type="checkbox"/> No <input type="checkbox"/>	If Yes, enter name:
Does Temp Agency have an ON-SITE coordinator at this location?		Yes <input type="checkbox"/> No <input type="checkbox"/>	
<b>ADMINISTRATIVE:</b>			
1. Nature of Operations (describe service or finished product):			
2. Description of work temporary employees will be performing:			
3. Number of temporary employees used:			
4. In which departments are temps needed?			
5. Please review Client Company's OSHA 300 Form for the past two full years and provide the number of injuries for each year.			
<i>Please complete the questionnaire below. If a category is not applicable, simply indicate N/A.</i>			
<b>PRODUCTION:</b>			
<b>General Housekeeping</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
1. Floor condition: Are floors free from slip/fall hazards?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Stairs: Well lit, railings, free from materials?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Trash/Scrap: Garbage pails provided, not blocking aisles)?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Lighting: Are all areas well-lit and accessible?	<input type="checkbox"/>	<input type="checkbox"/>	

<b>Life Safety</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
1. Are aisles clearly marked?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are aisles clear and free from debris?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Exit ways marked and visible (signs, emergency lighting)?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Exit doors unlocked?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Machinery &amp; Machine Guarding</b>			
<b>Machinery &amp; Machine Guarding</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
1. Point of operation guards in place?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Belts, pulleys, gears, shafts guarded?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Lockout Tagout Program in effect for machine maintenance?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Personal Protective Equipment (PPE) Equipment Required</b>			
<b>Personal Protective Equipment (PPE) Equipment Required</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
1. Goggles	<input type="checkbox"/>	<input type="checkbox"/>	
2. Face Shields	<input type="checkbox"/>	<input type="checkbox"/>	
3. Safety Shoes	<input type="checkbox"/>	<input type="checkbox"/>	
4. Hearing Protection	<input type="checkbox"/>	<input type="checkbox"/>	
5. Written Hearing Conservation Program in place (if required)	<input type="checkbox"/>	<input type="checkbox"/>	
6. Is required safety equipment (PPE) provided to temporary employees?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Material Handling</b>			
<b>Material Handling</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
1. Is lifting required for any jobs?	<input type="checkbox"/>	<input type="checkbox"/>	
2. If you answered "yes" to question 1, how often will employees be required to lift? (Please comment)	<input type="checkbox"/>	<input type="checkbox"/>	
3. Maximum weight lifted or moved?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are mechanical aides (hoists, hand trucks, dollies) available?	<input type="checkbox"/>	<input type="checkbox"/>	
<b>Ergonomics</b>			
<b>Ergonomics</b>	<b>Yes</b>	<b>No</b>	<b>Comments</b>
1. Is work repetitive?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are repetitive job positions rotated?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Are anti-fatigue mats provided for standing jobs?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Are ergonomically designed chairs (cushioned, 5-point base, adjustable) provided for sitting jobs?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Is bending, twisting, or reaching required?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Are employees rotated to different departments to reduce repetition?	<input type="checkbox"/>	<input type="checkbox"/>	

Safety Programs & Training	Yes	No	Comments
1. Are Temp employees given safety orientation?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Are the Temp employees instructed in Company's Fire Evacuation Plan?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Is there a Safety Program in place?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Is there department training for specific jobs?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Are employees encouraged to report hazards?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Is training given when an employee takes on a new job assignment?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Is there a written Hazard Communication Program (chemical awareness) and "Right to Know" program?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Do you have a complete list of hazardous chemicals and materials that are used in the workplace?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Do you provide "Right to Know" training to your employees?	<input type="checkbox"/>	<input type="checkbox"/>	
General Comments:			
Completed By (Print Name):			
Date:	Print Name:		
Title:			
Signature:			