



HEALTH & SAFETY PROGRAM SELF AUDIT

This Health & Safety Self Audit helps you to assess the current standard of the health & safety program in your organization. Each section of this questionnaire contains a health and safety related subject. Read each question and answer with a YES, Partly or NO by circling the number under the appropriate column. When completed, tally your total score by adding together the subtotals of all three columns (the circled values). The interpretation key is at the end of the questionnaire.

Pre Audit Evaluation

Before you begin this Health & Safety Self Audit, how would you rate your current overall health and safety program. (Circle One)										
1	2	3	4	5	6	7	8	9	10	
Very Low									Very high	

When you've completed the Health & Safety Self Audit, compare this rating with your actual score!

		Yes	Partly	No
Section 1 Management Support	1. Does your company have a written health & safety policy?	1	0.5	0
	2. Does your company have a written program to implement this policy?	1	0.5	0
	3. Do managers encourage workers to work safely and follow the rules?	1	0.5	0
	4. Do supervisors encourage workers to work safely and follow the rules?	1	0.5	0
	5. Does upper management take a personal interest in health & safety?	1	0.5	0
Section 2 Rules	1. Does your company have general health & safety rules?	1	0.5	0
	2. Are all employees aware of the general health and safety rules?	1	0.5	0
	3. Have specific rules for hazardous jobs been developed?	1	0.5	0
	4. Are the rules enforced?	1	0.5	0
Section 3 Training	1. Is an orientation training program provided to all your new or transferring employees?	1	0.5	0
	2. Is health & safety part of all employee training programs?	1	0.5	0
	3. Is specific health & safety training provided for supervisors, managers and department heads?	1	0.5	0
	4. Are training guidelines and standards documented?	1	0.5	0
	5. Is all training given to employees properly documented?	1	0.5	0
Section 4 Joint Health & Safety Committee (JHSC)	1. Does your company have a JHSC/ Representative?	1	0.5	0
	2. Do committees or representatives assist with workplace inspections?	1	0.5	0
	3. Do committees or representatives assist with accident investigations?	1	0.5	0
	4. Is there a training schedule for committee members or representatives?	1	0.5	0
	5. Are accurate minutes of JHSC meetings kept and made available?	1	0.5	0
Section 5 Inspections	1. Does your company conduct monthly workplace inspections?	1	0.5	0
	2. Are employees trained in conducting workplace inspections?	1	0.5	0
	3. Are employees trained to identify health and safety hazards?	1	0.5	0
	4. Are employees trained to identify controls for hazards?	1	0.5	0
	5. When hazards are identified, are controls implemented quickly?	1	0.5	0
	6. Are inspections documented and shared with all workplace parties?	1	0.5	0
COLUMN SUBTOTALS				

		COLUMN SUBTOTALS from previous page		
		YES	Partly	NO
Section 6 Accident/Incident Investigations	1. Are all your accident and incidents investigated?	1	0.5	0
	2. Are all investigations documented?	1	0.5	0
	3. Is the JHSC/representative involved in the investigation and development of controls to prevent recurrences?	1	0.5	0
Section 7 Workplace Hazardous Materials Information System (WHMIS)	1. Do your employees have generic WHMIS training?	1	0.5	0
	2. Do your employees have workplace specific WHMIS training?	1	0.5	0
	3. Are all WHMIS controlled products labeled?	1	0.5	0
	4. Can employees access Material Safety Data Sheets (MSDS)?	1	0.5	0
Section 8 Personal Protective Equipment (PPE)	1. Are your employees trained in the use and care of PPE?	1	0.5	0
	2. Do managers / supervisors and employees wear PPE when required?	1	0.5	0
	3. Is PPE readily available?	1	0.5	0
Section 9 First Aid	1. Does your company employ individuals who are trained in first aid?	1	0.5	0
	2. Are First Aid kits available to all employees?	1	0.5	0
	3. Are records of all treatments kept?	1	0.5	0
Section 10 Emergency Procedures	1. Are your employees trained to respond to any emergency?	1	0.5	0
	2. Are drills performed to practice effectiveness of emergency response?	1	0.5	0
	3. Does your company have adequate fire fighting and detection devices?	1	0.5	0
	4. Are all fire inspections performed and documented as required?	1	0.5	0
Section 11 Promotion	1. Does your firm have a library of health and safety material?	1	0.5	0
	2. Are there adequate signs and posters in the workplace?	1	0.5	0
	3. Is off-the-job safety promoted?	1	0.5	0
COLUMN TOTALS				
GRAND TOTAL (Total of the three column totals)				

How do you Measure Up?

Compare the interpretation of your total score against your initial rating in the Pre Audit Evaluation.

Total	Interpretation
40-52	Sound, effective program
30-39	Good program with some room for improvement
25-29	Fair program, but in need of some redesign
15-24	Poor program. Assistance is needed

Action Required

Check one based on your score:

- Re-evaluate in 120 days using the Health & Safety Program Self Audit Check.
- Call the Transportation Health & Safety Association of Ontario (THSAO) for more information.
- Call the THSAO to schedule a comprehensive Health & Safety Management Systems Audit.

TRANSPORTATION HEALTH & SAFETY ASSOCIATION OF ONTARIO

www.thsao.on.ca