Attachment 6

NEW YORK STATE DEPARTMENT OF LABOR

WORKPLACE SAFETY AND LOSS PREVENTION PROGRAM

ICR 59 Consultant's Evaluation Report Checklist

Employer _____ Board File No._____

A. Synopsis of Employer Operations		
1. Name/Location of Establishment(s) Inspected	59-1.1(h)(2)	☐
2. Primary Activity of Employer	59-1.1(h)(5)	☐
3. Synopsis of Operation	59-1.1(h)(6)	☐
4. Number of Employees at each Site	59-1.1(h)(6)	☐
5. Experience Modification Rating	59-1.1(h)(6)	☐
6. Standard Industrial Code	59-1.1(h)(6)	☐
7. Federal Employer Identification Number	59-1.1(h)(6)	☐
B. Employer and Insurer Data	59-1.11(h)(4)	☐
C. Opening Conference	59-1.11(e)	☐
1. Explain Regulation		☐
2. Calculate Compliance Timeline		☐
D. Scope of Inspection based upon Review of C-2's	59-1.11(c)	☐
E. Determination of Health Sampling	59-1.11(e)(4)	☐
F. Analysis of Company Safety Program		☐
1. Review of Written Company Policies	59-1.9(a)(l)	☐
2. Review of Written Company Goals	59-1.9(a)(2)	☐
3. Review of Top Level Management Involvement	59-1.9(a)(3)	☐
4. Review of Employee Involvement	59-1.9(a)(4)	☐
5. Review of Accountability/Implementation	59-1.9(a)(5)	☐
6. Review of Safety and Health Training for Employees	59-1.9(a)(6)	☐
a. Hazard Training *		
b. Annual Training *		
* To Include: Written Statement, Needs Assessment, Content/Testing, Monitoring/Evaluation		
7. Review of Reporting Systems	59-1.9(a)(7)	☐
8. Review of Accident Investigation, Analysis and Reporting	59-1.9(a)(8)	☐
9. Review of Injury and Illness Trends	59-1.9(a)(9)	☐
10. Review of In-House Inspection Procedures	59-1.9(a)(l0)	☐
a. Frequency/Effectiveness		
11. Review of Emergency Action Plans & Procedures	59-1.9(a)(ll)	☐
12. Review of Accident Prevention Programs	59-1.9(a)(12)	☐
G. Safety Committee/Program for Employee Involvement	59-1.9(a)(4)	☐
H. Physical Survey of the Workplace	59-1.11(b)	☐
I. Closing Conference	59.1.11(f)	☐
1. Give Instructions for Filing Reports		☐