



WORKERS' COMPENSATION EMPLOYER INSPECTION CHECKLIST

Survey Question	Yes	No	N/A
Do we have a safety, security, or risk management team in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do we have an injury and illness prevention program (IIPP) in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do we conduct background screening on all employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the employee screening include national and state criminal, MVR, credit, SSN, identity, employment and education searches?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Does the employee screening include state sexual offender, county and federal courthouse, worker's compensation, oral drug screening and reference checks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do we have complete, written job descriptions for every position?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do we have a modified return to work or modified/light duty program in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do we require a medical examination and physical fitness-for-duty test post-offer/pre-employment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do we have posted, written procedures in place for employees to file a claim?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do we have the names and contact information of certified occupational medical providers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do we participate in a nurse intervention program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do we participate in a worker's compensation fraud identification program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have we developed a claims mediation program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do we offer a short and long term insurance program to employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do we have worker's compensation policies in place for employees going out of the country for over 30 days?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do we have documentation for the employees' right to work in the United States?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do we have policies for employee off-premise exposures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If employed, has a needs-assessment been done for our physically challenged employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Have we completed an ergonomics evaluation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are employees protected from excessive noise levels?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are employees prevented from being exposed to chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are work areas well lighted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Has a mold evaluation been done?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are all employees trained on the equipment they will be using?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Is maintenance done in a timely and correct manor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do we have an evening or after hours work policy?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do we conduct regular, documented inspections of the facility for hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do we have a blood borne pathogen program/policy in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Have we completed an asbestos inspection?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Do we have an ongoing employee safety-training program in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Are employees trained on and drilled for handling emergencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

If you answered "no" to any of the above survey questions, comments should be made and corrective action should be taken as soon as possible.

Checklist Completed by: _____ Date: _____

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This material is for informational purposes only. It is not intended to give specific legal or risk management advice, nor are any suggested checklists or actions plans intended to include or address all possible risk management exposures or solutions.

You are encouraged to consult with your own attorney or other expert consultants for a professional opinion specific to your situation.

