



Texas Department  
of Insurance

# Accident Prevention Plan Review Checklist

Provided by

**Workers'  
Health & Safety**

HS95-069D (12-05)

# Accident Prevention Plan Review Checklist

Company Name: \_\_\_\_\_  
 Jobsite Address: \_\_\_\_\_  
 Supervisor: \_\_\_\_\_  
 Date: \_\_\_\_\_  
 Inspector(s): \_\_\_\_\_

Yes	No	N/A	Date Corrected	<b><u>Check Items Inspected:</u></b> <b><u>Worksite General</u></b>
_____	_____	_____	_____	1. Are Occupational Safety and Health Administration (OSHA) posters displayed in prominent locations?
_____	_____	_____	_____	2. Are safety signs/warnings posted where appropriate?
_____	_____	_____	_____	3. Are emergency telephone numbers posted where they can be found readily?
_____	_____	_____	_____	4. Is a first aid kit available and adequately stocked?
_____	_____	_____	_____	5. Is a summary of Occupational Illnesses posted?
_____	_____	_____	_____	6. Are emergency evacuation traffic routes identified and posted?

Yes	No	N/A	Date Corrected	<b><u>Management Component</u></b>
_____	_____	_____	_____	1. Is there a written safety policy statement?
_____	_____	_____	_____	2. Is the policy statement signed by management?
_____	_____	_____	_____	3. Are copies of the policy provided to new employees?
_____	_____	_____	_____	4. Are individual(s) responsible for development, implementation, and enforcement of the accident prevention plan?
_____	_____	_____	_____	5. Are employee/supervisor responsibilities and authority assigned?
_____	_____	_____	_____	6. Is a safety team established to monitor your safety and health program?
_____	_____	_____	_____	7. Is there an established procedure for handling employee safety and health complaints?

Yes	No	N/A	Date Corrected	<b><u>Record Keeping Component</u></b>
_____	_____	_____	_____	1. Are OSHA 300/301 being maintained as required?
_____	_____	_____	_____	2. Are procedures in place to maintain records and logs?
_____	_____	_____	_____	a. Safety inspections
_____	_____	_____	_____	b. Safety meeting minutes
_____	_____	_____	_____	c. Accident investigations
_____	_____	_____	_____	d. Emergency response drills
_____	_____	_____	_____	3. Are employee medical records up-to-date and in accordance with OSHA standards?
_____	_____	_____	_____	4. Are records of employee exposure to hazardous substances or harmful physical agents maintained?
_____	_____	_____	_____	5. Are employee training records maintained and available for review?
_____	_____	_____	_____	6. Are records being maintained for the time period required by law?
_____	_____	_____	_____	7. Are operating permits and records current?
_____	_____	_____	_____	8. Is a responsible person designated by job title for record keeping?





<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Date Corrected</b>	<b><u>Periodic Review and Revision Component</u></b>
_____	_____	_____	_____	1. Is your accident prevention plan reviewed at least annually?
_____	_____	_____	_____	2. Are results documented and shared with management/supervisors/employees?
_____	_____	_____	_____	3. Are professional safety services or other sources utilized in revising or updating safety program?
_____	_____	_____	_____	4. Who conducts the review?
_____	_____	_____	_____	5. Are follow-up procedures in place?
_____	_____	_____	_____	6. Is a responsible person designated to review?
_____	_____	_____	_____	<b><u>Corrective Actions</u></b> Are deficiencies found by this review, proposed corrective actions, and commitment dates described in attached documents?

Note: This Accident Prevention Plan review checklist is not designed to supersede existing safety inspection checklists, rather it should be used only as a general guideline to assess your accident prevention plan. You are encouraged to customize this general guideline to accommodate your specific accident prevention plan.

If you are interested in any detailed inspection checklists for general industry and construction, please contact Texas Department of Insurance, Division of Workers' Compensation, Workers' Health and Safety at (512) 804-4620.