

Workers' Compensation Employer Inspection Checklist

Survey Question	Yes	No	NA
1. Do we have a safety, security, or risk management team in place?			
2. Do we have an injury and illness prevention program (IIPP) in place?			
3. Do we conduct background screening on all employees?			
4. Does the employee screening include national and state criminal, MVR, credit, SSN, identity, employment and education searches?			
5. Does the employee screening include state sexual offender, county and federal courthouse, worker's compensation, oral drug screening and reference checks?			
6. Do we have complete, written job descriptions for every position?			
7. Do we have a modified return to work or modified/light duty program in place?			
8. Do we require a medical examination and physical fitness-for-duty test post-offer/pre-employment?			
9. Do we have posted, written procedures in place for employees to file a claim?			
10. Do we have the names and contact information of certified occupational medical providers?			
11. Do we participate in a nurse intervention program?			
12. Do we participate in a worker's compensation fraud identification program?			
13. Have we developed a claims mediation program?			
14. Do we offer a short and long term insurance program to employees?			
15. Do we have worker's compensation policies in place for employees going out of the country for over 30 days?			
16. Do we have documentation for the employees' right to work in the United States?			
17. Do we have policies for employee off-premise exposures?			
18. If employed, has a needs-assessment been done for our physically challenged employees?			
19. Have we completed an ergonomics evaluation?			
20. Are employees protected from excessive noise levels?			
21. Are employees prevented from being exposed to chemicals?			
22. Are work areas well lighted?			
23. Has a mold evaluation been done?			
24. Are all employees trained on the equipment they will be using?			
25. Is maintenance done in a timely and correct manor?			
26. Do we have an evening or after hours work policy?			
27. Do we conduct regular, documented inspections of the facility for hazards?			
28. Do we have a blood borne pathogen program/policy in place?			
29. Have we completed an asbestos inspection?			
30. Do we have an ongoing employee safety-training program in place?			
31. Are employees trained on and drilled for handling emergencies?			

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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