



NHADA WCT Loss Prevention Comprehensive Risk Management Checklist

Dealership: _____ Date: _____

	<u>Yes</u>	<u>No</u>	<u>*Est.</u>
I. Safety Committee			
a. Meeting on a quarterly basis and discussing important safety issues.	()	()	_____
b. Posting minutes of every meeting	()	()	_____
c. Annual internal audit	()	()	_____
d. Performing accident investigation	()	()	_____
e. Producing a Safety Summary Form biennially	()	()	_____
f. State Annual Log of Workplace Injury	()	()	_____
II. Safety Trainings (Bold Training are OSHA Mandated)			
a. Hazard Communication	()	()	_____
b. Fire Extinguisher	()	()	_____
c. Emergency Evacuation	()	()	_____
d. Bloodborne Pathogens	()	()	_____
e. PPE/Eye Safety	()	()	_____
f. Respirator Safety	()	()	_____
g. Forklift (Initial Training)	()	()	_____
h. Forklift (Re-evaluation)	()	()	_____
i. Back Injury Prevention	()	()	_____
j. Automotive Lift Safety	()	()	_____
k. Oxyacetylene Torch Safety	()	()	_____
l. First Aid/CPR w/AED	()	()	_____
m. New Employee Orientation	()	()	_____
n. Hand Tool Safety	()	()	_____
o. Lockout/Tagout Awareness	()	()	_____
p. Driver Safety	()	()	_____
q. Universal Waste	()	()	_____
r. Safety Committee	()	()	_____
III. Written Programs			
a. Safety Program	()	()	_____
b. Hazard Communication Program	()	()	_____
c. Bloodborne Pathogen Exposure Control Plan	()	()	_____
d. PPE Matrix	()	()	_____
e. Emergency Evacuation Plan	()	()	_____
f. Lockout/Tagout Program	()	()	_____
g. Respirator Program	()	()	_____
h. New Employee Orientation Program	()	()	_____

	<u>Yes</u>	<u>No</u>	<u>*Est.</u>
i. Yearly Updates	()	()	___
j. Driver Safety Program	()	()	___
IV. Others			
a. Respirator Fit Test	()	()	___
b. Respirator Medical Evaluation	()	()	___
c. MSDS Inventory	()	()	___
d. Forklift inspections	()	()	___
e. AED	()	()	___
V. DOT Compliance			
a. Does any employee operate a commercial vehicle (customer or company) that weighs 10,001-26,000? If yes your company must comply with the Federal Motor Carrier Safety Administration standards (49CFR).	()	()	___
b. Does any employee operate a commercial vehicle (customer or company) that weighs 26,001 or greater? If yes your company must comply with the Federal Motor Carrier Safety Administration standards (49CFR).	()	()	___
c. Is a parts department employee currently certified to ship hazardous material through ground shipping?	()	()	___
d. Is a parts department employee currently certified to ship hazardous material through air shipping?	()	()	___
e. Does the company have current copies of all certificates on file?	()	()	___
VI. NH DES			
a. If there is a waste oil burner or hazardous waste is produced, is there an active EPA ID number?	()	()	___
b. Has a Small Quantity Generator (SQG) Self Certification Form and Notification Form been submitted to the NH DES every 3 years if hazardous waste is produced?	()	()	___
c. Has a hazardous waste manifest, Copy 7, been sent to the NH DES and destination state any time hazardous waste is shipped from the facility?	()	()	___

- | | <u>Yes</u> | <u>No</u> | <u>*Est.</u> |
|---|------------|-----------|--------------|
| d. Was a One-Time Waste Determination Test performed on potential hazardous waste streams (parts washer solvents, paint booth filters, absorbents)? | () | () | ___ |
| e. Has Universal Waste Training been performed for EEs who handle universal waste (spent batteries, spent fluorescent bulbs, waste antifreeze, etc.)? | () | () | ___ |

VII. EPA Regulations for Body Shops

- | | | | |
|--|-----|-----|-----|
| a. Submit an Initial Notification Form | () | () | ___ |
| b. Submit a Notification of Compliance Form | () | () | ___ |
| c. Submit a Notification of Changes Form (if applicable) | () | () | ___ |
| d. Submit an Exemption Petition Form (if applicable) | () | () | ___ |
| e. Documentation of Filter Efficiency of any spray booth exhaust filter material. | () | () | ___ |
| f. Documentation from spray gun manufacturer (that any spray gun with a cup capacity of 3.0 ounces or greater meets definition of an approved spray gun. | () | () | ___ |
| g. Documentation of spray gun filter change out schedule. | () | () | ___ |
| h. <i>Painter Certification Training</i> (for NESHAP 6H Reg). Refresher training required every 5 years. | () | () | ___ |
| i. Records of MeCl usage | () | () | ___ |

VIII. Other EPA Requirements

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|---|-----|-----|-----|
| a. An SPCC Plan for any facility with more than 1,320 gallons of petroleum products on site. Need annual training for all employees who handle. | () | () | ___ |
|---|-----|-----|-----|

IX. Hiring Guidelines

Department Managers

- | | | | |
|--|-----|-----|-----|
| a. Application of Employment | () | () | ___ |
| b. Interview Questionnaire and Guide | () | () | ___ |
| c. Authorization to Check References | () | () | ___ |
| d. Conditional Job Offer Matrix | () | () | ___ |
| Human Resource Manager/Office Manager | | | |
| e. Conditional Job Offer Letter | () | () | ___ |

	<u>Yes</u>	<u>No</u>	<u>*Est.</u>
f. Summary of Your Rights under the Fair Credit Reporting Act and Acknowledgement Form	()	()	___
g. Drug and Alcohol Policy	()	()	___
h. Drug Testing Protocol	()	()	___
i. Drug and Alcohol Policy Acknowledgement Form	()	()	___
j. Drug Testing Consent Form	()	()	___
k. State of New Hampshire Second Injury Fund Form	()	()	___
l. State of New Hampshire Proof of Permission for the Employment of a Youth Age 16 or 17	()	()	___
m. Employment Eligibility Verification (I-9)	()	()	___
n. Form W-4	()	()	___
o. Company Handbook	()	()	___
p. Company Handbook Acknowledgement Form	()	()	___
q. Injury Reporting Tri-Fold and Workers' Compensation Policy	()	()	___

X. Claims Management/Managed Care

a. Have all employees signed the Managed Care Organization (mco) acknowledgement letter?	()	()	___
b. Have all employees received the Managed Care Organization pamphlet?	()	()	___
c. Are managed care posters hung in an area visible to all employees?	()	()	___
d. Do employees know to whom they should report injuries?	()	()	___
e. Is there someone designated to complete First Report of Injuries?	()	()	___
f. Is there a comp mc network list of providers accessible to injured employees?	()	()	___
g. Is there a temporary alternate duty policy (TAD) in place?	()	()	___
h. Is there a list of TAD tasks prepared in the event an injury occurs?	()	()	___
i. Is a person designated to regularly check in with injured employees who are out of work or working TAD?	()	()	___
j. Is the WC process an agenda item at monthly manager's meetings?	()	()	___

Yes No *Est.

Conducted By: _____ **Dept:** _____

Notes:

* Estimated completion date.