

Loss Control Management Self Evaluation Guide for Printers

Safety Policy

		Yes	No
1.	Does management display an active interest and concern for the safety of Employees, Customers, and the Public; as well as for the protection of its property?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Do supervisor's have a clear understanding of their responsibilities for Loss Control?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Is attention given to safety in setting up new jobs?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are employees encouraged to report all safety hazards promptly?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Have safety rules been formulated? Are they posted? Are they enforced?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Are formal Loss Prevention activities carried out on a regular basis, i.e., Safety Inspections, Safety Meetings, Accident Investigations?	<input type="checkbox"/>	<input type="checkbox"/>

Personnel

		Yes	No
1.	Are Employee Selection Procedures adequate to assure that new hires are properly qualified and physically fit for the job?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are New Employees indoctrinated as to Company Safety Policies and instructed as to Safe Operating Procedures?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Do Employees receive on-going Safety Training, with particular emphasis on Safe Lifting Methods, Material Handling, Use of Machine Guards, and Safe Handling and Storage of Flammable Liquids/Hazardous Chemicals?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are unsafe acts of employees corrected immediately?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are efforts made to promote and maintain employee interest in safety, (i.e., Bulletin Boards, Posters, Safety Displays, Incentive Awards, First Aid Training, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Is proper type Personal Protective Equipment (Goggles, Face Shields, Rubber Gloves, etc.), provided and its use enforced?	<input type="checkbox"/>	<input type="checkbox"/>

Record Keeping

		Yes	No
1.	Is OSHA Poster displayed?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is OSHA Form 200, "Log And Summary Of Occupational Injuries And Illnesses" properly maintained?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are supplemental accident records (OSHA Form 101, or State "Employers First Report Of Injury") properly maintained?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Is there a written Hazard Communication Program? Is it available to all employees? Is it available for inspection by OSHA?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Is a Hazardous Chemical Inventory maintained and have Material Safety Data Sheets (MSDS) been obtained for all hazardous chemicals on the inventory? Are all containers properly labeled as to contents? Are the inventory and the MSDS'S available to employees?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Are all employees trained in accordance with OSHA Hazard Communication Standards and is there written documentation that proper training has been provided?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Is there written documentation that Hazardous Waste has been disposed of in accordance with EPA Regulations?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Are records maintained of: Safety Meetings, Safety Inspections, Accident Investigation and/or other safety related activities?	<input type="checkbox"/>	<input type="checkbox"/>

Fire Prevention

		Yes	No
1.	Are Sprinkler Controls readily accessible, valves sealed in an open position, and Sprinkler Heads unobstructed with adequate clearance to stock piling?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are heating devices safely installed and well maintained with adequate clearances to combustible materials?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are "No Smoking" areas properly designated and strictly enforced?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Is there an adequate number of proper type (Class A-B-C) fire extinguishers? Are they properly hung in accessible locations? Are they inspected, recharged and tagged at least annually?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Are flammable liquids safely stored and handled? Stored in UL listed flammable liquid storage cabinets, dispensed from UL or FM labeled safety cans?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Are UL listed waste cans with self closing covers utilized for disposal of oily/solvent, ink soaked rags?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Is electric wiring in accordance with code; well maintained and provided with proper over-current protection (circuit breakers or fuses). Are explosion proof fixtures and motors utilized in hazardous areas? Is the use of temporary extension cords properly controlled?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Are all presses equipped with static eliminators?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Are Closing Time Inspections completed to assure all conditions are fire safe and secure before locking up each night?	<input type="checkbox"/>	<input type="checkbox"/>

Machinery

		Yes	No
1.	Are Point Of Operation Guards kept in place on all hazardous type machines, i.e.: Two Hand Trips and Barrier Guards on Paper Shears; Emergency Stops on Printing Presses, Hood Guards on Saws, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are enclosure guards provided on all moving parts of Power Operated Machines, i.e., Drive Belts, Chains, Gears, Rotating Shafts, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are remote controls to power operated machines locked-out or tagged during maintenance or repair operation?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Is Preventive Maintenance carried out on a scheduled basis for all power operated equipment? Are maintenance records kept? Are molten plastic splashes controlled?	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

Work Areas

		Yes	No
1.	Are customers and the public restricted from work areas?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Is work area safely arranged with adequate aisles maintained?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are exits properly identified and accessible with unobstructed exit-ways?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are floors and working surfaces in good condition and free of slip, trip and fall hazards?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Is material storage safely arranged on skids and/or shelves? Are floor loading limits posted and observed?	<input type="checkbox"/>	<input type="checkbox"/>
6.	Is waste paper safely disposed of? Adequate receptacles with metal covers, emptied daily?	<input type="checkbox"/>	<input type="checkbox"/>
7.	Are ladders well maintained and equipped with safety feet?	<input type="checkbox"/>	<input type="checkbox"/>
8.	Are eye wash stations available and in good working order?	<input type="checkbox"/>	<input type="checkbox"/>
9.	Is there an emergency evacuation plan? Emergency phone numbers posted?	<input type="checkbox"/>	<input type="checkbox"/>
10.	Are adequate first aid supplies readily available and maintained in sanitary condition?	<input type="checkbox"/>	<input type="checkbox"/>
11.	Is light, heat and ventilation adequate to prevent uncomfortable or dangerous work conditions?	<input type="checkbox"/>	<input type="checkbox"/>
12.	Are stairways equipped with standard handrails, well lighted and safely maintained?	<input type="checkbox"/>	<input type="checkbox"/>



Vehicle Operators

		Yes	No
1.	Are driving responsibilities assigned only to employees who are physically fit, emotionally stable, and who have adequate experience and good driving records?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are drivers aware of their responsibility for safety and familiar with the concepts of Defensive Driving?	<input type="checkbox"/>	<input type="checkbox"/>
3.	Are periodic vehicle inspections conducted and a preventative maintenance program carried out?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are accidents reviewed by management and discussed with drivers?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Do employees operate their own vehicles on Company business? If so, are they adequately insured?	<input type="checkbox"/>	<input type="checkbox"/>

Other Concerns

		Yes	No
1.	Are only nontoxic inks used when printing on food packaging?	<input type="checkbox"/>	<input type="checkbox"/>
2.	Are adequate quality controls exercised to minimize mistakes or release of confidential information, particularly on financial, legal, and/or technical work. And production documents kept up-to-date. Do customers sign acceptance forms prior to final printing?	<input type="checkbox"/>	<input type="checkbox"/>
3.	If work is let out to contract, are Hold Harmless Agreements and Certificates Of Coverage obtained?	<input type="checkbox"/>	<input type="checkbox"/>
4.	Are there underground chemical or fuel storage tanks? If so, are they periodically tested to assure their integrity against leaks?	<input type="checkbox"/>	<input type="checkbox"/>
5.	Is there adequate ventilation in areas where concentrated amounts of toxic chemicals, ink mists, or dusts are generated?	<input type="checkbox"/>	<input type="checkbox"/>

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