MINIMUM REQUIREMENTS - SELF AUDIT
SAFETY QUESTIONNAIRE

AND

EMPLOYEE SAFETY SURVEY

MARCH 1991

LOUISIANA DIVISION
CONSOLIDATED AUDIT PROGRAM
DOW U.S.A.

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DOW

Dow U.S.A.

The Dow Chemical Company
P.O Box 150
Plaquemine, Louisiana 70765-0150

Louisiana Division
March 6, 1991

PLANT SUPERINTENDENT/DEPARTMENT HEAD

SAFETY AUDIT

The Safety Audit will be a part of the Louisiana Division's Consolidated Audit Program. The audit will be the responsibility of the Superintendent/Department Head.

The attached questionnaire has been prepared as a tool for each department to use as a self-evaluation in preparation for the audit. The questions are based on Dow Minimum Requirements Guidelines and Safety and Loss Prevention Standards and Principles. Please answer all questions that apply to your plant/department and make notes for discussion during the audit.

Also included is a copy of a Employee Safety Survey which should be copied and distributed to each of your employees for their input. This should be done at least one month prior to the audit to allow for collation of the responses.

Please send the Division Audit Facilitator a completed copy of this self-evaluation at least ten (10) days prior to your scheduled plant/department audit.

If you have any questions on this section of the assessment, please contact either your Safety Superintendent or me.

Don Jones
Safety and Loss Prevention
Building 3502W
Ext 6097

mg

SAFETY

MINIMUM REQUIREMENTS - SELF AUDIT QUESTIONNAIRE

Division LAD

Plant/Department Cell SERVICE

Plant/Department Safety Contact Dean Walters

Person Completing this Report Dean Walters

Date _____

Instructions: Answer in as brief a statement as possible. Where documentation or sample examples exist, please reference, include and attach to final report. If area is nonapplicable, mark it so. Circle for yes or no. Check squares where applicable.

A. Program Fundamentals

(1) Do you have a plant/department safety policy statement? (If yes, please attach) (Yes) No

(2) Is the policy written? (Yes) No

(3) How has the policy been communicated? IT IS A PART OF THE Team mission STATEMENT. PLANT GOAL AND Personal Goals ADHERE To Policy

(4) Do you have safety mission statements for plant, site, safety committee, and/or natural work teams? Circle appropriate ones.

If yes, how were they developed? (Please attach) _____

B. Employee Responsibility for Safety

(1) Is individual safety responsibility clearly defined in all job descriptions for all personnel? (Includes all supervisory, technical, operating, salary, etc.) Yes No

If no, list exclusions: _____

Employee Responsibility for Safety (cont'd.)

(2) Is individual safety performance reviewed personally on a one-to-one basis at least annually for all personnel mentioned in (1) above? Yes No

If no, list exclusions: _____

_____

_____

Are annual personal safety goals required? Yes No

Are they measurable? Yes No

C. Program Structure - Organization - Planning

(1) Describe your safety organization. Please include organizational chart, if applicable. Indicate whether part-time or full-time.

_____

_____

_____

_____

_____

(2) List any committees which exist to help promote/run the safety program such as on the job committee, off-the-job committee, etc.

Committee	Composition	Duration of Membership	Freq. of Meetings	Minutes Taken	Minutes Published	Pre-pub. Agenda	Pre-est. Charter

Program Structure - Organization - Planning (cont'd.)

(3) Objectives, Goals, Plans, for Safety

a) Do they exist at a formal, written level for your Plant/Department? Yes No

b) Do they exist as a formal, written document at any level? Yes No

Explain: _____

_____

_____

c) Who sets objectives, goals, and plans? _____

_____

_____

d) Do objectives, goals, and plans other than just statistical goals exist? Yes No

Explain: _____

_____

_____

e) Is the Safety Performance Improvement Process evaluation form used? Yes No

By whom? _____

_____

Has it been used as a tool to help set safety goals and plans? Yes No

Describe the use of the SPIP evaluation form. _____

_____

_____

(Attach appropriate documentation).

D. Safety Training

(1) Do you have a new employee (new to location or new to Dow) safety indoctrination program? Yes No

If yes, please attach copy.

a) Who conducts the indoctrination? _____

_____

b) How long an indoctrination? _____

_____

(2) Do you conduct a safety indoctrination program for:

Supervisors as well as operating personnel? Yes No

Management and technical personnel? Yes No

Transferees from department to department? Yes No

(3) Is there a formal checklist or sheet showing the kinds of training an employee should receive? Yes No

Has received? Yes No

(4) Describe your formal safety and loss prevention training programs subsequent to indoctrination for the following groups:

a) New supervisor _____

_____

_____

b) New chemical operator _____

_____

_____

c) New craftsmen _____

_____

_____

d) New technical personnel _____

_____

_____

Safety Training (cont'd)

(5) Check those topics below for which your Plant/Dept. Safety Programs cover via Plant/Dept., Division or other source (list others not covered)

- ☐ Defensive driving
- ☐ Explosimeter & oxygen testing
- ☐ Vessel entry
- ☐ OSHA - Familiarization
- ☐ OSHA - General industry
- ☐ DOT - Regulated materials
- ☐ Contractor safety
- ☐ Audits
- ☐ Safety meeting handling
- ☐ Hearing conservation
- ☐ Materials handling - Rigging
- ☐ Line opening
- ☐ Sampling
- ☐ Lockout and tagging
- ☐ Hot work
- ☐ Accident investigation
- ☐ Ventilation
- ☐ Radiation
- ☐ Heat stress
- ☐ Proper labeling of chemicals
- ☐ Pipeline identification
- ☐ Emergency alarms
- ☐ Ladders
- ☐ Excavation for maintenance or const.
- ☐ Checking of emergency equipment
- ☐ Reactive chemicals
- ☐ Loading/unloading tank cars/tank trucks
- ☐ Static electricity
- ☐ Compressed gas cylinders
- ☐ Eye and face protection
- ☐ Respiratory protection
- ☐ Personal protective equipment
- ☐ Emergency procedures
- ☐ Grounding and bonding
- ☐ Job safety analysis
- ☐ Observation of unsafe acts/conditions
- ☐ Intervention training

Revised: 8/7/91

(6) Other Units:

Motor Vehicle Training:

Spec. Trng.		Type Unit	Licensing Program	
Yes	No		Yes	No
☐	☐	Fork lift truck	☐	☐
☐	☐	Condor lift	☐	☐
☐	☐	Bucket trucks	☐	☐
☐	☐	Cherry pickers	☐	☐
☐	☐	Cranes	☐	☐
☐	☐	A-frames	☐	☐
☐	☐	Winch trucks	☐	☐
☐	☐	Bulldozers	☐	☐
☐	☐	Road grader	☐	☐
☐	☐	Front-end loader	☐	☐

_____

_____

_____

_____

☐ ☐ Firearms permitted in plant vehicles

Safety Training (cont'd)

(7) Do you have different/more intensive safety training programs for any special group of employees? Yes No

If yes, explain: _____

_____

_____

(8) Are safety meetings held with some degree of regularity? Yes No

What frequency? _____

Describe how _____

Who is responsible for giving safety meetings _____

If not, what is your method of communicating on safety matters? _____

_____

_____

_____

(9) Do you use any outside-the-company training programs? Yes No

If yes, please list: _____

_____

_____

_____

(10) Who is responsible for developing safety training programs? _____

_____

_____

_____

(11) Who is the trainer in your programs? _____

_____

(12) Do you have a safety training manual? Yes No

How is it used? _____

_____

_____

Safety Training (cont'd)

(13) What safety training time schedule and criteria schedule do you have for each potential trainee? _____

(14) How do you use staff people and/or line people as instructors? _____

(15) How do you review or follow up employee training? _____

(16) What safety-related material do you mail to the employees' homes? _____

(17) How are employees trained on the Division Safety Standards? _____

How often do you have refresher training? _____

(18) Does your department use the Division Personnel System (DPS) to document required employee training? Yes No

E. Operating Procedures

(1) Describe your location's method for documenting, updating, and training, as it relates to standard operating procedures. Check all that apply.

☐ Manual ☐ IPT Modules

☐ Job Safety Analysis

☐ Other _____

_____

_____

Written? Yes No Verbal? Yes No

Frequency of updating _____

Method of training and retraining _____

_____

How is training documentation done? _____

_____

Who is responsible for writing and reviewing operating procedures? _____

Updating them? _____

(2) Are IPT modules developed for the plants/department? Yes No

Percent complete _____

Frequency of updating _____

Method of training and retraining _____

_____

Who is responsible for writing IPT modules? _____

_____

Updating them? _____

How is training documentation done? _____

_____

_____

F. Emergency Plans

References: Minimum Requirements

1. Are copies of your unit emergency plan available to all personnel? Yes No

2. Are copies up to date? Yes No
   Last update:_____

3. Who updates the plan?_____
   Frequency:_____

4. Does the plan include: (If not, be prepared to discuss why)

   •Emergency call list? Yes No NA

   •Emergency equipment plant plan (such as SCBA, deluge, CO2, fire monitors, hose cabinets, etc.) Yes No NA

   •Emergency equipment operating procedures for above equipment? Yes No

   •Procedure for switching to alternate for each utility? Yes No

   •Procedure for total loss for each utility? Yes No

   •Procedure for Power Failure? Yes No

   •Crash shutdown procedure? Yes No
   (time required:_____)

   •Severe Weather - Freeze, Hurricane, Flood? Yes No

   •Procedures in case of neighbor plant problems? Yes No NA

   •Procedure for loss of raw materials? Yes No NA

   •Gas release procedure? Yes No NA

5. Does the plan include: (If not, be prepared to discuss why)

   •Spill procedure? Yes No NA

   •Fire fighting plans for each type of fire? Yes No NA

   •Emergency communications plan? Yes No NA

   •Chain of command defined? Yes No NA

6. Is there a documented emergency plan training and retraining program? Yes No

7. Is training up to date and documented for all employees? Yes No

8. How often are hypothetical drills conducted?

_____

9. Do you meet with Emergency Services and discuss fire fighting plans and hazards for your plan periodically Yes No NA

10. Are vital records protected from loss (such as PC data, MOD V programs, training programs, business information)? Yes No

11. Do you have emergency drills involving neighboring plants? Yes No

12. Are contractors adequately trained in what to do in an emergency? Yes No

13. Does plan provide for consideration of:

Check items that exist in current plan:

☐ Line rupture	☐ Explosion
☐ Civil disorders	☐ Evacuations
☐ Bomb threat	☐ Other
☐ Community	☐ Visitors
☐ Vendors	☐ Head count of personnel
☐ Emergency power	☐ Emergency lighting

G. Accident/Incident Investigation and Reporting

References: "Dow Guidelines for Accident Investigation" and "Dow Guidelines for S/LP/S Reporting"

(1) Are all accidents involving personal injury investigated? Yes No

List exceptions _____

_____

_____

(2) Check those accidents which require a report by supervisor and investigation at your plant/department:

- ☐ All accidents
- ☐ OSHA recordables
- ☐ OSHA restricted workday cases
- ☐ OSHA lost workday cases
- ☐ Off-the-job injuries
- ☐ Motor vehicle accidents
- ☐ Near-miss (no injury)

(3) Who initiates, submits, and signs accident investigation reports?

- ☐ Safety person
- ☐ Supervisor of employee involved
- ☐ Other (list) _____

_____

(4) Does plant Superintendent/Department Head participate in disabling injury investigation? Yes No

Days Away from Work Cases? Yes No

(5) How are learning values of accidents publicized? _____

_____

_____

_____

(6) Who is involved in accident investigation? _____

_____

_____

(7) Are accident reports written in Safe Working Styles format? Yes No

Accident Investigation (cont'd)

(8) What method do you use to follow up on proposed corrective actions arising out of accident investigation?

Describe: _____

_____

_____

_____

(9) How do you encourage the reporting of minor injuries? _____

_____

_____

_____

(10) Do you track your incidents, injuries and near-misses? Yes No
(Provide the last 3 years' data).

(11) Do you have a copy of the latest guidelines in your plant/department? Yes No

H. Safety Standards, Guides, Requirements

(1) In what areas is the plant/department not in compliance with the Division Safety Standards? (List all variances)_____

_____

_____

_____

Is there a plan and schedule to come into compliance? Yes No

(2) Describe your method of informing your people of new or changes in OSHA or other regulations. _____

_____

_____

_____

_____

(3) Check those for which you have a requirement:

Required By Written Safe Job Procedure	Not Written Left to Judgement of Supervisor or Operating Personnel	
☐	☐	Lockout
☐	☐	Vessel entry
☐	☐	Smoking
☐	☐	Hot Work
☐	☐	Emergency planning
☐	☐	Hard hat
☐	☐	Contractor safety
☐	☐	Tagging
☐	☐	Defensive driving
☐	☐	Fork truck operation
☐	☐	Tank car loading/unloading

Safety Standards, Guides, Requirements (cont'd)

Check those for which you have a requirement: (cont'd)

Do You Have A Written Safe Job Procedure	Nothing Written But Left to Judgement of Supervisor or Operating Personnel	
☐	☐	Ladders
☐	☐	Scaffolding
☐	☐	Egress
☐	☐	Safety showers
☐	☐	Eye bath
☐	☐	Sampling
☐	☐	Line/equipment opening
☐	☐	Sight glasses
☐	☐	Flammable storage
☐	☐	Chemical refrigeration
☐	☐	Hearing conservation
☐	☐	Radiation
☐	☐	Ventilation
☐	☐	Asbestos
☐	☐	Powered elevated work platforms
☐	☐	Hot work - electrical
☐	☐	Equipment handling - hand rigging
☐	☐	Heat stress

Safety Standards, Guides, Requirements (cont'd)

Check those for which you have a requirement: (cont'd)

Required By Written Safe Job Procedure	Not Written Left to Judgement of Supervisor or Operating Personnel	
☐	☐	Labeling of containers
☐	☐	Pipeline identification
☐	☐	Vessel identification
☐	☐	Pressure vessel requirements
☐	☐	Cylinder regulators
☐	☐	Cylinder handling and storage
☐	☐	Reactive chemicals
☐	☐	Eye protection
☐	☐	Foot protection
☐	☐	Respiratory requirements
☐	☐	Grounding and bonding
☐	☐	Railroad - blue flag - derailer
☐	☐	Static electricity
☐	☐	Emergency lighting
☐	☐	Emergency alarms
☐	☐	Fire extinguishers
☐	☐	Moving machinery
☐	☐	Roll standard
☐	☐	Guarding
☐	☐	Ring and jewelry policy

I. Hazard Detection Program

Check all that apply:

Inspections:

Superintendent makes inspection:

☐ On regular basis ☐ On infrequent basis ☐ No plan

☐ Internal units determine own policies on inspections and frequency thereof.

☐ Entire plant/department committed to internal audit program with schedules and formal criteria.

☐ Plant/department committed to audits - no schedules and no formal prepublished criteria.

☐ No commitment to audit.

☐ Audits (other) - Describe: _____

_____

_____

_____

_____

☐ Job hazard analysis is used as a method of detection

☐ All identified hazards are tracked to completion.

☐ Other - describe: _____

_____

_____

_____

J. Safety Suggestion System

Is there a written suggestion system in effect for safety suggestions and a process to follow up to completion? Yes No

If yes, how are suggestions followed up? _____

_____

_____

_____

Response time? _____

_____

If no, how do you solicit safety improvements and method of follow-up? _____

_____

_____

_____

_____

K. Award/Recognition Systems

Do you have a safety award/recognition system? Yes No

Is award/recognition built into achievement of some objective, goal, or plan? Yes No

Is award/recognition system preplanned and communicated prior to start of any safety accounting period? Yes No

Is award/recognition after the fact (i.e., decide to issue award/recognition after realizing that some milestone has been achieved)? Yes No

What is the normal dollar value of a safety award? _____

Is it presented to everyone? _____

L. Contractor Safety

Check those that apply:

Yes	No	
☐	☐	Contractor safety manual, other than purchasing specifications or contract in use.
☐	☐	Safety requirements spelled out in purchase order or written contract and includes Dow, state, local, and federal requirements.
☐	☐	Contractor must submit his plan for safety of his personnel as part of bid package.
☐	☐	Dow person responsible for safety of contract site is spelled out or identified in job description
☐	☐	Pre-job safety meeting always held.

List exceptions: _____

_____

_____

_____

☐	☐	Plant/department indoctrination program for contractor employees new to Plant/department is in practice.

How accomplished? _____

_____

_____

☐	☐	Accident reports of incidents by contractors on Dow sites are required and filed.
☐	☐	Contractor must practice minimum Dow safety requirements at site unless given variance by Dow in writing.
☐	☐	Contractor safety performance on Dow site is condition of employment and consideration for future contracts.
☐	☐	Contractor is allowed to use Dow equipment such as ladders, scaffolds, tools, etc.

Contractor Safety: (cont'd)

Yes	No	
☐	☐	Contract jobs are formally inspected on routine basis for safety and health.
☐	☐	Are you aware of and using, "Safety and Loss Prevention Manual for Contractors" - 1990?
☐	☐	Contractor program is coordinated with local safety program.
☐	☐	Do you have contract maintenance?
☐	☐	If yes, are they included in Dow safety programs?
☐	☐	Contract laborers other than maintenance?

In absence of any formal manual or other Dow criteria to guide your safety program, please enclose or list safety criteria used on contract jobs:

_____

_____

_____

Who attends contractor safety investigations? _____

_____

Describe any special features of your contractor safety program _____

_____

_____

_____

_____

M. Off-the-Job Safety

Yes	No	
☐	☐	There is a formal program for reporting of off-the-job injuries to Dow personnel.
☐	☐	Results of Dow employee off-the-job injuries are collected and published for learning value.
☐	☐	Off-the-job accident statistics and learning situations are utilized in plant safety meetings or discussions.

List some of your most successful "off-the-job" oriented safety meeting topics:

_____

_____

_____

_____

N. Communications

Check those that apply:

☐ Use slide-tape case histories from other locations in program

☐ Family Safety or other means used to convey safety to home

☐ In-house closed circuit TV capability

☐ Video-tape replay capability

☐ Use National Safety Council resource material

☐ Use Dow U.S.A. safety guidelines

☐ Other - list: _____

_____

_____

_____

_____

Q. **Physical Facilities**

What provision do you have to maintain Housekeeping? How Accomplished?

LOUISIANA DIVISION EMPLOYEE SAFETY SURVEY

CIRCLE ONE:

1) Employee - Less than one year | 1 to 5 years | 5 to 10 years

10 to 20 years | over 20 years

CIRCLE ONE:

2) Age - 20 to 30 years | 30 to 50 years | over 50 years

PLEASE ANSWER THE FOLLOWING QUESTIONS:

3) How would you describe your supervisor's views on safety?

_____

_____

_____

4) In your formal Job Performance Review, did your supervisor discuss your safety performance? _____

Did you set a personal safety goal? _____

5) What does SAFETY actually mean to you personally? _____

_____

_____

_____

_____

_____

6) How well are you trained on your job when you start something new?

_____

_____

7) On what part(s) of your job do you think you need more training?

_____

_____

8) Do you have written operating procedures covering your job in your department? (a) _____. How well are they kept up? (b) _____ When did you last review them? (c) _____.

9) What part of your job requires you to think the most about safety, or requires the most caution? _____

_____

_____

10) What do you do if you notice an employee performing work in an unsafe manner?

_____

_____

_____

_____

11) a. Do you attend meetings in which safety is discussed (at least monthly)? _____
b. Who gives them? _____.
c. Are they meaningful and helpful to you? _____.

12) Do you know the hazards of the chemicals to which you have potential exposure? _____

13) Do you know where the Material Safety Data Sheets and 'TIME' sheets are kept? _____. If so, are they readily available to you? _____.

Have you used them outside of a training session? _____.

14) Do you wear personal protective equipment to avoid contact with chemicals?_____

How is the protective equipment maintained? _____

_____

15) a. How are safety suggestions handled in your department? _____

_____

_____

b. Do you receive prompt feedback? _____

16) a. Do you have written Emergency Procedures? _____

b. When and what was your last emergency drill? _____

_____

17) In your opinion, what situation or problem do you think is going to cause the next serious accident on your job? _____

_____

18) If actions are taken at the appropriate time, do you believe accidents to yourself and others can be prevented?

CHECK ONE: All of the time _____; Most of the time _____;

Some of the time _____; Why? _____

_____

19) What one change would you suggest that would prevent injuries to the people at your location? _____

_____

_____

20) Is the Louisiana Division an OSHA Star Site? Yes No

21) Do you know your rights under the OSHA VPP/Star Program? Yes No

22) Any other comments or areas of concern? _____

_____

_____

Revised: 8/7/91

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