NEW YORK STATE DEPARTMENT OF LABOR
WORKPLACE SAFETY AND LOSS PREVENTION PROGRAM

ICR 59 Consultant’s Evaluation Report Checklist

Employer ___________________________________________ Board File No.________

A. Synopsis of Employer Operations
   1. Name/Location of Establishment(s) Inspected 59-1.1(h)(2) □
   2. Primary Activity of Employer 59-1.1(h)(5) □
   3. Synopsis of Operation 59-1.1(h)(6) □
   4. Number of Employees at each Site 59-1.1(h)(6) □
   5. Experience Modification Rating 59-1.1(h)(6) □
   7. Federal Employer Identification Number 59-1.1(h)(6) □

B. Employer and Insurer Data 59-1.11(h)(4) □

C. Opening Conference 59-1.11(e) □
   1. Explain Regulation □
   2. Calculate Compliance Timeline □

D. Scope of Inspection based upon Review of C-2’s 59-1.11(c) □

E. Determination of Health Sampling 59-1.11(e)(4) □

F. Analysis of Company Safety Program
   1. Review of Written Company Policies 59-1.9(a)(1) □
   2. Review of Written Company Goals 59-1.9(a)(2) □
   3. Review of Top Level Management Involvement 59-1.9(a)(3) □
   4. Review of Employee Involvement 59-1.9(a)(4) □
   5. Review of Accountability/Implementation 59-1.9(a)(5) □
   6. Review of Safety and Health Training for Employees 59-1.9(a)(6) □
      a. Hazard Training *
      b. Annual Training *
      * To Include: Written Statement, Needs Assessment,
            Content/Testing, Monitoring/Evaluation
   7. Review of Reporting Systems 59-1.9(a)(7) □
   8. Review of Accident Investigation, Analysis and Reporting 59-1.9(a)(8) □
   9. Review of Injury and Illness Trends 59-1.9(a)(9) □
  10. Review of In-House Inspection Procedures 59-1.9(a)(10) □
      a. Frequency/Effectiveness
   12. Review of Accident Prevention Programs 59-1.9(a)(12) □

G. Safety Committee/Program for Employee Involvement 59-1.9(a)(4) □

H. Physical Survey of the Workplace 59-1.11(b) □

I. Closing Conference 59.1.11(f) □
   1. Give Instructions for Filing Reports □