BI-ANNUAL SAFETY REPORT

COMPANY NAME: _____ Date 1/8/09

Person Submitting Report _____ Report For: _____

VEHICLE SAFETY

Number of Vehicles in Fleet ____

Vehicles have current Registration ☐ YES ☐ NO

Vehicles have current DOT safety ☐ YES ☐ NO

Vehicles have mounted fire extinguishers ☐ YES ☐ NO

Vehicles have complete First Aid Kits ☐ YES ☐ NO

Vehicles meet CUA requirements ☐ YES ☐ NO

Vehicles have adequate safety equipment ☐ YES ☐ NO

EMPLOYEE & CLIENT SAFETY

Number of Employees ____

Number certified in First Aid ____ First Aid certification is Valid ☐ YES ☐ NO

Number certified in CPR ____ CPR certification is Valid ☐ YES ☐ NO

Number certified in First Responder ____ First Responder is Valid ☐ YES ☐ NO

Number certified in Wilderness First Aid ____ Wilderness First Aid is Valid ☐ YES ☐ NO

DOT Medicals are Valid ☐ YES ☐ NO

D.L. & Endorsements Valid ☐ YES ☐ NO

All employees have read Conditions of Authorization ☐ YES ☐ NO

Number certified as a DOH Food Handler ____

Describe other ways that you ensure employee safety & safety of your clients.

EQUIPMENT SAFETY

Please list the type of equipment you use for your activity and how you maintain the safety of it. (Ex. stock animals, hiking equipment, camping gear, safety equipment used pre-sunrise or post-sunset.

PUBLIC HEALTH & SAFETY

Please describe how you ensure the safety of your employees and clients in prevention of disease transmission, food-borne illness and sanitation.

CONTACT UPDATES

Please use the space and fields below to update any information for your company--addresses, phone & fax numbers, manager names & emails, etc.

Name

Address

City State Zip Code

Country

Submit by Email

Print Form (Fax or Mail)

Reset Form