

9/15/2018



SPHM
HOSPITALITY

CLUB FORMS — SAFETY



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Series 600

Club Forms - Safety

SPHM Golf & Country Club

Customer/Guest/Member Accident Report

Victim Name:	Date of Report:
Age:	Member #:
Date of Accident:	Time of Accident:

Description of Accident. What was victim doing?

Witnesses – Names & Phone Numbers/What they saw or heard and when?

Nature of injuries – what part of the victim's body was injured?	
Did victim report the accident immediately?	If not, why not?
Did victim go to a hospital/clinic for treatment?	What Doctor?
Was the victim admitted to the hospital?	Which hospital?
After investigating this accident, what caused it?	
What should be done, and by whom, to prevent this accident from occurring in the future?	
Who will be responsible to see that necessary actions are taken?	
What is the deadline for completing corrective action?	

Supervisor's Signature:	Date:
Safety Director's Signature:	Date:

Employee Information

Employee's Name:		Employee's SSN#	
Employee's Address:		Phone #:	
City:	State:	Zip Code:	County:
Job Title:	Facility:	Dept:	
DOB:	<input type="checkbox"/> Male <input type="checkbox"/> Female	Supervisor:	
Hire Date:	Normal Days Off (e.g. Friday, Saturday):		
Normal Work Hours:		Normal Time Workday Begins:	

Employee Report of Accident, Injury or Illness

Please print. Fill in all the blanks. If a blank does not pertain to your accident, injury or illness, write "N/A" in that blank. When completed, return this form to your supervisor.		
Date of Accident:	Time of Accident:	Location of Accident:
Describe how the accident happened:		
What caused the accident?		
Task being performed:		
What could have prevented the accident?		
Witness names & phone numbers:		
Describe your injuries:		
Date/Time you first sought medical attention:		
Name of physician:		OR Name of hospital:
Were you using required safety equipment?		
Do you have a job at another company?		
The information I have provided, either in my own writing or verbally, for the purpose of this form is true and correct. I understand that providing false or misleading information or omission of information on this report or any other form relating to this accident and/or a claim resulting from this accident may result in termination of my employment.		
Employee's Signature:		Date:
Supervisor's Signature:		Date:

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Supervisor's Report of Accident

Supervisor's Name:	Facility:	Dept:
<u>Basic Rules for Accident Investigation</u> <ul style="list-style-type: none"> Find the cause to prevent future accidents. Use an unbiased approach during the investigation. Interview witnesses & injured employee(s) at the scene; conduct a walk-through of the accident. Conduct interviews in private; interview one witness at a time. Get signed statements from all involved. Take photos or make a sketch of the accident scene. What hazards are present? What unsafe acts contributed to the accident? Ensure hazardous conditions are corrected immediately. 		
Date of Accident:	Time of Accident:	Location of Accident:
Accident resulted in: <input type="checkbox"/> Injury <input type="checkbox"/> Fatality <input type="checkbox"/> Property Damage		
Describe how the accident happened:		
What caused the accident?		
What could have prevented the accident?		

Root Cause Analysis (check all that apply)

<u>Unsafe Acts</u> <ul style="list-style-type: none"> _____ Improper work technique _____ Safety rule violation _____ Improper Personal Protect. Equip or PPE not used _____ Operating without authority _____ Failure to warn or secure _____ Operating at improper speeds _____ By-passing safety devices _____ Protective equipment not in use _____ Improper loading or placement _____ Improper lifting _____ Servicing machinery in motion _____ Horseplay _____ Drug or alcohol use 	<u>Unsafe Conditions</u> <ul style="list-style-type: none"> _____ Poor workstation design _____ Unsafe operation method _____ Improper maintenance _____ Lack of direct supervision _____ Insufficient training _____ Lack of experience _____ Insufficient knowledge of job _____ Slippery conditions _____ Excessive noise _____ Inadequate guarding of hazards _____ Defective tools/equipment _____ Poor housekeeping _____ Insufficient lighting
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Corrective Action Taken to Prevent Reoccurrence:

Supervisor's Signature:	Date:
Safety Director's Signature:	Date:
General Manager's Signature:	Date:

Name:	Date of Hire:
Department:	Position:

Check Off	General Training Topic	Date of Training	Employee Initials.

Check Off	Specific Equipment Safety Topic	Date of Training	Employee Initials.

EmployeeSupervisor’sSignature:	Date:
Supervisor’s Signature:	Date:

**“Safety and health in our business must be part of every operation.
Without question, it is every employee’s responsibility at all levels.”**

It is the intent of the organization to comply with all safety laws. To do this, we must constantly be aware of conditions in all work areas that can produce injuries. No employee is required to work at a job they know is not safe or healthful. Your cooperation in detecting hazards and, in turn, controlling them, is a condition of your employment. Inform your supervisor immediately of any situation beyond your ability or authority to correct.

The personal safety and health of each employee is of primary importance. Prevention of occupationally-induced injuries or illnesses is of such consequence that it will be given precedence over operating productivity whenever necessary. To the greatest degree possible in keeping with the highest standards, management will provide all mechanical and physical safeguards required for personal safety and health.

The organization will maintain an occupational safety and health program conforming to the best practices of similar organizations. To be successful, such a program must embody proper attitudes towards injury and illness prevention on the part of supervisors and employees. It also requires cooperation in all safety and health matters, not only between supervisor and employee, but also between each employee and their co-workers. Only through such a cooperative effort can a safety and health program, in the best interest of all, be established and maintained.

Our objective is a safety and health program that will reduce the number of injuries and illnesses to an absolute minimum, not merely in keeping with, but surpassing, the best experience of similar operations. Our goal is zero accidents and injuries.

Our safety and health program will include:

- Providing mechanical and physical safeguards to the maximum extent possible.
- Conducting a program of safety and health inspections to find and eliminated unsafe working conditions or practices, to control health hazards, and to fully comply with OSHA safety and health standards for every job.
- Training all employees in good safety and health practices.
- Providing necessary personal protective equipment and instructions for their proper use and care.
- Developing and enforcing safety and health rules, and requiring employees follow these rules as a condition of employment.
- Investigating, promptly and thoroughly, every accident to find out its cause, and correcting the problem so it won’t reoccur.

We recognize that the responsibilities for occupational safety and health are shared:

- The organization accepts responsibility for leadership of the safety and health program, for its effectiveness and improvement, and for providing safeguards necessary to ensure safe work conditions.
- Supervisors are responsible for developing proper attitudes toward safety and health in themselves and in those they supervise, and for ensuring that all operations are performed with the utmost regard for the safety and health of all personnel involved, including themselves.
- Employees are responsible for wholehearted, genuine support of all aspects of the safety and health program – including compliance with the rules and regulations – and for continuously practicing safety and health while performing their duties.

General Manager’s Signature

Date

INTRODUCTION. The organization is committed to accident prevention in order to protect the safety and health of all our employees. Injury and illness losses due to hazards are needless, costly, and preventable. To prevent these losses, a joint management/worker safety committee will be established at each managed operation. Employee involvement in accident prevention and support of safety committee members and activities is necessary to ensure a safe and healthful workplace.

PURPOSE. The purpose of our safety committees is to bring workers and management together in a cooperative effort to promote safety and health in the workplace. The safety committee will assist management by making recommendations for change.

ORGANIZATION. No fewer than three and no more than six safety representatives shall serve on the committee. There shall be, in most cases, an equal number of employee and employer representatives on the committee. Employee representatives shall be volunteers or elected by their peers. If no employees volunteer or are elected, they may be appointed by management. Employer representatives will be appointed. Safety committee members will serve a continuous term of at least one year. Committee membership terms will be staggered so that at least one experienced member is always on the committee.

EXTENT OF AUTHORITY. It must be clearly understood that the safety committee advises management on issues that will promote safety and health in the workplace. Written recommendations are expected from the safety committee and they will be submitted to management. In turn, management will give serious consideration to the recommendations submitted and will respond in writing to the committee within reasonable time.

FUNCTIONS

- Committee meetings and employee involvement;
- Hazard assessment and control;
- Safety and health planning;
- Evaluation of accountability system;
- Evaluation of management commitment to workplace safety and health;
- Evaluation of accident and incident investigation program;
- Safety and health training.

RECOMMENDATIONS. All recommendations submitted to management must be written and should:

- Be clear and concise;
- Provide reasons for implementation;
- Give recommended options;
- Show implementation costs and recommended completion dates;
- List benefits to be gained.

PROCEDURES. The committee's plan of action requires procedures by which the committee may successfully fulfill its role. Procedures developed should include, but not be limited to:

- Meeting date, time, location, and agenda.
- Election of chairperson and secretary.
- Order of business.
- Minutes and other meeting records.
- Reporting unsafe conditions and practices.
- Attending all safety and health meetings.
- Reviewing all accidents or near-misses.
- Recommending ideas for improving safety and health.
- Working in a safe and healthful manner.
- Observing how safety and health requirements are being observed in the workplace.
- Completing assignments given by chairperson.
- Acting as a work area representative in matters pertaining to health and safety.

General Manager's Signature

Date

Date: _____

To: All Committee Members, Alternates, Bulletin Board

Meeting Date: _____

Meeting Time: _____

Meeting Place: _____

Agenda Items

Responsible Person

1. Old Business

a. Review of last month's recommendations

b. Follow-up on last quarterly inspection

2. New Business

a. Hazard reports

All

b. Accident investigation reviews

c. Recommendation reviews

d. _____

e. _____

f. _____

3. Safety Committee Members

Training a. _____

b. _____

Notes:

Chairperson's Signature_____
Date

Chairperson: _____

Date: _____

Department: _____

Time meeting started: _____

COMMITTEE MEMBERS

_____ ☐ Present ☐ Absent _____ ☐ Present ☐ Absent

_____ ☐ Present ☐ Absent _____ ☐ Present ☐ Absent

_____ ☐ Present ☐ Absent _____ ☐ Present ☐ Absent

_____ ☐ Present ☐ Absent _____ ☐ Present ☐ Absent

Previous meeting minutes from _____ were read.
Date

Old Business**a. Review of last month's recommendations:**

<u>Rec #</u>	<u>Description</u>	<u>Incomplete</u>	<u>Completed</u>	<u>Date</u>
R- _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
R- _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
R- _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
R- _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
R- _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____
R- _____	_____	<input type="checkbox"/>	<input type="checkbox"/>	_____

b. Follow-up on last quarterly inspection: _____

New Business**a. Hazard (inspection) reports reviewed:**

<u>Hazard #</u>	<u>Description</u>	<u>Recommendation #</u>
H- _____	_____	R- _____
H- _____	_____	R- _____
H- _____	_____	R- _____
H- _____	_____	R- _____
H- _____	_____	R- _____
H- _____	_____	R- _____
H- _____	_____	R- _____
H- _____	_____	R- _____

b. Accident/incident investigation reviews:

<u>Acc #</u>	<u>Near-Miss</u>	<u>Description</u>	<u>Recommendation #</u>
A- ____	_____	_____	R- ____
A- ____	_____	_____	R- ____
A- ____	_____	_____	R- ____
A- ____	_____	_____	R- ____
A- ____	_____	_____	R- ____
A- ____	_____	_____	R- ____
A- ____	_____	_____	R- ____
A- ____	_____	_____	R- ____

Safety Committee Members Training Report: _____

Miscellaneous New Business: _____

Activity/Assignment Report:

Description

Person Assigned

Committee Remarks:

Meeting adjourned: _____

Next Meeting: _____

Secretary Signature

Chairperson Signature

Lockout/Tag Out Authorized Employee List

[illegible]

<u>Number</u>	<u>Chemical Name</u>	<u>Labeled</u>	<u>MSDS on File</u>	<u>Verified by</u>	<u>Date</u>
Ch-1		<input type="checkbox"/>	<input type="checkbox"/>		
Ch-2		<input type="checkbox"/>	<input type="checkbox"/>		
Ch-3		<input type="checkbox"/>	<input type="checkbox"/>		
Ch-4		<input type="checkbox"/>	<input type="checkbox"/>		
Ch-5		<input type="checkbox"/>	<input type="checkbox"/>		
Ch-6		<input type="checkbox"/>	<input type="checkbox"/>		
Ch-7		<input type="checkbox"/>	<input type="checkbox"/>		
Ch-8		<input type="checkbox"/>	<input type="checkbox"/>		
Ch-9		<input type="checkbox"/>	<input type="checkbox"/>		
Ch-10		<input type="checkbox"/>	<input type="checkbox"/>		
Ch-11		<input type="checkbox"/>	<input type="checkbox"/>		
Ch-12		<input type="checkbox"/>	<input type="checkbox"/>		
Ch-13		<input type="checkbox"/>	<input type="checkbox"/>		
Ch-14		<input type="checkbox"/>	<input type="checkbox"/>		
Ch-15		<input type="checkbox"/>	<input type="checkbox"/>		
Ch-16		<input type="checkbox"/>	<input type="checkbox"/>		
Ch-17		<input type="checkbox"/>	<input type="checkbox"/>		
Ch-18		<input type="checkbox"/>	<input type="checkbox"/>		
Ch-19		<input type="checkbox"/>	<input type="checkbox"/>		
Ch-20		<input type="checkbox"/>	<input type="checkbox"/>		
Ch-21		<input type="checkbox"/>	<input type="checkbox"/>		
Ch-22		<input type="checkbox"/>	<input type="checkbox"/>		
Ch-23		<input type="checkbox"/>	<input type="checkbox"/>		
Ch-24		<input type="checkbox"/>	<input type="checkbox"/>		
Ch-25		<input type="checkbox"/>	<input type="checkbox"/>		
Ch-26		<input type="checkbox"/>	<input type="checkbox"/>		
Ch-27		<input type="checkbox"/>	<input type="checkbox"/>		
Ch-28		<input type="checkbox"/>	<input type="checkbox"/>		
Ch-29		<input type="checkbox"/>	<input type="checkbox"/>		
Ch-30		<input type="checkbox"/>	<input type="checkbox"/>		

1. Task Description: <u>Specific</u>

chemical hazards: _____

Protective/safety measures employees must take:_____

Measures the organization has taken to reduce the hazards, including ventilation, respirators, presence of another employee, and emergency procedures:_____

2. Task Description:_____

Specific chemical hazards:_____

Protective/safety measures employees must take:_____

Measures the organization has taken to reduce the hazards, including ventilation, respirators, presence of another employee, and emergency procedures:_____

3. Task Description:_____

Specific chemical hazards:_____

Protective/safety measures employees must take:_____

Measures the organization has taken to reduce the hazards, including ventilation, respirators, presence of another employee, and emergency procedures:_____

Employee Name: _____ Department: _____

Training: I have received training in the following areas:

<u>Date</u>	<u>Initial</u>		<u>Date</u>	<u>Initial</u>	
_____	_____	Mod. 1 Company Safety & Health Plan	_____	_____	Mod. 5 Accident Investigation
_____	_____	Mod. 2 Company/Employee Responsibility	_____	_____	Mod. 6 Back Safety
_____	_____	Mod. 3 Safety Committee Operations	_____	_____	Mod. 7 Ergonomic Awareness
_____	_____	Mod. 4 Hazard Identification & Control	_____	_____	Mod. 8 Basic Machine Guarding

Mod. 9 Lockout/Tag Out Training

<u>Date</u>	<u>Initial</u>	
_____	_____	I have received training to make sure that the purpose and function of the energy control program is understood.
_____	_____	I have been given time to acquire the knowledge and skills required for the safe application, use, and removal of energy controls.
		I have received training in the following:
_____	_____	Authorized employee – the recognition of applicable hazardous energy sources, the type and magnitude of the energy available in the workplace, and the methods and means necessary for isolation and control.
_____	_____	Affected employee – the purpose and use of the energy control procedure.
_____	_____	All other employees – general lockout/tag out program and procedures, and the prohibition relating to attempts to restart or re-energize machines or equipment which are locked out or tagged out.
		When a tag out system is used, I have been trained that:
		<ul style="list-style-type: none"> • Tags are essentially warning devices affixed to energy isolating devices, and do not provide the physical restraint on those devices that is provided by a lock. • When a tag is attached to an energy isolating means, it is not to be removed without authorization of the authorized person responsible for it, and it is never to be bypassed, ignored, or otherwise defeated. • Tags must be legible and understandable by all authorized employees, affected employees, and all other employees whose work operations are or may be in the area, in order to be effective. • Tags and their means of attachment must be made of materials that will withstand the environmental conditions encountered in the workplace. • Tags may evoke a false sense of security, and their meaning needs to be understood as part of the overall energy control program.
_____	_____	<ul style="list-style-type: none"> • Tags must be securely attached to energy isolating devices so that they cannot be inadvertently or accidentally detached during use.

Mod. 10 Hazard Communications Training

<u>Date</u>	<u>Initial</u>	I have received training in the following:
_____	_____	Overview of the requirements contained in the Hazard Communication Rules.
_____	_____	Chemicals present in my workplace operations.
_____	_____	Locations and availability of our written hazard communication program and the MSDSs for the hazardous chemicals.
_____	_____	Physical and health effects of these hazardous chemicals.
_____	_____	Methods and observation techniques used to determine the presence or release of hazardous chemicals in my work area.
_____	_____	How to lessen or prevent exposure to these hazardous chemicals through usage of control/work practices and personal protective equipment.
_____	_____	Steps the Company has taken to lessen or prevent exposure to these chemicals.
_____	_____	Safety emergency procedures to follow in the event of exposure to these chemicals.
_____	_____	How to read container labels, review, and interpret MSDSs to obtain appropriate hazard information.

Hazard Number: H- _____

Department: _____ Date: _____

Location: _____

Description of Hazard: _____

Person Who Discovered Hazard: _____

Supervisor Actions:

Root Cause(s): _____

Controls: _____

Date Corrected: _____ Reviewed by: _____

Notes:

SPHM Golf & Country Club

Hazard Tracking Log

[illegible]

Accident Number: _____

Date: _____

Accident Investigator: _____

Dept: _____ Tel # _____

Accident Investigator: _____

Dept: _____ Tel # _____

Section I. Background**WHO** was involved or injured?

Date Accident/Incident Reported _____

Name _____

Witness (1) _____ Tel # _____

Address _____

(2) _____ Tel # _____

(3) _____ Tel # _____

Phone (H) _____ (W) _____

Job Title _____ Length of Svc _____

WHEN did Accident/Incident occur?

Date _____ Time of Day _____

WHERE did Accident/Incident occur:

Dept _____ Location _____

Section II. Description of Accident (Describe sequence of events. Attach separate page, if necessary)

Section III. Findings (Surface cause(s) - unsafe work conditions and/or practices) Attach separate page, if necessary)

(Root cause(s) – policies, procedures, supervision, training, decision-making, other factors)

Section IV. Recommendations (Attach separate page, if necessary)

Immediate Corrections to eliminate unsafe conditions and/or work practices.

Long Term Corrections. Policies, procedures, training, etc., to ensure unsafe conditions and/or practices do not recur.

Section V. Summary (Estimated costs of accident. Costs and benefits of corrective action.)

Section VI. Follow-up. Actions/Comments (appropriate, timely, etc.)

Corrective Actions Taken – Immediate:

Corrective Actions Taken – Long Term:

Section VII. Attachments (Photos, sketches, interview notes, etc.)

Prepared by _____ **Reviewed by** _____

Title _____ **Date** _____ **Title** _____ **Date** _____

This audit covers the servicing and maintenance of machines and equipment in which the unexpected start up of the machines or equipment, or the release of stored energy, could cause injury to employees.

Energy Control Program

- Y N Has the employer established an energy control program consisting of energy control procedures, employee training and periodic inspection?
- Y N Is a responsible person appointed to monitor the effectiveness of the energy control program?

Lock out/Tag out

- Y N Is a tag out system used only if an energy isolating device is not capable of being locked out?
- Y N Can the employer prove that the utilization of a tag out system will provide full employee protection?
- Y N Whenever replacement or major repair, renovation or modification of a machine or equipment is performed, and whenever new machines or equipment are installed, are energy isolating devices for such machine or equipment designed to accept a lock out device?

Energy Control Procedures

- Y N Are written procedures in place, documented and used for the control of potentially hazardous energy?
Exception: The employer need not document the required procedure for a particular machine or equipment, when all of the following elements exist: (1) The machine or equipment has no potential for stored or residual energy or re-accumulation of stored energy after shut down which could danger employees: (2) The machine or equipment has a single energy source which can be readily identified and isolated: (3) The isolation and locking out of that energy source will completely de-energize and de-activate the machine or equipment: (4) The machine or equipment is isolated from that energy source and locked out during servicing or maintenance: (5) A single lock out device will achieve a locked out condition: (6) The lock out device is under the exclusive control of the authorized employee performing the servicing or maintenance: (7) The servicing or maintenance does not create hazards for other employees: and (8) The employer, in utilizing this exception, has had no accidents involving the unexpected activation or re-energizing of the machine or equipment during servicing or maintenance.
- Y N Do procedures clearly and specifically outline the scope, purpose, authorization, rules, and techniques to be utilized for the control of hazardous energy, and the means to enforce compliance? Do procedures include:
- Y N Specific procedural steps for shutting down, isolating, blocking, and securing machines or equipment to control hazardous energy?
- Y N Specific procedural steps to place, remove, and transfer lock out devices/tag out devices and the responsibility for them?
- Y N Specific requirements for testing a machine or equipment to determine and verify the effectiveness of lock out devices, tag out devices, and other energy control measures?

Protective Materials and Hardware

- Y N Are locks, tags, chains, wedges, key blocks, adapter pins, self-locking fasteners, or other hardware provided by the employer for isolating, securing, or blocking of machines or equipment from energy sources?
- Y N Are lock out devices and tag out devices singularly identified; the only device(s) used for controlling energy, and not used for other purposes?
- Y N Are lock out and tag out devices capable of withstanding the environment to which they are exposed for the maximum period of time that the exposure is expected?
- Y N Are tag out devices constructed and printed so that exposure to weather conditions or wet and damp locations will not cause the tag to deteriorate or the message on the tag to become illegible?
- Y N Are tags made so that they will not deteriorate when used in corrosive environments such as areas where acid and alkali chemicals are handled and stored?
- Y N Are lock out and tag out devices standardized within the facility in at least one of the following criteria: color, shape, or size and additionally, in the case of tag out devices, print and format?
- Y N Are lock out devices substantial enough to prevent removal without the use of excessive force or unusual techniques, such as the use of bolt cutters or other metal cutting tools?
- Y N Are tag out devices, including their means of attachment, substantial enough to prevent inadvertent or accidental removal?
- Y N Are the means of attaching tag out devices of a non-reusable type, attachable by hand, self-locking, and non-releasable with a minimum unlocking strength of no less than 50 pounds?

(continued on reverse)

Protective Materials and Hardware, continued

- Y N Is the general design and basic characteristics of the means of attachment at least equivalent to a one-piece, all environment-tolerant nylon cable tie?
- Y N Do lock out devices and tag out devices indicate the identity of the employee applying the device(s)?
- Y N Do tag out devices warn against hazardous conditions if the machine or equipment is energized and include a legend such as the following: Do Not Start. Do Not Open. Do Not Close Do Not Energize. Do Not Operate?
- Y N Does each person's lock have either a key or a combination which is unique to that device?

Job Safety Analysis (JSA) is a methodology to examine safety hazards that may be inherent in any job or task performed by an employee. The JSA breaks a job into its basic steps, identifies any hazards associated with each step, and prescribes controls for any identified hazards.

Position Title:	Department:
Analyst:	Date of Analysis:

Title of Job or Task:	Approved by:
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Task Step	Identified Hazard	Hazard Control

SPHM Golf & Country Club

Quarterly Safety Report

Prepared by the Safety Director and submitted to the General Manager NLT 1/10, 4/10, 7/10, and 10/10.

Date of Report: _____

Covering which Quarter: (circle one)

1Q 2Q 3Q 4Q

Safety Committee Meetings:

Date _____ Number of Committee Members Present: _____

Date _____ Number of Committee Members Present: _____

Safety Committee Inspections:

Date _____ Department Inspected: _____ Inspector: _____ # Hazards Found _____

Date _____ Department Inspected: _____ Inspector: _____ # Hazards Found _____

Date _____ Department Inspected: _____ Inspector: _____ # Hazards Found _____

Uncorrected Hazards on Hazard Control Log

Total Hazards: _____

Number: _____ Department: _____ Number: _____ Department: _____

Number: _____ Department: _____ Number: _____ Department: _____

Number: _____ Department: _____ Number: _____ Department: _____

Number: _____ Department: _____ Number: _____ Department: _____

Reportable Injuries and Illnesses during Quarter:

Date: _____ Victim: _____ Department: _____

Date: _____ Victim: _____ Department: _____

Date: _____ Victim: _____ Department: _____

Date: _____ Victim: _____ Department: _____

Accidents/Incidents under Active Investigation:

Date: _____ Victim: _____ Investigator: _____

Date: _____ Victim: _____ Investigator: _____

Date: _____ Victim: _____ Investigator: _____

Date: _____ Victim: _____ Investigator: _____

Safety Committee/Supervisors Safety Training Conducted:

Date: _____ Class: _____ Date: _____ Class: _____

Date: _____ Class: _____ Date: _____ Class: _____

Comments: _____

Safety Director's Signature _____ Date _____

SPHM Golf & Country Club

Fire Safety and Evacuation Report

Date of Drill: _____ Day of Week of Drill: _____

Time of Drill: ☐ Morning ☐ Afternoon ☐ Evening Time Alarm Sounded: _____

☐ Club-wide Drill

☐ Departmental Drill – List Dept(s): _____

Fire Department Notified: ☐ Yes ☐ No

Spaces Occupied: ☐ Admin Offices ☐ Restaurant ☐ Lounge ☐ Ballroom ☐ Kitchen

☐ Golf Shop ☐ Locker Rooms ☐ Front Office ☐ Fitness/Spa ☐ Aquatics ☐ GC Maintenance

Evacuation Team Present:

Evacuation Director: ☐ Yes ☐ No Name: _____

Evacuation Coordinators: ☐ Yes ☐ No

Floor: 1st Floor 2nd Floor 3rd Floor

Names: _____

Communication Coordinator: ☐ Yes ☐ No Name: _____

Alarm Initiation: ☐ Main Fire Panel ☐ Pull Station ☐ Dept. Simulation

Evacuation Review	Excellent (3)	Average (2)	Poor (1)
Additional Emergency Notification Made How Made:			
Evacuation Compliance – People who responded			
Orderliness of Evacuation – Calmness of evacuation			
Speed of Evacuation – How fast did everyone evacuate?			
Employee Assistance – Provided by employees to evacuate members and guests.			
Assembly Area Congregation – Did everyone move to designated assembly areas away from the building?			
Personnel Accountability – Was everyone accounted for?			
Totals			

Overall Score (sum of totals for three columns divided by 7): _____

Time “All Clear” Given: _____

Fire Safety and Evacuation Report

Review/Comments

Proposed Improvements:

Prepared by Evacuation Director

Signature: _____ Date: _____

Reviewed by General Manager

Signature: _____ Date: _____



Hazard Inspection Checklist

Inspector Name: _____

Date: _____

Dept. or Work Area: _____

Inspection Tips: Each inspection must be as thorough as possible. One way to ensure this is to start on one side of the room or work area and work your way around clockwise, top to bottom, scanning each area, workspace, piece of equipment, furnishings, storage location, window, door, electrical outlet, etc., looking for any potential safety hazard.

Electrical	Yes	No	N/A	Comments
Any circuit breakers tripping regularly?				
Are extension cords run under carpets/rugs or across doorways?				
Are all cords and plugs in good condition?				
Are all ground plugs in good condition?				
Are all electrical boxes equipped with an undamaged cover plate?				
Does the facility maintenance department approve all extension cords?				
Are electrical switches, switch plates, or receptacles cracked or damaged in any way?				
Are all electrical panels locked and unobstructed?				
Are electrical circuits in panels identified?				

Slip, Trip, Fall Hazards	Yes	No	N/A	Comments
Are walk spaces, hallways, and stairs clear and unobstructed?				
Is there any loose carpeting, matting, or floor covering that could pose a trip hazard?				
Are any floor surfaces wet, oily, greasy, or could otherwise present a slip hazard?				
Is there sufficient room to navigate between furnishings, chairs, or storage cabinets?				
Are there any electrical cords running across walk spaces?				

Environmental Hazards	Yes	No	N/A	Comments
Are employees aware of repetitive stress injuries and controls to eliminate them?				
Are there any vision hazards and what controls and Personal Protective Equipment in use?				
Are there any lifting hazards and what controls and Personal Protective Equipment in use?				



Hazard Inspection Checklist

Are there any heat related hazards associated with the work and what controls are in place to prevent?				
Are there any controlled space hazards associated with the work?				
Are there requirements for lockout/tag out procedures in the work area? Are they in place?				

Cut or Stab Hazards	Yes	No	N/A	Comments
Are knives, cutters, or slicing equipment used?				
Are such items stored properly to prevent cuts or stabs?				
Are knives, cutting, and slicing tools kept sharp at all times?				
Does any equipment have sharp edges or corners that might cause cuts or stab wounds?				
Are knives, cutting, and slicing tools cleaned in a safe manner?				
Do any power tools such as saws, slicers, etc., have machine guards? If so, are they in place?				
Are employees trained in these hazards and how to protect themselves?				

Burn Hazards	Yes	No	N/A	Comments
Are there any burn hazards, such as stoves, ovens, burners, etc., in work areas?				
Are employees trained in these hazards and how to protect themselves?				
Are Personal Protective Equipment to prevent burns available and being used?				

Emergency Exit	Yes	No	N/A	Comments
Are fire exits marked with properly functioning illuminated signs?				
Is emergency lighting available in case of power failure?				
Are these lights tested regularly? When was the last test?				
Is there a clearly identified emergency exit pathway (both primary and alternative) for employees in the work area?				

Storage Areas	Yes	No	N/A	Comments
Are storage areas set up in a neat, clean, and safe manner?				
Are appropriate ladders available for high storage?				



Hazard Inspection Checklist

Are cabinets and shelving secured to the walls?				
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General Safety	Yes	No	N/A	Comments
Have employees been briefed on any hazardous chemicals in their work areas?				
Have they read the Material Safety Data Sheets for such chemicals?				
Are any employees required to wear Personal Protective Equipment?				
Do employees receive regular safety refresher training on any hazards in their work areas?				
Is a record maintained of such training?				
Do employees know the locations of emergency fire pull boxes and how to operate them?				
Do employees know the location of fire extinguishers and how to operate them?				
Is there a properly stocked first aid kit in the work area?				

Housekeeping	Yes	No	N/A	Comments
Are all trash containers emptied on a daily basis?				
Are workspaces kept neat and clean at all times?				

List Any Major Pieces of Equipment in Use	List Special Hazards	Is Safety Manual Available?



Hazard Inspection Checklist

Inspection Notes:

Suggestions to Improve Departmental Safety:



Fire Safety Inspection Checklist

Inspector Name: _____

Date: _____

Electrical	Yes	No	N/A	Comments
Any circuit breakers tripping regularly?				
Are extension cords run under carpets/rugs or across doorways?				
Are all cords and plugs in good condition?				
Are all ground plugs in good condition?				
Are all electrical boxes equipped with an undamaged cover plate?				
Does the facility maintenance department approve all extension cords?				
Are electrical switches, switch plates, or receptacles cracked or damaged in any way?				
Are all electrical panels locked and unobstructed?				
Are electrical circuits in panels identified?				

Emergency Lighting	Yes	No	N/A	Comments
Do all egress pathways including stairwells have emergency lighting?				
Have emergency lighting units been tested for 30 seconds in the past 60 days?				
If power failure occurred within the last 30 days, did emergency lighting come on?				

Hazardous Materials	Yes	No	N/A	Comments
Are Material Safety Data Sheets available on all hazardous materials used in the department?				
Are MSDS's readily available for staff in areas when chemicals are used or stored?				
Are flammable liquids identified and stored in proper containers?				
Is personal protective equipment available for staff using chemicals?				

Fires Extinguishers	Yes	No	N/A	Comments
Are all extinguishers in place and accessible?				
Are monthly inspection conducted?				
Is the last annual inspection within the past 12 months?				



Fire Safety Inspection Checklist

Fires Extinguishers	Yes	No	N/A	Comments
Are seals and tamper pins in place?				
Is there evident damage, corrosion, leakage or clogged nozzles?				
Does pressure gauge indicate the extinguisher is ready for use?				
Are new staff members trained on extinguisher use?				
Do all staff members know where extinguishers are located?				

Fire Suppression System	Yes	No	N/A	Comments
Are all fire hydrants visible, clear of obstructions and readily accessible?				
Do fire hydrants have caps?				
Are building standpipes visible, clear of obstructions, identified, and accessible?				
Are fire sprinkler heads and piping in good condition?				
Is a zone of 18 inches below sprinkler heads free of obstructions?				
Is a stock of replacement sprinkler heads available on premises?				
Has the sprinkler system been inspected by an outside contractor within the past 12 months?				
Are quarterly inspections of the sprinkler system documented?				
Are sprinkler heads free of dust, lint, and grease? Areas of particular concern include F&B, laundry operations, and maintenance shop.				
Is the sprinkler system operational?				
Does the fire alarm control panel display "fire sprinkler trouble"?				
Is kitchen hood equipped with an automatic suppression system?				
Has the kitchen hood suppression system been tested within the past 6 months?				

Kitchen Hood Grease Filters	Yes	No	N/A	Comments
Are hood grease filters and ducting cleaned on a regular basis?				
Are records hood cleanings routinely maintained?				



Fire Safety Inspection Checklist

Emergency Exits	Yes	No	N/A	Comments
Are exits clear of storage and clutter?				
Are exit lights illuminated?				
Are stairwells and corridors clear of storage and clutter?				
Are all exterior doors fully operable and free of obstructions?				
Are all fire doors marked with a "Fire Door – Keep Closed" sign?				
Are all fire doors kept closed or equipped with a self-closing device?				
Are all corridors, exits, ramps, and stairs illuminated?				

Emergency Keys	Yes	No	N/A	Comments
Do staff carry appropriate keys to operate fire alarm control panels/system?				
Do staff carry appropriate keys to access circuit breaker panels?				
Does manager on duty have access to Grand Master key in order to access all building lock-sets?				

Emergency Plans	Yes	No	N/A	Comments
Have the club and departmental emergency plans been approved/reviewed in past 12 months?				
Are current evacuation diagrams posted?				
Is the local fire department familiar with club facilities and current emergency plan?				
Has local fire department visited the club and reviewed plans within the past 12 months?				

Emergency Generators	Yes	No	N/A	Comments
Have emergency generators been tested "under load" within the past 30 days?				
Does each emergency generator have at least a 24-hour fuel supply?				
Are emergency generators maintained on a routine basis?				
Is there appropriate documentation of that routine maintenance?				

Smoking Policy	Yes	No	N/A	Comments
Does the club have an established smoking policy and designated smoking areas?				



Fire Safety Inspection Checklist

Fire and Evacuation Drills	Yes	No	N/A	Comments
Has one drill been conducted per department per quarter in the past 12 months?				
Was club-wide evacuation drill conducted in the past 12 months?				
Did staff demonstrate quick and complete control during evacuation drill?				
Were all work areas cleared and a head count conducted in exterior assembly area?				
Did the drill simulate realistic situation and conditions?				
Did the fire alarm system function properly?				
Are department simulations conducted at unexpected times?				
Is staff routinely trained to dial emergency phone number to report any and all alarms?				

Compartmentalization	Yes	No	N/A	Comments
Have areas of refuge and any bottlenecks been identified?				
Are 1 hour rated doors or automatic sprinklers installed in the club's boiler rooms?				
Are 1 hour rated doors or automatic sprinklers installed in janitorial closets?				
Are 1 hour rated doors or automatic sprinklers installed in maintenance shops?				
Are 1 hour rated doors or automatic sprinklers installed in laundry rooms?				
Are 1 hour rated doors or automatic sprinklers installed in kitchens?				
Are 1 hour rated doors or automatic sprinklers installed in storerooms?				
Are portable space heaters in use in the club? If so, are they authorized and approved?				
Are there any firewall penetrations that are not properly sealed?				
Are all fire/smoke doors fully operational?				
Are laundry lint traps cleaned daily?				
Does the club have a dirty laundry chute? If so, do chute doors latch automatically?				

Housekeeping	Yes	No	N/A	Comments
Are all trash containers emptied on a daily basis?				



Fire Safety Inspection Checklist

Fire Alarm System	Yes	No	N/A	Comments
Is the fire control panel indicating it is operational?				
Are a portion of the smoke detectors tested in each alarm circuit tested semi-annually?				
Have smoke detectors been tested within the past 12 months?				
Are all manual fire alarm pull stations accessible and unobstructed?				
Are all fire/smoke doors accessible and unobstructed?				
Is the digital communicator to the fire alarm monitoring center displaying "Normal"?				
Is an operator on duty at all times at the fire alarm monitoring center?				

Furnishings/Decorations and Storage	Yes	No	N/A	Comments
Are all furnishings and decorations flame retardant treated?				
Are curtains, carpets, and cushioned furniture flame retardant?				
Are those responsible for purchasing furnishings or decorations aware of need for flame retardant treatment?				
Are combustible window coverings and draperies flame retardant treated after cleaning?				
Are flammable liquids stored in vented flammable storage cabinets?				

Heating, Ventilating & Air Conditioning	Yes	No	N/A	Comments
Have smoke dampers installed in duct work that penetrate fire walls been tested in past 12 months?				
Do air handling units & exhaust/intake, shut down upon activation of fire alarm system?				

Inspections	Yes	No	N/A	Comments
Has the local fire safety authority conducted an inspection in the past 12 months?				

Inspection Notes: