



DATE: _____

COMPANY NAME _____

1 SAFETY MANAGEMENT SYSTEM SELF ASSESSMENT TOOL

Can your organization provide verifiable evidence of the following:		Yes	No
1.0	Health and Safety Policy		
2.0	Worker Rights		
3.0	Responsibilities for all levels		
4.0	Accountability		
5.0	Safety rules		
6.0	Reporting		
7.0	Measurement		
8.0	Risk assessment		
9.0	Safe work practices and procedures		
10.0	PPE		
11.0	Ergonomics		
12.0	Procurement		
13.0	Training		
14.0	Orientations		
15.0	Communications		
16.0	Employee Involvement		
17.0	Document design and control		
18.0	Inspections		
19.0	Investigations		
20.0	Emergencies		
21.0	Return to work		