

**NORTH DAKOTA SAFETY COUNCIL, INC. - PROGRAM EVALUATION FORM**

**CONTRACTOR NAME:** \_\_\_\_\_

**DATE:** \_\_\_\_\_

**Injury Reporting**

ITEM NO.	CITATION REFERENCE	DESCRIPTION	Y	N	GUIDANCE / INSTRUCTIONS
<b>Injury Reporting</b>					
1		No audit sheet required. Submit Injury Reporting program only.			Submit Injury Reporting program.
<b>Comments/Location:</b>					

**EVALUATED BY:** \_\_\_\_\_  
NDSC

REVISED 6/21/2022

**Auditor Comments:**  
 Item 1 \_\_\_\_\_

**Audit Reference:**  
 \_\_\_\_\_

Disclaimer: The information contained in these forms, questionnaire and monitoring procedures is provided as written guidance to assist contractors in complying with the OSHA regulations and/or operator requirements. NDSC, the operators who participated in the development of this program and their employees disclaim all warranties both express and implied. The information presented here will give contractors a reference document, which should be used as guidance or as a "first step" towards getting your company into compliance. This monitoring program is based on sound safety and environmental concerns. We urge contractors to view their OSHA and DOT compliance efforts as a way to make their workplace safer for their employees.  
*Each contractor is still responsible for full compliance of all applicable State and Federal regulations.*