

NORTH DAKOTA SAFETY COUNCIL, INC. - PROGRAM EVALUATION FORM

CONTRACTOR NAME: _____

DATE: _____

Safe Work Practices

ITEM NO.	CITATION REFERENCE	DESCRIPTION	Y	N	GUIDANCE / INSTRUCTIONS
----------	--------------------	-------------	---	---	-------------------------

Safe Work Practices

1	29 CFR 1926	Does the employer outline safe work practices?			Safe work practices shall be established in writing and communicated to all employees.
---	-------------	--	--	--	--

Comments / Location: _____

EVALUATED BY: _____
NDSC

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.