

This form may be used to summarize information for your Safety Committee's Annual Report and may be submitted to Robin Elliott at the Department of Occupational Health and Safety. If additional explanation is needed, please contact Robin Elliott at extension 8475 or by email at Relliott@udel.edu.

ADMINISTRATIVE ANNUAL REPORT FORM

Department:

Committee Chair:

Committee Members:

<i>Item</i>	<i>Comments</i>	
Meeting Dates for Reporting Fiscal Year:	Fiscal Year:	
1)		
2)		
3)		
4)		
Other:		
Meeting Dates/Times for Next Fiscal Year:	Date/Time:	Fiscal Year:
1)		
2)		
3)		
4)		
Other:		
Accident Report Summary:		
-Number of Injuries/Illnesses:		
-Number of Injuries/Illnesses Investigated:		
-Specific Actions Taken to Prevent Injuries/Illnesses:		
Near Misses Reported		
Facility Inspections:		
-Frequency Inspections were Completed:		
<i>Please Check</i>	1 per year	<input type="checkbox"/>
	2 per year	<input type="checkbox"/>
	3 per year	<input type="checkbox"/>
	4 per year	<input type="checkbox"/>
-How were Inspections Performed?		
<i>Please Check</i>	Self-Inspection	<input type="checkbox"/>
	Peer Inspection	<input type="checkbox"/>
	Committee Inspection	<input type="checkbox"/>
	DOHS Inspection	<input type="checkbox"/>
-Were identified Issues Rectified?		

<i>Item</i>	<i>Comments</i>
<i>Please Check</i>	Yes <input type="checkbox"/>
	No <input type="checkbox"/>
	In Progress <input type="checkbox"/>
Emergency Response Training:	
-Number of Fire Drills Conducted:	
-Buildings where Drills were Held:	
-Other Emergency Training Performed:	
-Are emergency evacuation plans posted in all departmental buildings with gathering points specified?	
Safety Training (Check all that apply):	
<input type="checkbox"/>	Asbestos Awareness
<input type="checkbox"/>	Bloodborne Pathogens
<input type="checkbox"/>	Confined Space
<input type="checkbox"/>	Dept. of Transportation
<input type="checkbox"/>	Ergonomics
<input type="checkbox"/>	Fall Protection
<input type="checkbox"/>	Fire Safety
<input type="checkbox"/>	Fork Lift Training
<input type="checkbox"/>	Indoor Air Quality
<input type="checkbox"/>	Job Hazard Analysis
<input type="checkbox"/>	Facility Inspection Training
<input type="checkbox"/>	Ladder Safety
<input type="checkbox"/>	Lock Out/Tag Out
<input type="checkbox"/>	Lyme Disease
<input type="checkbox"/>	Proper Lifting
<input type="checkbox"/>	Radiation Safety
<input type="checkbox"/>	Respiratory Protection
<input type="checkbox"/>	Right-to-Know (RTK)
<input type="checkbox"/>	Trenching/Shoring
<input type="checkbox"/>	Waste Management
Other:	
Departmental Safety Policies/Procedures Created:	
-Do you have a Lightning Procedure? Yes/No	
-Do you have any Departmental PPE policies? Yes/No	
-Other Departmental Policies/Procedures? List	
Summarize Progress on Completing Job Hazard Analysis (JHA)	
-Have you completed any JHA's? List:	
-Have you established any SOP's? List:	
Other:	
Safety Promotion:	
-Do you post or forward the electronic posters	

<i>Item</i>	<i>Comments</i>
received from OHS?	
-Do you host a Safety Bulletin Board in your Department?	
-Do you host a web page featuring Department Safety Information?	
-What is the URL of the Departmental Safety website?	
-Do you post or circulate the Safety BeakOn?	
Special Accomplishments:	
-Have you been awarded DOM in reporting period? When?	
Other:	
Safety concerns your committee has been unable to resolve during the past year and has sent to the Department Chair for resolution or action:	

DOHS/July 2008