



Attestation of OSHA – Worksite Hazard Assessment

Instructions:

1. Review the Worksite Hazard Assessment Summary (next page).
2. Complete the highlighted sections.
3. Once completed, please fax this form to Argus Medical Management, LLC.
 - Fax: 562.299.5204

***Note:** Linda Grow will do the initial site audit and if there is a remodel or other changes. Otherwise, each office can use the prior year assessment and if nothing changes, please sign off on the assessment for the current year. The OSHA auditor can be any staff member within the practice. If you have any additional questions, please email Argus Compliance Officer **Linda Grow** at lgrow@argusmso.com.

WORKSITE HAZARD ASSESSMENT SUMMARY

*Practice Name: _____

*Date of Site Audit: _____

HAZARD CATEGORY (IV,V)	HAZARDS OBSERVED YES/NO IF YES, EXPLAIN	CURRENT CONTROLS	SUGGESTED CONTROLS/COMMENTS
I. BLOODBORNE PATHOGENS	No	In Place	
II. FIRE SAFETY/EVACUATION	No	In Place	
III. ELECTRICAL	No	In Place	
VI. WALKING AND WORKING SURFACES	No	In Place	
VII. LASER/RADIATION	No	N/A	
VIII. HAZARDOUS CHEMICALS	No	In Place	
IX. TRANSPORTING BIOHAZARD WASTE	No	Vendor	
X. ERGONOMICS	No	In Place	
XI. WORKPLACE VIOLENCE	No	In Place	
XII. TUBERCULOSIS	No	In Place	
XIII. RECORD KEEPING	No	In Place	

Personal Protective Equipment Hazard Assessment	No	In Place	
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Bloodborne Pathogens (SSP)	No	In Place	
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Hazardous Chemicals	No	In Place	
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I certify that this assessment was performed as documented above.

		Corrective Action(s) Needed:
*Signature of OSHA auditor <i>(can be any staff member)</i>	*Date	1
		2
		3
		Correct by Date:
		Date Corrected:

*Physician Signature _____ *Date _____