

ASAC - LOSS CONTROL EVALUATION

TO BE COMPLETED BY THE INSURANCE AGENCY FOR SUBMITTAL OF BUSINESS TO ASAC.

Insurance Agency Name:

Address:

Person Submitting the Form for Evaluation:

Date of Report:

Management of staffing company-Please answer all of the questions- if necessary, use extra paper to explain the responses & attach all supporting documents

Staffing Company Name including DBA's:

Number of Locations:

Number of State Operating In:

Main Address:

Phone Number:

Person Completing Form:

Title:

Date:

Management team members and their responsibilities:

Number of Recruiters:

Amount of Turnover In The Last 3 Years:

Number of Sales and amount of turnover in the last 3 years:

Number of Office personnel:

Area of Operations (Local, State or National):

Business Percentage Breakdown:

Clerical	%	Technical	%	Warehousing	%	Manufacturing	%	Construction	%
Medical	%	Financial	%	Service	%	Other:			%

What procedures and controls are utilized to ensure payroll classifications are accurate? (Name reference materials and services used)

How does the Staffing Firm verify assignments are not being changed from the original job order?

Are written job descriptions obtained for all assignments? Explain.

Who verifies payroll classifications are correct?

Are detailed reports available that list clients, temp, job description and code?

What procedures are there for adding new codes/locations/payrolls?

List the top 5 clients:

1.

2.

3.

4.

5.

HIRING PRACTICES

How are temporary employees obtained?

Walk-ins Referrals Newspaper Ads Other:

How many people interview a typical temp staffing candidate?

Who conducts the interviews (name/title)?

What screening processes do candidates typically go through?

Drug Testing Reference Check Physical Credit Criminal Other:

What records are kept?

LOSS CONTROL/SAFETY TRAINING

Management's attitude toward safety:

What does the Staffing Firm do to continually improve safety?

<i>What action does the Staffing Firm take after an accident/incident?</i>	
<i>Does management team understand the soft costs of insurance (e.g., xmod increase, rehiring expenses, etc.)?</i>	
<i>Any safety specifications included in the employment contract with clients? If yes please describe.</i>	
<i>Does staffing conduct pre-placement & periodic site safety inspections?</i>	<i>Who conducts the inspections and what are their qualifications?</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No If, "Yes" provide a copy of the form used.	
<i>How often are periodic inspections conducted?</i>	<i>Is there a process to verify assignments have not been changed without your permission?</i>
	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
<i>How does the staffing firm handle safety violations/hazards observed while conducting the inspection?</i>	
<i>Is there a procedure for following up on recommendations?</i>	<i>Is there a procedure for terminating a client for losses/ poor safety practices?</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No If, "Yes" how often:	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
<i>Does staffing firm provide pre-placement safety training?</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No If, "Yes" type of training is provided:	
<i>Are safety training records maintained?</i>	<i>What types of training are provide by the staffing firm?</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	
<i>Does the utilizing employer provide site specific safety training?</i>	<i>Does the staffing firm verify that adequate training is provided/documented?</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No If, "Yes" how often:	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
<i>Does staffing firm have any "onsite" arrangements with clients?</i>	<i>Do the onsite personnel supervise the temporary employees?</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No How many:	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
<i>Are temps required to wear Personal Protective Equipment (PPE)?</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No Types: <input type="checkbox"/> Goggles <input type="checkbox"/> Gloves <input type="checkbox"/> Boots <input type="checkbox"/> Hard Hat <input type="checkbox"/> Back belt <input type="checkbox"/> Ear Plugs <input type="checkbox"/> Dust Mask <input type="checkbox"/> Other:	
<i>Who provides the PPE?</i>	<i>Are employees trained on their proper use?</i>
<input type="checkbox"/> Staffing Firm <input type="checkbox"/> Client <input type="checkbox"/> Employee	<input type="checkbox"/> Yes <input type="checkbox"/> No If, "Yes" by who:
<i>How do employees communicate safety/employment concerns?</i>	<i>Do temporary employees participate in client safety training programs?</i>
	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
<i>What are common on the job safety hazards your employees face (e.g., lifting, chemicals, machine hazards, confined spaced, temperature extremes, etc.)?</i>	
SAFETY HAZARDS AND CONTROLS	
<i>What types of machinery/equipment (if any) will temporary employees be operating (e.g., punch press, press brake, forklift, CNC machine, etc.)?</i>	
<i>Will temp employees be exposed to any Point of Operation on machinery/equipment?</i>	<i>Does staffing firm verify client has a Lock Out-Tag Out (LOTO) program?</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
<i>Do employees engage in Material Handling?</i>	<i>Are employees exposed to Ergonomic Stresses (repetitive bending/twisting/lifting/etc.)?</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No Maximum Amount Allowed to be lifted:	<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:
<i>Are employees exposed to any Environmental Health Hazards? (if any of the exposures are checked below, provide details in the Final Comments Section at end of the form.</i>	
<input type="checkbox"/> Chemicals <input type="checkbox"/> Temperature Extremes <input type="checkbox"/> Noise <input type="checkbox"/> Psychological <input type="checkbox"/> Other:	
<i>Detail any other hazards not previously discussed above. If "NONE," state so on the line below.</i>	
PAST EXPERIENCE	
<i>Experience Modification History for the past 5 years:</i>	<i>Number of Claims for the past 5 years</i>
2012 2011 2010 2009 2008	2012 2011 2010 2009 2008
<i>Number of Lost Time Claims for the past 5 years</i>	<i>Any serious injuries (e.g., amputation, death, OSHA reportable, etc.)?</i>
2012 2011 2010 2009 2008	
<i>Do you conduct periodic claim reviews?</i>	<i>Who gets involved in the claim reviews (e.g., upper mgt, broker, adjuster, etc.)?</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No If, "Yes" how often:	
<i>Are claim trends tracked (e.g., backs, wrists, hernias, etc.)?</i>	<i>If claim trends are tracked, have any trends been identified?</i>
<input type="checkbox"/> Yes <input type="checkbox"/> No Comments:	
<i>Do clients track your employee's injuries on their OSHA 300 Log?</i>	
<input type="checkbox"/> Yes <input type="checkbox"/> No If "No," why not?	
FINAL COMMENTS	

LOSS CONTROL EVALUATION – COMPLETED BY ASAC LOSS CONTROL MANAGER

Account is fully acceptable

Account is acceptable with conditions

Account is NOT acceptable – does not meet ASAC standards

COMMENTS: