



**C-A SELF-EVALUATION CHECKLIST**

This self-evaluation form may be used by a C-A manager, supervisor or worker. The manager, supervisor or worker may be evaluating him/her-self, or may be evaluating a fellow worker or group. The self-evaluation summary will be communicated to all levels once it is completed; that is, if a worker does the self-evaluation, then copies will go to the supervisor and manager and vice versa. Please make notes in the columns during the evaluation and forward the completed evaluation to A. Piper.

Date: \_\_\_\_\_  
Job Location: \_\_\_\_\_  
Evaluator: \_\_\_\_\_  
Job Description: \_\_\_\_\_

**SELF OR PEOPLE PERFORMING WORK**

**ISSUES in QUESTION**

(Check all that need improvement and describe)

Physical Appearance

- Blisters, Cuts or Abrasions
- Stiff Joints
- Shortness of Breath
- Safety Glasses, Hard Hat
- Deafness

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

Clothing

- Loose Clothing
- Watches, Rings, and Chains
- Loose Shoelaces, Shoe Soles or Heels
- Safety Shoes
- Glasses Broken or Missing Parts

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

**PROTECTIVE EQUIPMENT USE**

- Head, Face, and Eyes
- Arms, Hands, Legs, and Feet
- Trunk of Body
- Respiratory System

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_



WORK AREA AND EQUIPMENT  
(Cont.)

ISSUES IN QUESTION  
(Check all that need improvement and describe)

- Aisles, Stairs, Exits (marked, lighted)
- Lighting
- Unsecured Items Overhead
- Fumes, Dust, Smoke
- Restricted or Prohibited Areas
- Hazards From Nearby Operations
- Material Handling Hazards
- Ladders Properly Tied off or stored
- Exposed Hot Surfaces
- Sharp Edges or Burrs
- Barricades
- Chemicals (Identified, Labeled)
- Guards in Place (Adequate)
- Pinch Points
- Paint, Insulation, General Appearance of Area

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
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- \_\_\_\_\_
- \_\_\_\_\_

TOOLS AND EQUIPMENT

- Right for Job, Condition, Used Correctly
- Carried or Stored Properly
- Inspected and coded properly
- TLD Badge and/or Dosimeter

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

FIRE SAFETY EQUIPMENT

- Available, Condition
- Personnel Trained
- Blocked
- Sealed, Inspected within 3 months

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

RULES AND PROCEDURES

- Established, Understood
- Adequate, Reviewed and upgraded
- Maintained

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

OPERATION

- Off-Standard Lights in Use
- Alarms Annunciating Properly
- Recorders Properly Set (Conditions or Pattern)
- Noisy Equipment Unusual Odor or Sound
- Quality of Visibility of Dials or Gauges
- Correct Identifications on Equipment
- Records Completed

- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

