

Assess Your Company's Needs

Work Site Assessment

To assist you in assessing your needs concerning employee health and safety, CCOM provides the following questionnaire. Upon completion of this questionnaire, you may choose to print and/or submit. If you choose submit, this form will be emailed to a customer services representative from your closest CCOM office, who will contact you to discuss how CCOM can best serve your needs by providing a free assessment based on your answers. You are under no obligation to work with CCOM, though we are confident we are the best at what we do.

Type of Business: _____

Number of Employees: _____

Please check **any and all** that apply to the job descriptions within your business:

- | | | |
|---|--|---|
| <input type="checkbox"/> CDL Licensed Drivers | <input type="checkbox"/> Medical professionals | <input type="checkbox"/> Drivers |
| <input type="checkbox"/> Assembly Workers | <input type="checkbox"/> House Keeping | <input type="checkbox"/> Teachers/Day Care |
| <input type="checkbox"/> Machine Operators | <input type="checkbox"/> Construction | <input type="checkbox"/> Facilities Maintenance |
| <input type="checkbox"/> Office Workers | <input type="checkbox"/> Railroad | <input type="checkbox"/> Sales |

Other(s) Please list: _____

Do your employees handle money? Yes No

Do your employees greet the public? Yes No

Do you have more than one shift? If so, please discuss what shifts are worked by your employees. No Yes _____

Do your employees handle potentially biohazardous, toxic or dangerous materials or equipment? Yes No

Do your employees employ standard safety precautions routinely as a part of their job?
 Yes No Not sure what you mean

Do you need assistance in interpreting the laws concerning employee safety and health for both your management staff and employees? Yes No

Is it important to you to promote a drug/alcohol free work environment?

Yes No

Does your company use the internet and email? Yes No

Do you require a pre-employment physical as a condition for employment?

Yes No

Would it benefit your assessment of potential employees to qualify them for a specific job description including such functions as: lifting, range of motion, weightbearing and others. Yes No

Are vaccinations or specific testing requirements as a part of your normal business function? Yes No

Do you consider each employee to be critical to the function of his/her job and to your company's success?

Yes No

Contact Name: _____ Phone Number: _____

Choose one of the following CCOM office locations:

Colorado Springs

Pueblo

Canon City

Thank you for taking the time to complete this questionnaire. If you selected submit, someone will be contacting you with your **free** assessment results. If you did not select submit, I strongly urge you to review your company's employee health and safety profile by taking the time to answer these questions. Centura Center for Occupational Medicine **CAN** meet your needs and will help you to obtain the employee health and safety profile you feel is important to see success. This is what we do!

CCOM Union Medial Campus
1625 Medical Center Point #100
Colorado Springs, CO 80907

Fax: 719-471-4448
Phone: 719-475-9496