

Point of Distribution (POD) Daily Site Hazard Assessment Form

1. Incident Name:			2. Operational Period (Date and Time): From:	
3. Inspected By:				To:
4. Location:				
5. Training	Yes	No	Comments	
Is each person assigned to a job within his or her capability?	<input type="checkbox"/>	<input type="checkbox"/>		
Did each person receive a safety brief at shift change?	<input type="checkbox"/>	<input type="checkbox"/>		
Is training on PPE and other equipment provided?	<input type="checkbox"/>	<input type="checkbox"/>		
6. Environment:	Yes	No	Comments	
Are resources available to deal with very hot or very cold conditions? (drinking water, heated tent, shade)	<input type="checkbox"/>	<input type="checkbox"/>		
Does staff know the symptoms of heat cramps, heat stroke, and hypothermia?	<input type="checkbox"/>	<input type="checkbox"/>		
Is the level of light adequate for safe and comfortable performance of work?	<input type="checkbox"/>	<input type="checkbox"/>		
7. Housekeeping:	Yes	No	Comments	
Is the work area clear of debris and tripping hazards?	<input type="checkbox"/>	<input type="checkbox"/>		
Are materials properly stacked and spaced?	<input type="checkbox"/>	<input type="checkbox"/>		
Are work areas clear of fluid spills or leakage?	<input type="checkbox"/>	<input type="checkbox"/>		
Are aisles and passageways clear of obstructions?	<input type="checkbox"/>	<input type="checkbox"/>		
Are walkways clear of holes, loose debris, protruding nails, and loose boards?	<input type="checkbox"/>	<input type="checkbox"/>		
Is the break area kept clean and sanitary?	<input type="checkbox"/>	<input type="checkbox"/>		
Are the dumpsters being serviced properly?	<input type="checkbox"/>	<input type="checkbox"/>		
Are the restrooms (portable or fixed) clean, sanitary and restocked?	<input type="checkbox"/>	<input type="checkbox"/>		
8. Personal Protective Equipment:	Yes	No	Comments	
Is required equipment provided, maintained and used?	<input type="checkbox"/>	<input type="checkbox"/>		
Does equipment meet requirements?	<input type="checkbox"/>	<input type="checkbox"/>		
Are warning signs prominently displayed in all hazard areas?	<input type="checkbox"/>	<input type="checkbox"/>		
9. Material Handling and Storage:	Yes	No	Comments	
Is there safe clearance for all equipment through aisles and doors?	<input type="checkbox"/>	<input type="checkbox"/>		
Is stored material stable and secure?	<input type="checkbox"/>	<input type="checkbox"/>		
Are storage areas free from tipping hazards?	<input type="checkbox"/>	<input type="checkbox"/>		
Are only trained operators allowed to operate forklifts?	<input type="checkbox"/>	<input type="checkbox"/>		
Do personnel use proper lifting techniques?	<input type="checkbox"/>	<input type="checkbox"/>		
10. Vehicle Traffic:	Yes	No	Comments	
Are traffic cones placed to direct traffic?	<input type="checkbox"/>	<input type="checkbox"/>		
Is the vehicle line free of pedestrians when vehicles are moving?	<input type="checkbox"/>	<input type="checkbox"/>		
Are pedestrian and vehicular traffic separated?	<input type="checkbox"/>	<input type="checkbox"/>		
11. Additional Comments Or Concerns				
12. Prepared By (POD Support Team Leader):			Date and Time:	
13. Reviewed By (POD Manager):			Date and Time:	

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Purpose: The Point of Distribution (POD) Daily Site Hazard Assessment Form provides information on incident POD stations.

Preparation: The Point of Distribution (POD) Daily Site Hazard Assessment Form is prepared by the POD Support Team Leader and reviewed by the POD Site Manager.

Distribution: The Point of Distribution (POD) Daily Site Hazard Assessment Form may be attached to the Incident Objectives (ICS form 202-OS), or information from the plan pertaining to incident distribution procedures may be taken from the plan and noted on the Assignment List (ICS form 204-OS) or on the Assignment List Attachment (ICS form 204a-OS). All completed original forms MUST be given to the Documentation Unit.

Item #	Item Title	Instructions
1.	Incident Name	Enter the name assigned to the incident.
2.	Operational Period	Enter the time interval for which the form applies. Record the start and end date and time.
3-10.		Enter Inspected By, Location, Training, Environment, Housekeeping, Personal Protective Equipment, Material Handling and Storage, Vehicle Traffic training information along with any comments.
11.	Additional Comments or Concerns	Enter any additional comments or concerns.
12.	Prepared By	Enter the name of the POD Support Team Leader preparing the form.
	Date/Time	Enter date (month, day & year) and time prepared (24-hour clock).
13.	Reviewed By	Enter the name of the POD Site Manager who must review the plan.
	Date/Time	Enter date (month, day & year) and time reviewed (24-hour clock).