

MICCS CERTIFICATION HOME OFFICE AUDIT SCORE SHEET

Contractor Name: _____

Home Office Audit Date: _____

MICCS Auditor: _____

Contractor Contact: _____

Applicable Category	I. Management Leadership & Employee Participation	Applicable Criteria	Criteria (minimum in bold)	Criteria Sub-Score	Notes
<input checked="" type="checkbox"/>	C. Management Safety Responsibilities are Defined	<input type="checkbox"/>	A safety budget is built into each bid. <i>Verification: Request an example of a past bid with safety budgeted in it.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
<input checked="" type="checkbox"/>	E. Subcontractor Safety Responsibilities are Defined	<input checked="" type="checkbox"/>	MSDS for all hazardous materials are located on site. <i>Verification: Review copy of Sub's MSDS book(s).</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input checked="" type="checkbox"/>	Subcontractors designate an Onsite Safety Representative. <i>Verification: Review copy of subcontractor safety plan or method used to identify person.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input type="checkbox"/>	Subcontractors provide project safety plans. <i>Verification: Review a copy of a subcontractor's recent project specific safety plan.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input type="checkbox"/>	Designated safety representative receives OSHA 10 hour training documentation. <i>Verification: Review copy of Training Certificate.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input type="checkbox"/>	Subcontractors complete weekly toolbox talks. <i>Verification: Review copy of sub's toolbox talks on past/current project(s).</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input type="checkbox"/>	Subcontractor agreement contains provisions regarding safety. <i>Verification: Review copy of subcontractor agreement.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
<input checked="" type="checkbox"/>	F. Safety Director/Coordinator is Designated	<input type="checkbox"/>	Received OSHA 10hr for construction training. <i>Verification: Review copy of training certification documentation.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input type="checkbox"/>	Received OSHA 30hr or OSHA 500 for construction. <i>Verification: Review copy of training certification documentation.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input type="checkbox"/>	Receives training to accomplish tasks associated with responsibilities. <i>Verification: Review other job specific training documentation provided by employer.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	

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Additional Notes:

Applicable Category	II. Workplace Analysis	Applicable Criteria	Criteria (minimum in bold)	Criteria Sub-Score	Notes
<input checked="" type="checkbox"/>	A. Self Inspection Program is Defined	<input checked="" type="checkbox"/>	Completed safety inspection forms. <i>Verification: Review previous 12 months safety inspection documentation.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input checked="" type="checkbox"/>	Corrective action documentation. <i>Verification: Review previous 12 months safety inspection documentation.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input checked="" type="checkbox"/>	Inspections conducted by Safety Director/ designated competent person randomly. <i>Verification: Review previous 12 months safety inspection documentation.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input type="checkbox"/>	Weekly jobsite safety inspections. <i>Verification: Review previous 12 months safety inspection documentation.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input type="checkbox"/>	Target dates set for corrective action. <i>Verification: Review previous 12 months safety inspection documentation.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input type="checkbox"/>	Database of inspection results. <i>Verification: Review database.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input type="checkbox"/>	Safety inspection training. <i>Verification: Review training documentation.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input type="checkbox"/>	Behavioral based inspections are performed. <i>Verification: Review previous 12 months safety inspection documentation.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
<input checked="" type="checkbox"/>	B. Job Hazard Analysis (JHA) Procedures are defined	<input checked="" type="checkbox"/>	Completed JHA's <i>Verification: Review JHA's from past/current</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	

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			<i>selected projects.</i>	<input type="checkbox"/> N/A	
		<input type="checkbox"/>	Training of individuals conducting JHA's <i>Verification: Review JHA training records for previous 12 months.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input type="checkbox"/>	Completed pre-job planning process. <i>Verification: Review documentation of method used for pre-job planning.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input type="checkbox"/>	Safe to work processes for new equipment. <i>Verification: Review documentation of training/process on new equipment for previous 12 months.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
<input checked="" type="checkbox"/>	C. Accident Reporting Procedures are Defined	<input checked="" type="checkbox"/>	Completed company specific forms. <i>Verification: Review incident investigation document(s). Cases should be selected at random from past OSHA logs.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input type="checkbox"/>	Employee and witness statements. <i>Verification: Review incident investigation document(s). Cases should be selected at random from past OSHA logs.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input type="checkbox"/>	Incident information in company database to sort for trends. <i>Verification: Review database and ability for trending of data.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	

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Applicable Category	III. Hazard Prevention	Applicable Criteria	Criteria (Minimum in bold)	Criteria Sub-Score	Notes
<input checked="" type="checkbox"/>	A. Disciplinary Policies & Procedures are defined	<input checked="" type="checkbox"/>	Disciplinary activity is noted in personnel file. <i>Verification: Review completed disciplinary action documents provided by company. (Company shall remove personal employee information from document prior to auditor viewing.)</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input type="checkbox"/>	Disciplinary activity documented on company form. <i>Verification: Review disciplinary action documents provided by company. (Company shall remove personal employee information from document prior to auditor viewing.)</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
<input checked="" type="checkbox"/>	B. Substance Abuse Program Meets or Exceeds the MICCS Substance Abuse Protocol	<input checked="" type="checkbox"/>	Adherence to the MICCS policy when required by owner. <i>Verification: Review substance abuse documentation. This may include copies of drug cards or a spreadsheet used to track test dates.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input type="checkbox"/>	Superintendents and Foremen are trained in drug & alcohol awareness. <i>Verification: Review training record documentation for supervisory staff.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input type="checkbox"/>	Adherence to the MICCS policy throughout the company. <i>Verification: Request company roster and verify 15% of employee substance abuse testing.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
<input type="checkbox"/>	C. An Occupational Medical Facility is Designated	<input checked="" type="checkbox"/>	Posting of medical facility information. <i>Verification: Review company postings / employee correspondence related to clinic.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
<input type="checkbox"/>	D. Light/Restricted Duty Policies and Procedures are defined	<input type="checkbox"/>	Functional job descriptions for each job classification. <i>Verification: Review documented job descriptions.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
<input checked="" type="checkbox"/>	E. Personal Protective Equipment Policies & Procedures are Defined	<input checked="" type="checkbox"/>	PPE training. <i>Verification: Review previous 12 months records.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input type="checkbox"/>	Written workplace hazard assessments for all jobs, processes or phases of work activity. <i>Verification: Review hazard assessments for</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	

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			<i>selected job titles. May be part of JHA.</i>		
<input checked="" type="checkbox"/>	F. A Hazard Communication Program is Detailed & Includes MSDS Instructions	<input checked="" type="checkbox"/>	HAZCOM training. <i>Verification: Review previous 12 months training records.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input checked="" type="checkbox"/>	MSDS system. <i>Verification: Review MSDS master copy at main office to ensure program exists. Question method used on jobsites.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input type="checkbox"/>	Labeling system for new/missing labels on containers. <i>Verification: Review system used. May include blank labels, marker, & MSDS.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
<input checked="" type="checkbox"/>	G. An Emergency Action Plan (EAP) is Defined	<input type="checkbox"/>	EAP training is provided to all Job Superintendents. <i>Verification: Review previous 12 months training records of supervisors.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input type="checkbox"/>	Designated employees are trained annually in the proper use of a fire extinguisher. <i>Verification: Review previous 12 months records.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input type="checkbox"/>	A mock drill is conducted on all jobsites every six months. <i>Verification: Review previous 24 months records (memos, sign-in sheets, etc.).</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
<input type="checkbox"/>	H. A Policy on Asbestos Handling/Removal is Detailed	<input checked="" type="checkbox"/>	Employee exposure monitoring. <i>Verification: Review exposure monitoring records. Ensure all personal info is removed.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input checked="" type="checkbox"/>	Fit testing and medical evaluations. <i>Verification: Review exposure monitoring records. Ensure all personal information is removed from records prior to verification.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input type="checkbox"/>	Training database to track refresher obligations. <i>Verification: Review database/training records.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
<input type="checkbox"/>	I. A Policy on Bloodborne Pathogens is Detailed	<input checked="" type="checkbox"/>	Training. <i>Verification: Review previous 12 months training records.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input checked="" type="checkbox"/>	Medical Recordkeeping. <i>Verification: Review existence of files.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input checked="" type="checkbox"/>	Hepatitis B vaccination, post exposure evaluation and follow-up. <i>Verification: Review completed</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	

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			<i>acceptance/declination forms or other documentation.</i>		
<input type="checkbox"/>	K. A Policy on Confined Space Entry is Detailed	<input checked="" type="checkbox"/>	Entry documentation kept for 1 year. <i>Verification: Review previous 24 months CSE permits.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input checked="" type="checkbox"/>	Certified training of all entry team members. <i>Verification: Review 12 months training records.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
<input type="checkbox"/>	M. A Fall Protection Plan is Detailed	<input checked="" type="checkbox"/>	Written certification for all employees exposed. <i>Verification: Review written certificate of training documentation for employees.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input type="checkbox"/>	Site specific fall protection plans. <i>Verification: Review select fall protection plans for past/current projects.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
<input type="checkbox"/>	N. A Policy on Fire Prevention is Detailed	<input type="checkbox"/>	Training involving fire extinguisher use. <i>Verification: Review previous 12 months training records.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
<input type="checkbox"/>	O. A Policy on Hand/Power Tool Safety is Detailed	<input type="checkbox"/>	Hazard assessments to dictate proper PPE. <i>Verification: Review PPE assessments or JHA's addressing PPE for hand/power tool use.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
<input type="checkbox"/>	P. A Hearing Conservation Plan is Detailed	<input checked="" type="checkbox"/>	Annual training program. <i>Verification: Review previous 12 months training records and annual audiogram documentation.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
<input type="checkbox"/>	R. A Policy on Ladder Safety is Detailed	<input checked="" type="checkbox"/>	Training obligations. <i>Verification: Review previous 12 months training records.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
<input type="checkbox"/>	S. A Policy on Lead Handling/Removal is Detailed	<input checked="" type="checkbox"/>	Medical surveillance and exams. <i>Verification: Review program documentation. Request all personal information be removed prior to completing the review.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input checked="" type="checkbox"/>	Recordkeeping. <i>Verification: Ensure records are kept.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input checked="" type="checkbox"/>	Annual Training. <i>Verification: Review previous 12 months training records.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input type="checkbox"/>	Job specific written compliance program. <i>Verification: Review past/current job specific safety plan to identifying lead handling/removal/ safe work practices.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
<input type="checkbox"/>	T. A Policy on lockout/Tagout is	<input checked="" type="checkbox"/>	Employee training documentation.	<input type="checkbox"/> Met	

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	Detailed		<i>Verification: Review previous 12 months training records.</i>	<input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input type="checkbox"/>	Specific written lockout/Tagout procedures for each piece of equipment. <i>Verification: Review LOTO instructions for select pieces of equipment.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
<input type="checkbox"/>	U. Policies on Manlift, Scissor Lift, and Forklift Safety is Detailed	<input checked="" type="checkbox"/>	Operator training. <i>Verification: Review previous 12 months training records.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input checked="" type="checkbox"/>	Equipment inspection documentation (daily if Powered Industrial Truck) <i>Verification: Review previous 12 months inspection records.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
<input type="checkbox"/>	V. A Policy on Powder Actuated Tools is Detailed	<input checked="" type="checkbox"/>	Certification training of operators. <i>Verification: Review previous 12 months training records.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input type="checkbox"/>	Maintenance schedule. <i>Verification: Review maintenance documentation.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
<input type="checkbox"/>	W. A Policy on Trenching/Excavation Safety is Detailed	<input checked="" type="checkbox"/>	Documented training of competent person. <i>Verification: Review previous 12 months training records.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input type="checkbox"/>	Annual refresher training for competent persons. <i>Verification: Review previous 12 months training records.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input type="checkbox"/>	Site specific safety plan for Trenching/excavation activity. <i>Verification: Review copy of plan or JHA for select current/past projects.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input type="checkbox"/>	Daily excavation/trench inspection log. <i>Verification: Review previous 12 trench/excavation logs.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
<input type="checkbox"/>	X. A Policy on Respiratory Protection is Detailed	<input checked="" type="checkbox"/>	Employee training. <i>Verification: Review previous 12 months training records.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input checked="" type="checkbox"/>	Annual fit testing. <i>Verification: Review annual fit test records.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input checked="" type="checkbox"/>	Medical evaluation documentation. <i>Verification: Review medical evaluation documentation.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
<input type="checkbox"/>	Y. A Policy on Scaffolding Safety is	<input checked="" type="checkbox"/>	Competent person training records.	<input type="checkbox"/> Met	

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	Detailed		<i>Verification: Review previous 12 months training records.</i>	<input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input type="checkbox"/>	Annual refresher training for competent persons. <i>Verification: Review previous 12 months training records.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input type="checkbox"/>	Scaffold tagging system. <i>Verification: Review example completed tags.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
<input type="checkbox"/>	Z. A Policy on Welding and Cutting Safety is Detailed	<input type="checkbox"/>	Hot work permit system. <i>Verification: Review copies of expired permits.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
<input type="checkbox"/>	AA. Policies/Procedures are written in the language(s) understood by all employees	<input checked="" type="checkbox"/>	Signage in language understood by employees. <i>Verification: Review posters, newsletters, etc. written in foreign languages.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input type="checkbox"/>	New hire orientation is presented by bilingual instructor. <i>Verification: Verify identity of instructor and materials presented.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input type="checkbox"/>	Tool box talks are translated into languages understood by employees. <i>Verification: Review previous 12 months records.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
<input type="checkbox"/>	BB. Crane/Rigging Safety Program is Defined	<input checked="" type="checkbox"/>	Annual inspections of the hoisting machinery by a competent person recognized by the DOL. <i>Verification: Review previous 12 months inspection documentation.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input checked="" type="checkbox"/>	Training of persons responsible for use and maintenance of cranes and rigging. <i>Verification: Review previous 12 months training records.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input type="checkbox"/>	Maintenance records of equipment. <i>Verification: Review annual/routine maintenance documentation.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input type="checkbox"/>	Competent person training for inspections. <i>Verification: Review previous 12 months training records.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	

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Additional Notes:

Applicable Category	IV. Safety & Health Training	Applicable Criteria	Criteria (minimum in bold)	Criteria Sub-Score	Notes
<input checked="" type="checkbox"/>	A. New Hire Orientation Program is Detailed	<input checked="" type="checkbox"/>	New Hire Orientation training for all new employees. <i>Verification: Review previous 12 records.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input type="checkbox"/>	Site specific training. <i>Verification: Review previous 12 months training records of site specific safety training on projects.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input type="checkbox"/>	Slides, visual aids, or computer based software are used to enhance presentation. <i>Verification: Review materials used.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input type="checkbox"/>	Training records maintained. <i>Verification: Review previous 12 months training records.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
<input checked="" type="checkbox"/>	C. Tool Box Talk Policies and Procedures are Defined	<input checked="" type="checkbox"/>	Tool Box Talks given at least monthly. <i>Verification: Review previous 12 toolbox talk documentation.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input checked="" type="checkbox"/>	Maintain record of topic and employees in attendance. <i>Verification: Review sign-in sheet or documentation.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
		<input type="checkbox"/>	Tool Box Talks given at least weekly. <i>Verification: Review previous 12 months toolbox talk records.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A	
<input checked="" type="checkbox"/>	D. Management Safety Training Policies and Procedures are	<input type="checkbox"/>	President and Project Managers attend OSHA 10hr.	<input type="checkbox"/> Met <input type="checkbox"/> Not Met	

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Defined		<i>Verification: Review past training documentation.</i>	<input type="checkbox"/> N/A
	<input type="checkbox"/>	Safety Director attends OSHA 30hr for Construction or OSHA 500/510 classes. <i>Verification: Review past training documentation.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A
	<input type="checkbox"/>	Job Superintendents and Foreman attend OSHA 10hr. <i>Verification: Review past training documentation.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A
	<input type="checkbox"/>	Company reviews the performance of Supervisors annually and offers a potential pay increase that is determined by the safety of their jobs. <i>Verification: Review performance management planning documentation and documentation verifying that the review includes a safety performance element.</i>	<input type="checkbox"/> Met <input type="checkbox"/> Not Met <input type="checkbox"/> N/A

Additional Notes: