

Hospital Questionnaire

Supplemental to
Fully Completed ACORD 130 Workers' Compensation Application

Applicant Name	Effective Date
FEIN	Website

Description of Operations

Operations	
_____ #	Number of years this facility has been operating?
_____ #	Number of years owned by present owner?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a Non-Profit hospital?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do employees work 24-hour shifts?
	How many independent contractors / 1099 employees used?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you verify workers comp coverage for independent contractors?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you lease out employees or provide temp staffing to outside clients?
_____ %	If yes, what is the % of payroll leased or temp staffing to others?

Management Practices, Operations, Loss Control, Claims Handling & Benefits	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a FT risk/safety mgr. employed whose job is 50%+ safety related?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a post-accident drug testing program for all workplace injuries?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Is there a formal accident investigation and claims reporting process?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do more than 50% of employees receive group health that is 50% employer paid?
<input type="checkbox"/> Yes <input type="checkbox"/> No	Do you provide vacation and sick time to all employees?
	_____ % Annual turn-over percentage for non-professional staff
	_____ % Annual turn-over percentage for professional staff
<input type="checkbox"/> Yes <input type="checkbox"/> No	Formal Return to Work program
<input type="checkbox"/> Yes <input type="checkbox"/> No	Safety incentive program in place
<input type="checkbox"/> Yes <input type="checkbox"/> No	Employee & management safety committee

COVID-19	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Screen workers and patients regularly for signs and symptoms
<input type="checkbox"/> Yes <input type="checkbox"/> No	Quarantine workers and patients if they have been exposed to COVID
<input type="checkbox"/> Yes <input type="checkbox"/> No	Regularly clean and disinfect surfaces, rooms and workstations
<input type="checkbox"/> Yes <input type="checkbox"/> No	Ensure all workers have proper personal protective equipment (PPE)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Instruct sick workers to stay at home

Hiring Practices	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Written Application
<input type="checkbox"/> Yes <input type="checkbox"/> No	Written Job Description
<input type="checkbox"/> Yes <input type="checkbox"/> No	Criminal Background Check
<input type="checkbox"/> Yes <input type="checkbox"/> No	Experience / Reference Check
<input type="checkbox"/> Yes <input type="checkbox"/> No	Personal Interview Conducted
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-Hire Drug Testing
<input type="checkbox"/> Yes <input type="checkbox"/> No	Pre-Hire Physical Fitness Test
<input type="checkbox"/> Yes <input type="checkbox"/> No	Are certifications/ licenses verified?
<input type="checkbox"/> Yes <input type="checkbox"/> No	New employee orientation and safety training conducted

Safety Practices	
<input type="checkbox"/> Yes <input type="checkbox"/> No	Formal Injury & Illness prevention program
<input type="checkbox"/> Yes <input type="checkbox"/> No	Patient lifting and handling training provided
<input type="checkbox"/> Yes <input type="checkbox"/> No	Quarterly (or more) safety meetings
<input type="checkbox"/> Yes <input type="checkbox"/> No	Quarterly (or more) safety training
<input type="checkbox"/> Yes <input type="checkbox"/> No	Needle & sharps disposal policy compliant with OSHA standards
<input type="checkbox"/> Yes <input type="checkbox"/> No	Employees required to wear non-slip shoes
<input type="checkbox"/> Yes <input type="checkbox"/> No	Personal Protective Gear use required
<input type="checkbox"/> Yes <input type="checkbox"/> No	Blood Borne Pathogen Training
<input type="checkbox"/> Yes <input type="checkbox"/> No	Contaminated Waste & Hazardous products disposal (OSHA compliant)
<input type="checkbox"/> Yes <input type="checkbox"/> No	Combative Patient Training

Patient Safety & Mobility		<i>Check all that apply</i>	
Standing Assist Devices		Ambulation Assist Devices	
Lateral Transfer / Repositioning		Electric Adjustable Beds	
Trapeze Bars / Hand Blocks		Ceiling Mounted Lifting Devices	
Bathtub, Shower, Toilet Devices		Portable Lift Devices	