

Camden Joint Insurance Fund Written Regulatory Program Checklist

Member: _____

Date: _____

Use this form to list policies in place**

Policy	Status	Date Adopted	Last Update	Training Required
Blood Borne Pathogens				Yes
Emergency Action Plan				Yes
Indoor Air Quality				Yes *
Confined Space Entry				Yes
Lockout/Tag Out				Yes
Hazard Communication RTK				Yes *
PPE Hazard Assessment/Policy				Yes
Respiratory Protection				Yes
Hearing Conservation				Yes
OSHA 300/300A				No
Additional Programs		Regulatory	Non Regulatory	

* Requires Designated Person

** Policies will be reviewed during on site review process

Additional

Comments: _____
