

Urgent Care & Occupational Medicine Clinic Work Site Assessment

Assessing Your Company's Needs

To assist you in assessing your needs concerning employee health and safety, Colorado Springs Health Partners provides the following questionnaire. Upon completion of this questionnaire, please fax it to us at (719) 475-2042 or send it to our offices at:

**Colorado Springs Health Partners
Urgent Care & Occupational Medicine Clinic
1633 Medical Center Point
Colorado Springs, CO 80907**

A member of our Occupational Medicine Clinic staff will contact you to discuss how CSHP can best serve your needs by providing a free assessment based on your answers. You are under no obligation to work with CSHP, though we are confident that you will be happy with our service.

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 |
| <input type="checkbox"/> Other(s) Please List: _____ | | |

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.

yes no Explain: _____

Do your employees handle potentially biohazardous, toxic or dangerous materials or equipment?

yes no

Do your employees employ standard safety precautions routinely as part of their job?

yes no Not sure what you mean

(please see reverse side)

www.cshp.net

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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, weight bearing and others?

yes no

Are vaccinations or specific testing requirements 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: _____

Contact Phone Number: _____

Thank you for taking the time to complete this questionnaire. Once received, a member of our staff will be contacting you with your free assessment results. If you decide not to submit your questionnaire, we strongly urge you to review your company's employee health and safety profile by taking the time to answer these questions. Colorado Springs Health Partner's Urgent Care and Occupational Medicine Clinic CAN meet your needs and will help you obtain the employee health and safety profile you feel is important to see success.

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Phone: (719) 636-2999

Fax: (719) 475-2042