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WCIRA Industrial Relations Audit Confidential Pre-Audit Questionnaire, circa 1979

West Coast Industrial Relations Association

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WCIRA Industrial Relations Audit Confidential Pre-Audit Questionnaire, circa 1979

Abstract

A questionnaire prepared for completion by the contracting organization prior to the WCIRA on-site audit of their Personnel/Industrial Relations program's policies and procedures.

WCIRA INDUSTRIAL RELATIONS AUDIT
CONFIDENTIAL PRE-AUDIT QUESTIONNAIRE

This questionnaire has been prepared and submitted for completion by your organization prior to the WCIRA on-site audit of your Personnel/Industrial Relations program. Please ensure that all questions are answered or completed by an individual or individuals knowledgeable with your policies and procedures. Statistical information should be for most recent pay period available. (Responses indicating no policy or benefit should be entered as, "NONE", and those questions which are not applicable should be entered as "N/A".) This questionnaire should be completed by the scheduled audit date, and given to the audit consultant upon arrival. All data and material provided will be treated in absolute confidence. Many thanks for your assistance.

GENERAL INFORMATION

1. Name of organization _____
2. Address, City, State & Zip Code _____
3. Telephone _____ Date questionnaire completed _____
4. Parent firm (if division or subsidiary) _____
5. Pre-audit questionnaire completed by (name) _____
6. Head of Personnel function and title _____
7. Head of this organization and title _____
8. Other key individuals responsible for Personnel _____
9. (Optional) Annual sales or revenues: this year _____
prior year _____
10. (Optional) Annual earnings or profits: this year _____
prior year _____
- 11a. Is your organization: For Profit Not For Profit
- b. Date Firm was established: _____
- c. If your organization is any part of any government agency (Federal, State, County, Municipal, District, etc.) please indicate which _____
- d. Does your organization have any State or Federal contracts or grants? Yes No
- e. If "Yes", please identify agency and amount: _____
- 12a. (HOSPITALS ONLY) No. of beds _____ Licensed _____ Average, In use _____
- b. Average census, last 3 months _____, _____, _____

WORK FORCE

- 13a. Total population _____ (If hospital, show also current F. T. E.) _____

- b. No. of full-time employees _____ No. of part-time employees _____
- c. No. of shifts _____; No. of employees on day shift _____ evening _____ night _____
14. Shift time schedules: days _____ evenings _____ nights _____
15. Do you utilize on-call, temporary employees? _____ If so, average No. _____
16. No. of exempt employees (per F.L.S.A., not eligible for overtime pay) _____
17. No. of non-exempt employees (per F.L.S.A: must be paid for overtime) _____
18. Of non-exempt employees, No. of "SALARIED" ? _____ No. of "HOURLY" _____
19. Please estimate No. of employees in the following age groups:

| AGE GROUP | TOTAL | EXEMPT | NON-EXEMPT |
|--------------|-------|--------|------------|
| Under age 25 | _____ | _____ | _____ |
| 25 - 39 | _____ | _____ | _____ |
| 40 and over | _____ | _____ | _____ |

- 20a. Please estimate No. of employees in the following race/sex groupings: (If you prepare and submit EEO-1 reports, please attach a copy of the latest report filed, in lieu of completing this question, if data is less than 12 months old.)

| RACIAL GROUP | EXEMPT MALE | EXEMPT FEMALE | NON-EXEMPT MALE | NON-EXEMPT FEMALE |
|------------------|-------------|---------------|-----------------|-------------------|
| Caucasian | _____ | _____ | _____ | _____ |
| Black | _____ | _____ | _____ | _____ |
| Spanish-American | _____ | _____ | _____ | _____ |
| Oriental | _____ | _____ | _____ | _____ |
| Other minorities | _____ | _____ | _____ | _____ |

- b. Has your organization received any formal, discriminatory complaints regarding race, sex, age, religion, etc. from any state or federal agency ? YES NO
- c. If "YES", please describe: _____
- _____
- _____

21. Please identify those departments which have the largest number of minority personnel _____
- _____

22. Do you prepare and submit EEO-1 reports ? YES NO

23. Do you prepare weekly or monthly "population" reports, showing new hires, terminations, and employment trends ? YES NO
- (If "YES", please attach copies of these reports covering last 3 months.)

24. Do you have a minimum education level established for all employees ? YES NO
25. (If yes please state level (i.e., 8th grade, high school grad, etc.) _____
26. Do you maintain monthly turnover statistics ? YES NO
27. How many employees were hired in the last 12 months ? _____
28. How many employees were terminated in the last 12 months:
- a. Discharges ? _____ b. Voluntary Quits ? _____ c. Layoffs ? _____
- d. Involuntary Terminations (not for cause) ? _____ e. Total Terminations _____
29. Of the discharges shown (in 28a) above, how many of these occurred during the probationary period ? _____
30. Of the voluntary quits shown (in 28b) above, how many of these occurred during the probationary period ? _____
31. Of the layoffs shown (28c) above, how many of these positions were recalled during the same 12 month period ? _____
- 32a. Do you maintain centralized absenteeism/tardiness records (not timecards or timekeeping data) in Personnel or some other department ? YES NO
- b. Can you estimate total No. of working days or working hours lost due to all absences and tardiness (excluding vacations and holidays) in last 12 months ?
- NO YES Estimated Lost Time _____
- c. If no centralized records are maintained, what percentage of your supervisors maintain their own absence/tardiness records ? _____
33. In your opinion, does absenteeism or tardiness constitute a problem in your organization ? YES NO
If "YES", is problem serious ? moderate ?
- 34a. Are your supervisors supplied with attendance standards, rules and forms ? YES NO
- b. Are your employees advised of attendance standards and rules ? YES NO
35. How many industrial (work-related) injuries/illnesses have occurred within your organization within the last 24 months ? _____
36. Of this total, how many: a. Deaths ? _____ b. Lost-time Cases of More Than One Week ? _____
- c. Lost-time Cases of More Than One Day But Less Than One Week ? _____
- d. Injuries Requiring Only First-aid or Minor Attendance ? _____

EMPLOYMENT

37. Is initial recruitment and interviewing performed by:
- a. Personnel Department ? _____ b. Department Head(s) ? _____ c. Supervisors ? _____ d. Other _____
- 38a. Is the employment function centralized in one department ? YES NO
- b. If "YES", name of department _____

c. If "No", are individual departments authorized to perform their own recruitment and selection?

YES NO Comments: _____

d. If employment function is centralized, are individual supervisors permitted to make final selection decision of new employees? YES NO

e. Are individual managers or supervisors permitted to make final wage and employment offers to new employees? YES NO

39. Have supervisors and others responsible for employment received any formal training in interviewing and selection? YES NO

40. Does your organization utilize staffing budgets or limits? YES NO

41. Does your organization utilize employment requisition forms?

a. None _____ b. required for replacements _____ c. required for additions-to-staff _____

42a. Do you conduct reference checks on: a. All new hires _____ b. Only Hourly Personnel _____

c. Only Salaried or exempt personnel _____ d. Only occasionally, for certain hires _____

b. Are reference checks made: a. By phone _____ b. By mail _____ c. Other _____

43a. Do you provide pre-employment physical exams on all new hires? YES NO

b. Do you require all new hires to complete a pre-employment health questionnaire? YES NO

44. Do you conduct credit checks on any new hires? YES NO

45. Please check below and attach copies of any of the following forms used within your organization:

- Employment applications
- Form letters or "reject" Letters
- Employment requisitions
- Employment contracts/agreements
- Health questionnaires
- Security/secrecy agreements
- Post-employment questionnaires
- Pre-employment tests
- Other (Describe) _____

46. Please identify major recruitment and/or advertising sources, if any (please circle the most successful ones):

47a. Are you experiencing any major recruitment problems? YES NO

b. If "Yes", in which classifications? _____

c. Approximately how many total openings exist at this time? _____

48. Do you utilize temporary contract (agency) employees? YES NO
49. What type of orientation/indoctrination programs do you provide to new employees?
 a. None _____ b. Quick briefing at time of hire _____ c. Provided by supervisor on first day _____
 d. Formal orientation program during first two weeks of employment _____

50. Do you utilize audio-visual presentations for orientations? YES NO
51. Does your organization provide new employees with an opportunity to meet with or see a key executive during their first two weeks? YES NO

52. Do you provide facility tours to new employees? YES NO

53. Please check below and attach copies of any of the following items provided to new employees:
- | | |
|---|--|
| <input type="checkbox"/> Employee policy handbook | <input type="checkbox"/> Handouts |
| <input type="checkbox"/> Rules and regulations | <input type="checkbox"/> Insurance brochures |
| <input type="checkbox"/> Safety brochures | <input type="checkbox"/> Annual reports |
| <input type="checkbox"/> Newsletters | <input type="checkbox"/> Work procedures |
| <input type="checkbox"/> Other (describe) _____ | |

54. Do you provide employees with follow-up orientation meetings after three, six or twelve months?
 YES NO When? _____

LABOR RELATIONS

- 55a. Does your organization have any collective bargaining agreements presently in effect? YES NO
- b. If "Yes", name of labor organization(s) and local No., type and number of employees covered by agreements. (Please attach a copy of agreements): _____

- 56a. Has your organization ever previously had any collective bargaining agreements no longer in effect? YES NO
- b. If "Yes", name of labor organization(s), employees covered, and reasons why agreement is no longer in effect? _____

- 57a. Is your organization presently being threatened by union organizational activity (e.g., rumors, leafleting, internal activity, R.C. petition, etc.)? YES NO

b. If "Yes", describe number and nature of events _____

58a. Are you aware of any union organizing activity currently taking place at any neighboring firms? YES NO

b. If "Yes", please describe _____

59. Please briefly describe any other previous or present union organizational attempts, elections, decertifications, etc. and/or efforts taken to prevail in these situations: _____

60a. Do you feel your organization is vulnerable to union activity at this time? YES NO

b. If "YES", please briefly identify reasons: _____

WAGES AND HOURS

61. Frequency of payroll for non-exempt employees? a. _____ weekly (payday? _____)
b. _____ bi-weekly (payday? _____) c. _____ semi-monthly d. _____ monthly e. other _____

62. By what method are your employees granted wage increases?
a. _____ flat rate b. _____ merit review c. _____ automatic progression
d. _____ automatic progression plus merit e. _____ other _____

63. Do you have formal wage ranges for all classifications? YES NO
(If "YES", please attach a copy of your current wage schedules. If "NO", and in order to provide you with a benchmark analysis of your wages, please provide either a listing of average wages paid by classification, or a listing of employees, showing wages, classifications, and seniority (hire) dates.)

64. Are all positions periodically reviewed to ensure proper relationships between jobs and pay? YES NO

65a. Do you periodically review or survey wages in your area/industry for competitiveness? YES NO

b. If "YES" how often and by what means? _____

66. Please show special pay differentials that you provide:
a. LEAD PAY _____ b. HAZARD PAY _____
c. SPECIALTY DIFFERENTIALS _____
d. SHIFT DIFFERENTIALS: EVENINGS _____ NIGHTS _____
e. OTHER _____

67. Are all employees informed of their current wages and their range? YES NO
(If "YES", how?) _____

68. Do you pay time and one-half pay for overtime after:
a. 8 hours per day? _____ b. 40 hours per week? _____ c. 80 hours bi-weekly? _____
d. For "Saturday" or "Sunday" work? _____ e. 8 hours of a seventh workday? _____ f. Other? _____

69. Do you pay time and one-half for holidays worked? YES NO Other? _____

70. Are holidays counted as time worked in calculating overtime? YES NO

71. Do you pay double-time for any overtime:
a. After 12 hours per day _____ b. After 8 hours of a seventh work day? _____ c. Other? _____

72. Do you allow compensatory time—off in lieu of overtime pay? YES NO

73a. Do you provide for any type of incentive pay or piece-rate pay in basic earnings? YES NO
(If "Yes", please describe) _____

b. Do you have any incentive or "productivity" pay programs on an individual, departmental or organization-wide basis?
YES NO (If "Yes", please describe) _____

74. Are any of your employees assigned to a 10-hour day/4-day workweek? YES NO
a. If "Yes", % of employees _____ b. What % of these employees approved schedule? _____
c. Do you pay overtime after: 8 hours per day? _____ 10 hours per day? _____ 4 workdays? _____
d. Do you pay double-time after 8 hours of a fifth work day? _____

75a. Do you provide timecards or timesheets to record actual hours worked by all non-exempt* employees? (*Not exempt from overtime payment under the Fair Labor Standards Act). YES NO
b. If "No", how do you record time, or, which employees are not required to record time? _____
c. Are supervisors required to sign all employee timecards? YES NO
d. Are employees required to sign their own time cards? YES NO
e. Do you have any employees who are required to work at home? YES NO

76a. Do you permit non-exempt personnel to be on the premises during non-working time? YES NO
b. If "No", what are your rules regarding early arrival or late departure? _____

77. Please identify minimum number of hours per week required for the following employment categories:
 a. Full time employee _____ b. Regular, Part-time _____ c. Relief, on-call _____ d. Other _____
78. Do your paychecks provide paystubs detailing all payroll deductions? YES NO
79. Do you require signed authorizations for all forms of payroll deduction (insurance, savings, benefits, etc.)
 YES NO
80. Does your organization provide for different pay ranges between male and female employees in similar types of jobs?
 YES NO (If "Yes", describe) _____

81. Does your organization provide loans or advances to employees? YES NO (If "Yes", describe)

- 82a. How much time are employees permitted for:
 Meal periods _____ Break periods _____
- b. Are meal/break periods on: fixed variable schedules? If "variable", please describe: _____

- 83a. Do you require any of your employees to wear uniforms? YES NO
- b. If "Yes", do you provide: Uniforms? Payment for Uniforms? Cleaning for Uniforms?
 Payment for Cleaning? None of these?
84. Do you provide "standby" or "on-call" pay for any employees? YES NO
 If "Yes", please describe classifications and "standby" pay. _____

- 85a. Do you pay any non-exempt employees on a "flat-rate" basis (per-call or per-assignment)? YES NO
 If "Yes", please describe classifications and method of payment. _____

- b. If "Yes", describe what method you utilize to integrate "flat-rate" pay with hours worked, if any. _____

BENEFITS

86. Please check and/or describe the following benefits provided to non-exempt employees at your organization:
- A. REPORT-IN (Guaranteed "show-up") PAY: YES NO
- B. CALL-IN (After-hours minimum) PAY: YES NO

C. FUNERAL (Bereavement) PAY: YES NO

If "Yes" describe pay allowance and relatives covered. _____

D. SICK LEAVE PAY: YES NO If "Yes", describe how sick leave is accrued: _____

*NOTE: If your organization provides an integrated paid-leave plan combining sick leave, vacation, holidays, etc., please omit questions "D" "E" and "F" and complete "CC" instead.

-What is maximum sick leave accrual per year? _____

-Is sick leave payable only for authorized absences? YES NO

-If "No", what other form of payment is given? _____

What is maximum sick leave accrual at any time? _____

Are sick leave benefits payable to terminating employees? _____

E. VACATION PAY: YES NO If "Yes", how is paid vacation accrued? _____

-Please show vacation accrued after years worked:

6 months _____ , 1 year _____ , _____ years _____ , _____ years _____ , _____ years _____ ,
_____ years _____ , _____ years _____ .

-What length of service is required before any vacation is permitted? _____

-Special vacation requirements, if any? _____

-Are vacation benefits payable to terminating employees? _____

F. Holiday Pay: YES NO If "Yes", please identify formally recognized, paid holidays at your organization:

Number per year: _____

Holidays: _____

-If any "Floating" holidays, which are permitted or selected? _____

-If any "Personal" holidays, which are permitted or selected? _____

-Do you provide "surprise" or "bonus" holidays? _____

-What minimum service is required before holiday eligibility? _____

-What work requirements, if any, do you have for holiday eligibility? _____

G. Do you provide group medical/health insurance? YES NO

-If "Yes", is plan Basic benefits? Basic and major medical? Comprehensive? Other (describe)? _____

-(PLEASE ATTACH A COPY OF ALL INSURANCE PLANS TO THIS REPORT)

-Do you pay any portion of employees' insurance premium? YES NO

-If "Yes", employees' portion: (\$ or %)? _____. Firm's portion (\$ or %)? _____.

-Do you pay any portion of dependents' insurance premium? YES NO

-If "Yes", employees' portion (\$ or %)? _____. Firm's portion (\$ or %)? _____.

-Total monthly insurance premium for employee only? \$ _____, for employee and 1 dependent? \$ _____, for employee + 2 dependents? _____, other? _____

-Is your health insurance plan self-insured? YES NO

-Are you experiencing insurance administration or delayed claim payment problems? YES NO

H. Do you pay for any medical expenses over and above those provided by the Group Insurance Plan? YES NO

-If "Yes", please describe _____

I. Do you provide group life insurance? YES NO

-If "Yes", please describe: _____

-Do you pay any portion of employees' life insurance premium? YES NO

-If "Yes", employees' portion (\$ or %)? _____. Firm's portion (\$ or %)? _____

J. Do you provide supplementary life insurance? YES NO

-If "Yes", please describe benefit and employee cost: _____

K. Do you provide long term disability insurance? YES NO

-If "Yes", please describe benefit and employee cost: _____

L. Do you provide dental insurance? YES NO

-If "Yes", please describe benefit and employee cost: _____

M. Please describe benefits and employee costs of any other insurance plans you offer: _____

N. Do you provide a retirement/pension/annuity plan? YES NO

O. Do you provide a profit sharing plan? YES NO

P. Do you provide for an investment or stock-purchase plan of any type? YES NO

-If "Yes", briefly describe: _____

(PLEASE ATTACH COPIES OF ANY EMPLOYEE SUMMARIES OF PLANS PROVIDED IN "N", "O", and "P".)

Q. If "Yes" to items "N", "O", "P", has the administrator (attorney, trustee or broker) reviewed these plans for compliance with Pension Reform Act of 1974 (E.R.I.S.A.) requirements? YES NO

R. Do you provide jury duty differential pay? YES NO

S. Do you provide for voting time off? YES NO

T. Do you provide military summer camp differential pay? YES NO

U. Do you have a credit union? YES NO

V. Do you have a service pin or service award recognition plan? YES NO

Describe: _____

W. Do you have an automatic payroll or bond saving plan? YES NO

-If "Yes", please describe: _____

X. Do you provide free or subsidized coffee, refreshments or food to employees? YES NO

-If "Yes", please describe: _____

Y. Do you have an educational/tuition reimbursement plan? YES NO If "Yes", please describe: _____

Z. Do you provide any non-exempt employees with food, lodging, or other benefits, in lieu of monetary compensation?

YES NO If "Yes", describe briefly: _____

AA. Do you provide any type of service or product discount, or purchase plan (excluding commercial discount tickets)? YES NO

If "Yes", please describe briefly: _____

BB. Do you provide free parking for employees? YES NO

CC. If your organization provides an integrated "Paid Leave" plan combining sick leave, vacation, holidays, etc., please briefly describe the benefits of the plan and benefit accruals: _____

DD. Please identify and describe any other fringe benefit plans, not shown above, which are offered by your organization:

EE. Please identify which of any of the above benefits (question No. 86) are not available to regular, part-time employees, (If prorated, indicate): _____

FF. Which of any of the above benefits (question No. 86) have historically or currently created administrative or morale problems? (Please identify benefits and problems): _____

GG. Has your organization developed a long-term plan of objectives for benefits for the next 1, 3 or 5 years? YES NO

HH. If possible, please indicate the dollar percent of benefits to total payroll _____ %.

II. Do you provide any "severance pay" benefits? YES NO

If "Yes", please describe: _____

PERSONNEL POLICIES:

87. Length of formal probationary period? _____

88. What actions occur at the completion of a probationary period? _____

89. Do you have an employee handbook or personnel policy manual which is distributed to all employees at the time of hire? YES NO (If "Yes", please attach a copy to this report.)

90. Do you have a listing of your organization's work rules provided to all employees? YES NO (Please attach copy.)

91a. Do you have a uniform, standard disciplinary policy which is clearly communicated to all employees? YES NO

b. If "Yes", please describe briefly (number of oral or written warnings required before discharge, etc.):

92. Do you have any formal policies regarding "seniority", job security or length of service? YES NO

93a. Do you have a job-posting practice at your organization? YES NO

b. How are employees permitted to apply for promotions or transfers? _____

94. Have you developed and communicated FORMAL personnel policies in the following areas (Please indicate "Yes" or "No"):

A. Leaves of absence: Medical? _____ Maternity? _____ Military? _____ Personal? _____

B. Promotions? _____ Transfers? _____ Demotions? _____

C. Terminations: Discharge? _____ Resignations? _____ Layoffs? _____ Recalls? _____

D. Solicitations? _____ Distribution of literature? _____

E. Hours and conditions of employment? _____

F. Overtime requirements and authorization? _____

G. Benefit eligibility, accrual and authorization? _____

H. Performance appraisal or evaluation? _____

I. Wage/salary adjustments or increases? _____

J. Probationary-period requirements and review? _____

K. Seniority? _____

L. Part-time employee policies? _____

M. Safety program? _____ Worker's Compensation? _____ Work-related injuries? _____

O.S.H.A Procedures? _____ Disaster plan? _____ Fire Drill/Safety plan? _____

N. Equal employment opportunity? _____ Non-discriminatory practices? _____

O. Affirmative Action Program (if required)? _____

P. Dress/grooming standards (if appropriate)? _____

Q. Attendance, absenteeism and tardiness standards? _____

R. Employee recreational policies? _____

95. Do all supervisory and managerial personnel have copies of these policies? YES NO

96. Do all employees have copies of these policies? YES NO
97. Are supervisors and managers periodically trained and/or briefed in the administration of these policies?
YES NO
98. Are these policies reviewed annually for revision? YES NO
99. Do you have an established, formal, employee grievance procedure? YES NO
- a. If "Yes", is this plan communicated to all employees in writing? YES NO
- b. If "Yes", does the plan contain: formal steps? _____ ; established time periods for each step? _____ ;
final resolution by: senior executive? _____ ; committee? _____ ; arbitration? _____.
- c. If "No", how are grievances handled within your organization? _____
-
-

100. Please indicate below your opinion of your organization's effectiveness in dealing with grievances:

- Very effective Somewhat effective Adequate Inadequate

101. Has your organization prepared a personnel policy and practices administration manual for supervisors and managers?
YES NO

COMMUNICATIONS

102. Please indicate (check) which of the following methods are used to promote communications in your organization:

- | | |
|--|--|
| <input type="checkbox"/> EMPLOYEE HANDBOOKS | <input type="checkbox"/> NEWSLETTERS/HOUSE ORGAN |
| <input type="checkbox"/> ALL-EMPLOYEE MEETINGS | <input type="checkbox"/> ATTITUDE SURVEYS |
| <input type="checkbox"/> BULLETIN BOARDS | <input type="checkbox"/> PAYROLL INSERTS |
| <input type="checkbox"/> LETTERS TO EMPLOYEE HOMES | <input type="checkbox"/> SPECIAL BROCHURES |
| <input type="checkbox"/> ANNUAL REPORTS | <input type="checkbox"/> GROUP MEETINGS |
| <input type="checkbox"/> EXIT INTERVIEWS | <input type="checkbox"/> COMMUNICATION MEETINGS |
| <input type="checkbox"/> INFORMAL MEAL MEETINGS | <input type="checkbox"/> DISPLAYS |
| <input type="checkbox"/> OPEN HOUSE FOR FAMILIES | <input type="checkbox"/> "GRAPEVINE" |
| <input type="checkbox"/> OTHER (DESCRIBE): _____ | |

103. Does your organization have an employee council in which a small group of representative employees meet periodically to discuss problems, recommendations, facilities, grievances, etc.? YES NO

- a. If "Yes", how are representatives chosen? _____
-
- b. If "Yes", how often do they meet? _____

c. If "Yes", how are such meetings monitored by management? _____

d. If "Yes", how are meeting results communicated to employees? _____

104. Are supervisors kept informed of developments, problems and strategy through meetings or conferences?

YES NO

a. If "Yes", how often? _____

b. If "Yes", are meetings: one-way (downward)? two-way?

105. Which form of communications at your organization do you feel is most effective in promoting upward communications?

106. How would you currently rate "morale" throughout your organization? _____

SUPERVISION

107. How many supervisory personnel are there in your organization in the following categories:

executive (Dept. Heads and up) _____ middle managers _____

exempt supervisors _____ non-exempt supervisors _____

"lead" personnel _____ supervisor/manager trainees _____

108. Are the majority of supervisory personnel in your organization selected from:

Outside (new hires)?

Within (promotions, transfers?)

109. What are the most important criteria used in selecting new supervisory personnel within your organization? _____

110. Has your organization developed a plan of organizational development or management/supervisory backup?

YES NO

111. What is the average pay differential between first-line supervisors and those employees supervised? _____ %

112. In what formal ways are supervisors/managers encouraged to communicate upwards to top management? _____

113. What type of formal management/supervisory training is provided to new/experienced supervisors (other than technical, product or service training)?

(IF YOU HAVE PREPARED AN ORGANIZATION CHART, PLEASE ATTACH A COPY TO THIS REPORT)

WORKING CONDITIONS

114. Title of individual at your organization who is responsible for OSHA (Occupational Safety and Health Act) compliance?

115. How does your organization obtain and implement new OSHA procedures and enforcement standards?

116. Do you have a formal safety committee? YES NO

117. Do you have an employee safety inspection team? YES NO

118. Do you conduct periodic fire or evacuation drills? YES NO

Frequency of drills? _____ times per year.

119. Have you had an OSHA inspection conducted at your facility? YES NO

a. If "Yes", when? _____

b. If "Yes", any citations issued? NO YES (Describe) _____

c. If "Yes", any citations for serious, repeated or willful violations? NO YES (Describe) _____

d. If "Yes", total amount of fines? _____

120. Please identify (check) which of the following OSHA recordkeeping forms are being properly maintained and/or posted* at your organization?

_____ OSHA form 100 (log of occupational injuries and illnesses)

_____ OSHA form 101 (supplementary record of injuries & illnesses)

_____ OSHA form 102* (annual summary of illnesses and injuries)

121. Major safety/hazard problems in your organization, if any? _____

122. Please identify, (check) and explain any long-standing complaints about any of the following working conditions:

TEMPERATURES

CAFETERIA/LUNCHROOM

ODORS/FUMES

CLEANLINESS

HUMIDITY

DRINKING FOUNTAINS

REST-ROOMS

NOISE

EQUIPMENT/FACILITIES

OTHER/REMARKS _____

GENERAL

123. Do you have any procedures or controls to effectively monitor or restrict visitor access to your facilities?
YES NO

a. If "Yes" describe" _____

124. Do you have "No Trespassing" signs posted on your premises? YES NO

125. Do you have automatic fire sprinklers within your facilities? YES NO

126. Do you have a security guard force at your facilities? YES NO

127. Do you have a night, electronic security/alarm system? YES NO

128. Have you experienced any major employee thefts? YES NO . If "Yes", please describe: _____

129. How does your organization process unemployment compensation claims:

internally? _____ outside firm _____ (name) _____

130. Have your supervisory/personnel staff been trained in any of the following unemployment compensation procedures:
(check)

- | | |
|--|---|
| <input type="checkbox"/> RECORD KEEPING? | <input type="checkbox"/> INELIGIBILITY PROVISIONS? |
| <input type="checkbox"/> CLAIMS NOTICES? | <input type="checkbox"/> EMPLOYER PROTESTS? |
| <input type="checkbox"/> ELIGIBILITY PROVISIONS? | <input type="checkbox"/> HEARING PROCEDURES? |
| <input type="checkbox"/> APPEAL PROCEDURES? | <input type="checkbox"/> QUARTERLY/ANNUAL AUDITS? |
| <input type="checkbox"/> REVIEW OF CHARGES? | <input type="checkbox"/> ELECTIVE COVERAGE OPTIONS? |

131. Please identify (check which of the following posting notices are being maintained on your bulletin boards:

- _____ FAIR EMPLOYMENT PRACTICES (STATE)
- _____ EQUAL EMPLOYMENT OPPORTUNITY (FEDERAL)
- _____ PAY-DAY NOTICE (CALIF. STATE)
- _____ WAGES, HOURS AND WORKING CONDITIONS (CALIF. STATE)
- _____ MINIMUM WAGE ORDER (STATE)
- _____ MINIMUM WAGE/OVERTIME ORDER (FEDERAL)
- _____ NOTICE OF WORKERS' COMPENSATION INSURANCE CARRIER (STATE)
- _____ OCCUPATIONAL SAFETY AND HEALTH ACT (STATE/FEDERAL)

132. Please identify (check) the following items which are normally made a part of your employee/personnel folders: (please attach copies of each)

- | | |
|---|--|
| <input type="checkbox"/> EMPLOYMENT APPLICATION | <input type="checkbox"/> ATTENDANCE RECORDS |
| <input type="checkbox"/> REFERENCE FORMS | <input type="checkbox"/> CHANGE-OF-STATUS FORMS |
| <input type="checkbox"/> EMPLOYMENT HISTORY CARDS | <input type="checkbox"/> CURRENT W-4 (IRS) FORMS |
| <input type="checkbox"/> PERFORMANCE REVIEWS | <input type="checkbox"/> DISCIPLINARY WARNINGS |
| <input type="checkbox"/> ACCIDENT/INJURY REPORTS | <input type="checkbox"/> GROUP INSURANCE CLAIMS |
| <input type="checkbox"/> OTHER: _____ | |

133. Please identify (check) the following employee activities or events maintained or supported by your organization:

- | | | |
|--|--|--|
| <input type="checkbox"/> RECREATION CLUBS | <input type="checkbox"/> DINNERS | <input type="checkbox"/> DISCOUNT RECREATION TICKETS |
| <input type="checkbox"/> ATHLETIC EVENTS | <input type="checkbox"/> HOBBY CLUBS | <input type="checkbox"/> MOTOR CLUB/INSURANCE BOOTHS |
| <input type="checkbox"/> MORALE PROGRAMS | <input type="checkbox"/> SPORT TEAMS | <input type="checkbox"/> DANCES |
| <input type="checkbox"/> SUGGESTION SYSTEM | <input type="checkbox"/> INCENTIVE PROGRAMS | <input type="checkbox"/> LUNCHESES/BREAKFASTS |
| <input type="checkbox"/> AWARD PROGRAMS | <input type="checkbox"/> "ZERO-DEFECT" PROGRAMS | <input type="checkbox"/> BIRTHDAY RECOGNITION PROGRAM |
| <input type="checkbox"/> XMAS BONUS | <input type="checkbox"/> EMPLOYEE-OF-THE-MONTH PROGRAM | <input type="checkbox"/> SERVICE ANNIVERSARY RECOGNITION PROGRAM |
| <input type="checkbox"/> BLOOD BANK | <input type="checkbox"/> CASH INCENTIVE PLANS | |
| <input type="checkbox"/> PICNICS | <input type="checkbox"/> DISCOUNT TICKET SERVICES | |
| <input type="checkbox"/> OTHER: _____ | | |

134. Comments or remarks concerning employee relations/labor relations, not previously covered in this questionnaire: (problems, politics, impending changes, relocation, etc.):

Thank you for your assistance in preparing this report. Please have this report completed, together with all supplementary forms and reports, including all internal/external personnel forms, by the scheduled audit date, and provide same to your audit consultant on arrival.