

Healthcare Questionnaire

1. Name:
2. Date Established:
3. Description of operations:

4. What background do principals have in this industry?

5. Number of employees: FT: PT:
6. Do you operate multiple shifts at any locations? Yes No
7. If yes, are there 24 hour operations? Yes No
8. Maximum number of employees per shift?
9. If medical care is provided, describe the level of care:

10. Please provide number of clients for each category:
 Elderly Chronically Ill Terminal
 Physical Disability Mental Disability Other:
11. Do you any of your patients require physical constraints?
 If yes, please describe:
12. Annual turnover rate: %

13. Check the services provided by your staff:

Cooking	Bathing	Housekeeping
Transportation	Errands	Visitation
Physical Rehabilitation		

14. Indicate the percentage of patients who are:

Totally weight bearing	Partially weight bearing
Non-weight bearing	

15. Do your employees assist with the lifting/transferring of patients?

If yes, what training in proper techniques is provided?

Describe your bariatric lifting policy:

16. Are lifting devices utilized?

If yes, what type of devices?

Is training on proper device usage provided?

17. Do you transport clients? Yes No

18. What is your driver screening policy?

19. Describe your client needs assessment process?

20. If employee safety issues are identified, how are they handled?

21. Do you have a slip resistant shoe policy?

22. What policies are in place to ensure rapid employee injury reporting and investigation?

23. Are red flag and/or root cause questionnaires used during investigation?

24. Are Post-Offer Medical Questionnaires utilized? Yes No

25. Are background checks performed on new hires? Yes No

26. What is your drug testing policy?

27. Describe your return to work policy:

28. Do you have a formal safety program? Yes No

29. If yes, please submit an electronic copy with this application.

30. Do you offer group health insurance?

31. Do you have a safety incentive program? If yes, please describe:

Applicant Signature Title Date