

EMPLOYER ASSESSMENT TOOL

Company Name _____
Contact Name _____
E-mail _____
Phone _____

Your Workforce at a Glance

1. Primary Industry _____
2. What types of positions make up the majority of your current work force? (Check all that apply)
 - a. Manual labor
 - b. Office work- computer / seated
 - c. Skilled labor. List specific specialties: _____

3. Number of full-time employees _____
4. Number of part-time employees _____
5. Number of seasonal employees _____
6. Shift types (check all that apply and provide the number of workers per shift).
 - a. 1st Shift (__am to __pm) _____
 - b. 2nd Shift (__pm to __pm) _____
 - c. 3rd Shift (__pm to __am) _____
 - d. 4th Shift (__am to __am) _____
7. Do any of your staff fall under DOT guidelines?
 - a. Yes. If yes, how many _____
 - b. No
8. How many employees have health benefits through your company?

9. How many dependents have health benefits through your company?

10. Top three health and safety concerns relative to your company's work environment?
 - a. _____

 - b. _____

 - c. _____

11. Please list the top three injuries or reasons for lost time with your work force.
 - a. _____
 - b. _____
 - c. _____
12. Top three health concerns/issues of your work force that are not related to your work environment.
 - a. _____
 - b. _____
 - c. _____
13. What do you feel are your organization's biggest drivers of healthcare costs? _____
14. Is your company's health insurance a self-insured program?
If so give details: _____

15. What health insurance does the company offer to employees?

16. Check any of the programs that are currently in place at your organization:
 - a. Free Flu Vaccination
 - b. Drug screening prior to employment
 - c. Random drug and alcohol screening
 - d. Hearing screening
 - e. Eyesight screening
 - f. Ergonomic assessment
17. If you have an Employee Wellness program please share the following:
 - a. No Employee Wellness program at this time
 - b. If yes, who runs the program? (name and contact info)

 - b.ii. Is participation connected with any incentives (i.e. health insurance discounts, prizes)?
Please describe (program overview and incentive)



**Monroe
Clinic
Works**

Employee Wellness is Good Business