



Making It All Work Together

HARDWOOD INDUSTRY FACILITY & SAFETY INSPECTION CHECKLIST

Company: _____ Inspection Completed By: _____

Date: _____

Not Satisfactory Corrective Action/Date

Administrative:

- 1. Written safety rules/safe job procedures in place _____
- 2. OSHA log updated/safety posters displayed _____
- 3. Management Safety Policy in place _____
- 4. All planned safety activities performed (meetings, inspections, training) _____
- 5. Effective new employee safety orientation _____

Life Safety & Housekeeping Issues:

- 1. Walkways maintained, aisles defined, uncluttered _____
- 2. Emergency exits clearly identified, adequate number _____
- 3. Egress routes marked and accessible _____
- 4. Unapproved doors clearly marked "NOT AN EXIT" _____
- 5. Stairs/aisle ways free from material storage and debris _____
- 6. Are spilled materials or liquids cleaned up immediately _____
- 7. Have all soiled rags been disposed of nightly? _____
- 8. Are work areas clean, sanitary and orderly? _____
- 9. Is your housekeeping schedule adequate for each area? _____
- 10. Is housekeeping being addressed in and around machinery cabinet/casing? _____
- 11. Is housekeeping adequate around machinery motors? _____
- 12. Is housekeeping in and around the chipper done on a daily basis? _____
- 13. Is area under the mill/equipment cleaned on a daily basis? _____
- 14. Is air compressor room clean as part of your daily housekeeping program? _____
- 15. Are accumulations of combustible dusts routinely removed from elevated surfaces? – top of control rooms, top of equipment, offices, etc _____
- 16. Is an adequate schedule in place for controlling dust on vertical and horizontal surfaces? _____
- 17. Is overhead blow pipe and/or ground level shaker conveyors maintained to prevent leaks and the accumulation of dust/scrap? _____
- 18. Is the dust collection system checked for leaks? _____



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|--|--------------------------|------------------------|
| Emergency Medical: | | |
| 1. Emergency contact information posted | <input type="checkbox"/> | _____ |
| 2. First aid responders available for each shift | <input type="checkbox"/> | _____ |
| 3. Blood borne pathogens exposure potential adequately addressed | <input type="checkbox"/> | _____ |
| 4. First aid supplies adequate and available | <input type="checkbox"/> | _____ |
| 5. Transportation available for injured workers/plan in place | <input type="checkbox"/> | _____ |
| 6. Annual Supervisor Accident Investigation & Reporting Training conducted | <input type="checkbox"/> | _____ |
| 7. Medical Clinic Relationship & Visit to Facility | <input type="checkbox"/> | _____ |
| 8. Job Descriptions Established for All Positions | <input type="checkbox"/> | _____ |
| Slip/Trip/Fall Hazards: | | |
| 1. Portable ladders equipped with non-slip feet. Metal ladders marked - "Do Not Use Around Electrical Equipment" | <input type="checkbox"/> | _____ |
| 2. Stairways in good repair with handrails, treads and risers in proper proportion and non-slip | <input type="checkbox"/> | _____ |
| 3. Elevated areas have guardrails and toe boards | <input type="checkbox"/> | _____ |
| 4. Work areas, aisle ways, storage areas are orderly | <input type="checkbox"/> | _____ |
| 5. Illumination adequate for normal conditions, emergency lighting in place | <input type="checkbox"/> | _____ |
| 6. External walking, parking, break areas free of hazards, well maintained | <input type="checkbox"/> | _____ |
| 7. Warning signs posted for wet floors or spills | <input type="checkbox"/> | _____ |
| 8. Anti-slip mats and flooring used where appropriate | <input type="checkbox"/> | _____ |
| Hand Tools: | | |
| 1. Power tools properly grounded/have safety power switch | <input type="checkbox"/> | _____ |
| 2. Defective tools are removed from service | <input type="checkbox"/> | _____ |
| 3. Proper guards are provided, tools electrically grounded or double insulated | <input type="checkbox"/> | _____ |
| 4. There is a preventive maintenance/inspection program | <input type="checkbox"/> | _____ |
| 5. Employees are trained in the safe use of hand tools | <input type="checkbox"/> | _____ |
| Mobile Equipment: | | |
| 1. Observed operating at safe speeds | <input type="checkbox"/> | _____ |
| 2. Observed safe loading and unloading practices | <input type="checkbox"/> | _____ |
| 3. Equipped with back-up alarms | <input type="checkbox"/> | _____ |
| 4. Operators qualified/trained | <input type="checkbox"/> | _____ |
| 5. Equipment inspected regularly | <input type="checkbox"/> | _____ |
| 6. Seat belt worn by operator | <input type="checkbox"/> | _____ |
| 7. Mirrors installed at blind spots | <input type="checkbox"/> | _____ |



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Fire Safety:

- 1. Portable fire extinguishers of proper type are mounted properly, accessible, and inspected
- 2. Approved safety containers are used for flammable liquids
- 3. Bonding and grounding used with storage of flammable materials
- 4. Combustible debris disposed of regularly
- 5. "No Smoking" areas designated, have receptacles been soaked & emptied?
- 6. Sprinkler system functional/inspected/documented
- 7. Smoke/heat detectors functional and inspected
- 8. Minimum 24" clearance below sprinkler heads
- 9. Sprinkler valves locked open
- 10. Annual Fire Department Pre-Fire Planning Visit to facility
- 11. Adequate Emergency Fire Response Water Supply – Quantity
- 12. Adequate Emergency Fire Response Water Supply – Flow Rate

Electrical Hazards:

- 1. Machinery and equipment are grounded
- 2. Electrical panels have clear access
- 3. Electrical panels clearly marked
- 4. Outlets, switches and boxes have covers
- 5. Permanent wiring in place – no extension cords
- 6. Exposure of overhead electrical lines controlled
- 7. Emergency stops and critical electrical controls are identified
- 8. Has all excess dust been removed from electrical panels, boxes, or motor control boxes?
- 9. Appropriate electrical systems designed for hazardous locations have been installed in spray booths and flammable liquid storage rooms

Chemicals:

- 1. Hazardous materials containers labeled
- 2. Safety Data Sheets available
- 3. Hazard Communication Training program in place
- 4. Smoking and eating prohibited in work areas where chemicals are used
- 5. Eyewash/emergency shower available and functional

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| Mechanical & Manual Material Handling & Storage: | | |
| 1. Hoist chains, cables, and slings are inspected regularly and documented | <input type="checkbox"/> | _____ |
| 2. Storage piles are stable and secured from falling or collapse | <input type="checkbox"/> | _____ |
| 3. Load limits are posted for all floors above ground level | <input type="checkbox"/> | _____ |
| 4. Load limits are displayed on all hoists | <input type="checkbox"/> | _____ |
| 5. Manual handling aids available and used | <input type="checkbox"/> | _____ |
| 6. Weight limits set for manual lifting, carrying, pushing, pulling | <input type="checkbox"/> | _____ |
| 7. Workers trained in proper lifting techniques/ergonomics | <input type="checkbox"/> | _____ |
| 8. Mirrors installed at blind spots | <input type="checkbox"/> | _____ |
| Machinery: | | |
| 1. Lockout/tag out program in place, locks available, employees trained | <input type="checkbox"/> | _____ |
| 2. Hazardous areas painted bright colors | <input type="checkbox"/> | _____ |
| 3. Guards are provided for "point-of-operation" of machinery | <input type="checkbox"/> | _____ |
| 4. Clothing and hair restrictions in place to prevent entanglement in machinery | <input type="checkbox"/> | _____ |
| 5. Power transmission guards are in place | <input type="checkbox"/> | _____ |
| 6. Noise exposures adequately addressed | <input type="checkbox"/> | _____ |
| 7. Warnings displayed in obvious locations | <input type="checkbox"/> | _____ |
| 8. Compressed air systems have pressure reduced to 30 PSI and are not used for cleaning clothing | <input type="checkbox"/> | _____ |
| 9. Air hoses provided with safety latch to prevent accidental disconnect | <input type="checkbox"/> | _____ |
| 10. Welding equipment in good condition | <input type="checkbox"/> | _____ |
| 11. Compressed gas cylinders are secured to prevent falling | <input type="checkbox"/> | _____ |
| 12. Overhead hazards from equipment, conveyors, and process pipes, are guarded below 7 ft. from floor | <input type="checkbox"/> | _____ |
| Personal Protective Equipment: | | |
| 1. PPE assessment performed – PPE requirements in place | <input type="checkbox"/> | _____ |
| 2. Employees trained in the use and maintenance of PPE – training documented | <input type="checkbox"/> | _____ |
| 3. Hard hat areas designated and enforced | <input type="checkbox"/> | _____ |
| 4. Hearing protection utilized in required areas | <input type="checkbox"/> | _____ |
| 5. Face/eye protection in place where needed | <input type="checkbox"/> | _____ |
| 6. Safety foot protection required where appropriate | <input type="checkbox"/> | _____ |
| 7. Protective clothing, gloves, aprons, boots, face shields, and goggles are used when handling hazardous materials | <input type="checkbox"/> | _____ |
| 8. Approved respiratory protection equipment available and fit tested | <input type="checkbox"/> | _____ |



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Additional Wood Manufacturers Electrical Safety:

GENERAL ITEMS

- 1. **Any obvious hazard** to life or property observed in connection with electrical equipment, exposed wire, or energized lines? _____
- 2. Are portable electrical tools and equipment **grounded**? _____
- 3. Have **exposed wiring** and cords with frayed or deteriorated insulation been **repaired or replaced**? _____
- 4. Are all cords, cables and **connections intact and secure**? _____
- 5. Are flexible cords and cables **free of splices or taps**? _____
- 6. Conducted Thermal Imaging of Facility every other year? (Annual or more frequent is ideal) _____

ENCLOSURES & BOXES

- 7. Is each electrical **enclosure** such as a switch, receptacle, junction box, breaker panel, etc. **provided with a tight-fitting cover or plate** to seal and keep debris out? _____
- 8. Are all **unused openings** (including knockout plug, missing breakers, etc.) in electrical enclosures and fittings **closed/sealed** with appropriate covers, plugs or plates? _____
- 9. Are all **disconnecting switches and circuit breakers labeled** to indicate their use or equipment served? _____
- 10. Are all vents and fan grill cleaned and free of debris? _____
- 11. Have all electrical boxes been vacuumed to remove dust particles - at least semi-annually? _____

SWITCHGEARS, BREAKERS, MOTOR CONTROL BOXES

- 12. Any signs of damage or cracking – loose, broken, worn, or missing parts? _____
- 13. Any signs of moisture? _____
- 14. Any signs of arcing or overheating? _____
- 15. Examine all bolts and connectors for corrosion and overheating, ensure that they are tightened to manufacturer's specifications _____
- 16. Ensure contacts are clean, smooth, properly aligned and tightened to manufacturer's specifications _____
- 17. Maintained to the manufacturer's specs – lubricated, etc.? _____
- 18. Are bearings, rotor, stator inspected? _____
- 19. Are motor mounts, shafts and pulleys inspected for alignment? _____
- 20. Are belts inspected and replaced as needed or per the manufacturer's specs? _____
- 21. Do you have electrical installations in the hazardous dust or vapor areas? _____
- 22. If so, do they **meet the NEC (National Electrical Code)** for hazardous locations? _____
- 23. Do you have a certified Electrician on staff or use an electrical contractor for all major electrical work? _____