

## FACILITY SAFETY INSPECTION CHECKLIST

Company: \_\_\_\_\_ Inspection Completed By: \_\_\_\_\_

Location: \_\_\_\_\_ Date: \_\_\_\_\_

	Not Satisfactory	Corrective Action/Date
<b>Administrative:</b>		
1. Written safety rules/safe job procedures in place	<input type="checkbox"/>	_____
2. OSHA log updated/safety posters displayed	<input type="checkbox"/>	_____
3. Management Safety Policy in place	<input type="checkbox"/>	_____
4. All planned safety activities preformed (meetings, inspections, training)	<input type="checkbox"/>	_____
5. Effective new employee safety orientation	<input type="checkbox"/>	_____
<b>Life Safety Issues/Housekeeping:</b>		
1. Walkways maintained, aisles defined, uncluttered	<input type="checkbox"/>	_____
2. Emergency exits clearly identified, adequate number	<input type="checkbox"/>	_____
3. Egress routes marked and accessible	<input type="checkbox"/>	_____
4. Unapproved doors clearly marked "NOT AN EXIT"	<input type="checkbox"/>	_____
5. Stairs/aisleways free from material storage and debris	<input type="checkbox"/>	_____
<b>Emergency Medical:</b>		
1. Emergency contact information posted	<input type="checkbox"/>	_____
2. First aid responders available for each shift	<input type="checkbox"/>	_____
3. Bloodborne 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"/>	_____
<b>Slip/Trip/Fall Hazards:</b>		
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, aisleways, 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"/>	_____

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<b>Hand Tools:</b>		
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"/>	_____
<b>Fire Safety:</b>		
1. Portable fire extinguishers of proper type are mounted properly, accessible, and inspected	<input type="checkbox"/>	_____
2. Approved safety containers are used for flammable liquids	<input type="checkbox"/>	_____
3. Bonding and grounding used with storage of flammable materials	<input type="checkbox"/>	_____
4. Combustible debris disposed of regularly	<input type="checkbox"/>	_____
5. "No Smoking" areas designated	<input type="checkbox"/>	_____
6. Sprinkler system functional/inspected/documented	<input type="checkbox"/>	_____
7. Smoke/heat detectors functional and inspected	<input type="checkbox"/>	_____
8. Minimum 18" clearance below sprinkler heads	<input type="checkbox"/>	_____
9. Sprinkler valves locked open	<input type="checkbox"/>	_____
<b>Electrical Hazards:</b>		
1. Machinery and equipment are grounded	<input type="checkbox"/>	_____
2. Electrical panels have clear access	<input type="checkbox"/>	_____
3. Electrical panels clearly marked	<input type="checkbox"/>	_____
4. Outlets, switches and boxes have covers	<input type="checkbox"/>	_____
5. Permanent wiring in place – no extension cords	<input type="checkbox"/>	_____
6. Exposure of overhead electrical lines controlled	<input type="checkbox"/>	_____
7. Emergency stops and critical electrical controls are identified	<input type="checkbox"/>	_____
8. Appropriate electrical systems designed for hazardous locations have been installed in spray booths and flammable liquid storage rooms	<input type="checkbox"/>	_____
<b>Mobile Equipment:</b>		
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"/>	_____

	Not Satisfactory	Corrective Action/Date
<b>Mechanical and Manual Material Handling and Storage:</b>		
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"/>	_____
<b>Machine ry:</b>		
1. Lockout/tagout 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 machine ry	<input type="checkbox"/>	_____
4. Clothing and hair restrictions in place to prevent entanglement in machine ry	<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 and 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"/>	_____
<b>Chemicals:</b>		
1. Hazardous materials containers labeled	<input type="checkbox"/>	_____
2. MSDS available	<input type="checkbox"/>	_____
3. Hazard Communication Training program in place	<input type="checkbox"/>	_____
4. Smoking and eating prohibited in work areas where chemicals are used	<input type="checkbox"/>	_____
5. Eyewash/emergency shower available and functional	<input type="checkbox"/>	_____
<b>Personal Protective Equipment:</b>		
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 protecting 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"/>	_____