

INSPECTION CHECKLIST



Sample Safety Inspection Checklist

Workplace: _____

Date: _____

Inspected By: _____

Each "No" answer may indicate a problem.

Yes No FLOORS AND WALKWAYS

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Are walkways and stairways kept clear of obstructions? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are buckets and mops available to clean up spills so no one will slip? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are non-slip mats, grates, or slip-free coatings used in wet areas to prevent falls? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do stairways have handrails? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are carpets and rugs causing a potential trip hazard? |

Yes No LADDERS AND FALL PROTECTION

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Are the appropriate ladders for the job available and in good condition?
Are they inspected before each use? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do ladders have safety feet? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are non-metal ladders used when there is a chance of electric shock? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have maintenance workers, janitors and other workers been trained in ladder safety as needed? |
| <input type="checkbox"/> | <input type="checkbox"/> | If work is done on an elevated work location (above 30 inches, or 48 inches if the platform is not part of the building), are guard rails installed? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do staff have access to step stools as needed? Have they been instructed not to stand on unsafe surfaces or furniture? |

INSPECTION CHECKLIST



- | Yes | No | FIRE SAFETY |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Are there at least two fire exits for each building? (Check with your local fire department for their recommendations.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Are fire exits clearly marked and pathways to the exits clear? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have employees been told what to do in case of a fire or other emergency? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there fire extinguishers of the correct type in or close to each work area? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the locations of fire extinguishers clearly marked? |
| <input type="checkbox"/> | <input type="checkbox"/> | Do fire extinguishers have up-to-date inspection tags, and are they visually inspected monthly? |
| <input type="checkbox"/> | <input type="checkbox"/> | If employees are authorized to use portable fire extinguishers, have these employees been trained how to use them? (Annual training is required for all employees authorized to use portable fire extinguishers.) |
| <input type="checkbox"/> | <input type="checkbox"/> | Are the fire alarm system and sprinkler system regularly tested? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there regular fire drills? |
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| Yes | No | ELECTRICAL HAZARDS |
| <input type="checkbox"/> | <input type="checkbox"/> | Have employees who use machinery been told how to recognize when a machine has been locked out and tagged (electrical power off, locked out and machine tagged)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are electrical cords in good condition (no fraying or other defects)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are power tools and other equipment in good condition? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is all electrical equipment, including power tools, properly grounded? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there enough outlets so extension cords don't have to be used? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are cords kept out of areas where someone could trip over them, or where they could be damaged? |



Yes No LIGHTING

- Is there adequate lighting throughout the workplace, including outdoors?
- Are the areas around all machines well lighted?
- Are outside pathways and parking lots adequately lighted at night?

Yes No MACHINE GUARDING AND MECHANICAL SAFETY

- Are machines securely attached to the floor?
- Do machines have guards on them?
- Have employees been told to report missing machine guards to their supervisors?
- Do employees know how to turn off machines in an emergency?
- Have employees been trained in how to work safely around machines?
- Are emergency cut-off switches easily located and identified, and do employees know where they are?

Yes No OTHER SAFETY ISSUES

- Are hot surfaces guarded to prevent accidental contact?
- Are sharp objects properly stored so they don't present a hazard?
- Do furniture and equipment have seismic restraints or bracing?
- Is shelving secured to walls?
- Is there a security system to protect against intruders who might commit an assault in the workplace?

Yes No CHEMICAL HAZARDS

- Are chemicals (including pesticides, solvents, and cleaning products) properly labeled and stored?
- Are flammable and combustible liquids inside the buildings stored in flammable liquids cabinets?

INSPECTION CHECKLIST

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Has an inventory been done of toxic substances used in the workplace? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have Material Safety Data Sheets (MSDS) been obtained for all chemicals you use? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has monitoring been done to make sure exposure levels are within legal limits? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are records of monitoring results available to employees? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are employees told where Material Safety Data Sheets on chemicals are kept? |
| <input type="checkbox"/> | <input type="checkbox"/> | Is there adequate ventilation to keep levels of dust, vapors, gases, and fumes as low as possible? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are local exhaust ventilation systems (such as fume hoods) provided at work stations where toxic chemicals are used, and are they tested regularly? |
| <input type="checkbox"/> | <input type="checkbox"/> | Has annual training been conducted for all employees who use chemicals? |

Yes	No	BIOLOGICAL HAZARDS, SANITATION, AND HOUSEKEEPING
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- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Are adequate toilet facilities provided and well maintained? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there sinks with hot and cold water, and disposable hand towels? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are insects and rodents adequately controlled? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there clean eating areas separate from work and chemical storage areas? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are there enough trash containers and are they well-maintained, leak-proof, and emptied regularly? |

Yes	No	ERGONOMIC HAZARDS
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- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Can employees get help when lifting more than 30 pounds (as per NIOSH's recommendation)? |
| <input type="checkbox"/> | <input type="checkbox"/> | Have employees been trained in proper lifting methods? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are mechanical lifting devices available if needed? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are job tasks that require repetitive movements varied or rotated? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are computer workstations set up to avoid awkward postures and to fit the individual needs of workers? |
| <input type="checkbox"/> | <input type="checkbox"/> | Are employees able to avoid standing or sitting for long periods of time? |



Yes No NOISE

- Do workers feel noise levels are comfortable?
- Is there a program for noise reduction?
- Do workers know when and where hearing protection is necessary?

Yes No PERSONAL PROTECTIVE EQUIPMENT

- Is personal protective equipment (PPE) provided as needed (coveralls, gloves, eye protection, respirators, earplugs, etc.)?
- Have workers using PPE been trained in its proper use?
- Is PPE cleaned, maintained, and stored properly?
- Are multiple sizes of PPE available to fit different workers?
- If respirators are used, have workers been fit-tested and trained in the elements of the written Respiratory Protection Program?

In addition to doing a walkaround inspection to identify possible hazards, you can also check for the following general workplace issues.

Yes No GENERAL WORKPLACE ISSUES

- Does the workplace have a written Injury and Illness Prevention Program (IIPP) as required by Cal/OSHA, and has a responsible person been identified?
- Have all employees received health and safety training?
- Is there someone in the workplace trained in first aid and CPR?
Who? _____
- Is there a written Emergency Action Plan and have all employees been trained in what to do during an emergency?