

Safety and Health Inspection Checklist

1. Use this checklist while looking for any unsafe practices and potential or near-miss incidents.
2. After the inspection is completed, report any problems to the safety and health committee.
3. Keep the signed checklist on file for one year plus the current year.

Department and location	Date of inspection
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Mark the box next to each item to indicate whether the item is satisfactory (S), unsatisfactory (U), or not applicable (NA). Describe any required action in the "Comments or follow-up" section below.

S	U	NA	Key elements to check	S	U	NA	Key elements to check
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Machinery Point-of-operation guard Belts, pulleys, gears, shafts, and so on Oiling, cleaning, and adjusting Maintenance and oil leaks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Personal protective equipment Goggles or face shields Safety shoes Hard hats Gloves Respirators or gas masks Protective clothing Safety glasses
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Pressure equipment Steam equipment Air receivers and compressors Gas cylinders and hoses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Fire protection Extinguishing equipment Standpipes, hoses, sprinkler heads, and valves Exits, stairs, and signs Storage of flammable material
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Unsafe practices Excessive speed of vehicles Improper lifting Horseplay Running in the aisles or on stairs Improper use of air hoses Working under suspended loads Working on machines in motion	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Materials handling equipment Ladders and scaffolds Power trucks and hand trucks Cranes and hoists Conveyors Cables, ropes, chains, and slings
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	First aid First-aid kits Stretchers and fire blankets Emergency showers Eyewash stations All injuries and illnesses reported	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Bulletin boards Job safety and health poster provided Workers' Compensation poster provided Emergency information posted Safety and health committee information posted
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hazards Hazard communication labels Acids and caustics Solvents Dusts, vapors, or fumes New chemicals or processes Electrical cords in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Miscellaneous General housekeeping Lunchrooms Roofs (condition) Storing and piling material Light, ventilation, and noise Waste disposal Electrical disconnects not blocked
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tools Power tools (condition, wiring, and grounding) Hand tools and lawn and grounds care equipment (condition) Floor-care equipment Use and storage of tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Additional items (Print description below)
			<input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____ <input type="checkbox"/> <input type="checkbox"/> _____				

Comments or follow-up (add pages if needed)

Inspector's signature	Date
Supervisor's signature	Date