

SAFETY INSPECTION CHECKLIST

Auditor: _____
 Title: _____

Dept: _____
 Location: _____

Date: _____
 Time: _____

HOUSEKEEPING/SANITATION

	Y, N, or NA	Recommended Corrective Action	Person(s) Assigned	Completed
Are good housekeeping practices being observed in walkways/public areas?	<input type="checkbox"/>	_____	_____	_____
Are slip/trip/fall hazards (i.e., ice, wet floors, power cords) being addressed?	<input type="checkbox"/>	_____	_____	_____
Are chemicals being segregated, and stored separately from each other and from food?	<input type="checkbox"/>	_____	_____	_____
Are work surfaces (especially food preparation areas) clean and clear of debris?	<input type="checkbox"/>	_____	_____	_____
Are bulk materials stored no higher than eye-level, and on secure shelving?	<input type="checkbox"/>	_____	_____	_____

FIRE/EMERGENCY

Are lines of access and egress clear and free of obstructions?	<input type="checkbox"/>	_____	_____	_____
Are the emergency exit routes clearly marked, and the map clearly posted?	<input type="checkbox"/>	_____	_____	_____
Is emergency lighting operable and adequate? Are fire alarms marked and visible?	<input type="checkbox"/>	_____	_____	_____
Are first aid kits and eye wash stations filled and up-to-date?	<input type="checkbox"/>	_____	_____	_____
Are fire extinguishers filled, inspected, and secured?	<input type="checkbox"/>	_____	_____	_____
Is there 18" clearance for fire sprinkler heads?	<input type="checkbox"/>	_____	_____	_____

PERSONNEL PROTECTIVE EQUIPMENT

Is assigned PPE available, in good condition, and being properly used?	<input type="checkbox"/>	_____	_____	_____
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HAZARD COMMUNICATION

Are all hazardous materials properly containerized, stored, and labeled?	<input type="checkbox"/>	_____	_____	_____
Are all universal/hazardous wastes being collected, logged, and reported to EHS?	<input type="checkbox"/>	_____	_____	_____
Are hazard communication requirements (i.e., MSDS sheets, signs, training) being met?	<input type="checkbox"/>	_____	_____	_____
Are all guards and signs in place on power equipment and tools?	<input type="checkbox"/>	_____	_____	_____

ENGINEERING CONTROLS

Is there 36" clearance to all electrical panels? Are electrical breakers clearly marked?	<input type="checkbox"/>	_____	_____	_____
Are GFCI outlets in use within 6' of water, or as specified by equipment?	<input type="checkbox"/>	_____	_____	_____
Are cords, outlets, and appliances grounded and in good working order?	<input type="checkbox"/>	_____	_____	_____
Are lock-out/tag-outs in place, in good working condition? Emergency shutoff marked?	<input type="checkbox"/>	_____	_____	_____
Are spill prevention controls (guards, mats, berms) in place?	<input type="checkbox"/>	_____	_____	_____

ERGONOMICS

Are seated workstations (i.e, VDT) sufficiently ergonomic?	<input type="checkbox"/>	_____	_____	_____
Are standing workstations outfitted to reduce back and limb stresses (i.e., floor mats)?	<input type="checkbox"/>	_____	_____	_____
Are actions being taken (i.e., task rotation) to reduce repetitive stress injuries?	<input type="checkbox"/>	_____	_____	_____

Supervisor of Inspection Area: _____ cc: _____ Initialed: _____ Date: _____ Contact#: x

Referral to EHS Manager for followup? Yes No EHS Followup: _____

Referral to Facilities for work orders? Yes No Work Order Performed: _____

ADDITIONAL COMMENTS ON BACK >