

SHOP/INDUSTRIAL SAFETY INSPECTION CHECKLIST

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|---------------|-------------|-------|
| Organization: | Department: | Date: |
| Contact: | Title: | |
| Office Phone | | |

For assistance in using this checklist, contact the Base Safety Office at 269-2873/74

| Y | N | NA | ITEM | Y | N | NA | ITEM |
|--------------------------|--------------------------|--------------------------|---|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 1. General Safety a) Shop work and storage area clean and orderly. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c) Hearing protection available |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b) Exits are identified. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d) Hard hats available. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c) Trip hazards have been eliminated (cords, hoses, etc.) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e) Are approved respirators provided for regular or emergency use |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d) Stationary machines anchored to the floor. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f) Is appropriate foot protection required where there is risk of foot injuries |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e) Working areas for machines clear of obstructions. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | g) PPE is stored properly, cleaned and inspected before each use |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f) Storage below 18" of sprinklers. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | h) Fall protection harnesses and lanyards are serviceable /inspected prior to use? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | g) Floor clean from spills and absorbent | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | h) Other _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | h) Exits /corridors are clear, no obstruction or trip hazards. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 4. Electrical Safety a) All breaker panels and emergency shut-offs labeled |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | i) Evacuation plans available and practiced at least annually | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b) 36" clearance around circuit breaker panels |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | j) Fire Warden has been appointed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c) Electrical panels are covered |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | k) Are employees restricted from eating and drinking in work areas? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d) Exposed wiring and frayed/ deteriorated cords repaired/replaced promptly, free of splices and taps |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | l) Are JHA's present/posted | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e) All cord connected, electrically operated tools and equipment, effectively grounded |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 2. Emergency/Safety Equipment a) Showers/Eyewash inspected weekly? Is there clear access? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f) No extension cords used in place of permanent wiring |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b) Spill kit/absorbent available | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | g) Electrical cords across walk ways protected/ covered |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c) Fire Extinguisher present/inspected monthly. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | h) GFCI's used in wet areas (showers, sinks) |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d) All emergency equipment distinctly labeled/marked | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f) Are employees prohibited to work alone on energized lines over 600V |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e) Is an (AED) automated external defibrillator available | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | g) Other: Space Heaters have auto shut-off feature?? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f) Is there trained personnel available for the use and to inspect AED's | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 5. Shop Equipment Safety a) Barrier guards on moving machinery parts |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | g) Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b) Point-of-operation and pinch points guarded |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 3. Personal Protective Equipment a) Proper safety glasses/goggles/face shield available | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c) Belts/ Pulley enclosed |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b) Proper gloves available. (nitrile, leather) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d) Abrasive wheels given ring test |

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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e) Bench grinders (1/8" tool rest, 1/4" tongue guard) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | g) Weekly inspections are conducted |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f) Broken or fractured handles on hand tools replaced promptly. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | h) Is Waste disposed of properly |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | g) Guards in place over belts, pulleys, chains, sprockets, and similar equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | i) Is Training provided to employees |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | h) Lower portion of blades guarded | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | j) Other _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | i) Safety zones around shop equipment | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 8. Lockout/Tagout (LOTO) a) Is machinery or equipment capable of movement, required to be de-energized, disengaged and locked out when ever required |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | j) Ladders are serviceable and appropriate for the type of work | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b) Are all equipment control valve handles provided with mean for LOTO |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | k) Gas cylinders stored upright/secure | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c) Are individually keyed safety locks provided to employees |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | l) Gas cylinders segregated (Flammables, oxidizers) while in storage. (5 ft fire wall or 20ft distance) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d) Does the lock-procedure require the that stored energy be released or blocked before equipment is locked out for repair |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | m) Fan blades guarded (1/2" opening) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e) Is there a sufficient amount of signs, tags and safety padlocks available |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | n) Anti-kickback protection on wood-working machinery | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f) Other _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | p) Anti-restart on woodworking machines | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 9. Confined Space a) Are employees subject to work in a confined space |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | q) On/ off switch accessible w/o reaching across point of operation | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b) Does the space require a permit? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | r) Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c) Are confined spaces thoroughly emptied of any corrosive or hazardous substances before entry |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 6. Chemical Management a) Current inventory available. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d) Is either natural or chemical ventilation provided prior to entry |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b) Chemicals properly segregated | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e) Is the confined space continuously tested or monitored during the conduct of work |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c) Chemicals properly stored. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f) Is the standby employee properly trained and equipped to handle an emergency |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d) Flammables stored in NFPA approved cabinets. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | g) Universal Waste disposed properly |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e) Chemicals properly labeled. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | h) Is Training provided to employees |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f) SDS access available. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | i) Other _____ |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | g) No smoking signs posted and observed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 10. Assigned Vehicles a) Are GOV's clean and roadworthy |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | h) Are employees provided training on local policies and procedures | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 11. Safety Meetings a) Monthly shop safety meetings |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | i) Other _____ | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b) New employee indoctrinations complete |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | 7. Hazardous Waste Disposal a) Storage area is identified | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | b) All waste is labeled properly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | c) Waste is properly segregated | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | d) Secondary containment is used | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |

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| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | e) All containers are closed/sealed | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | f) Proper containers are used | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | |