

## APPENDIX 2. MACHINE SHOP INSPECTION CHECKLIST

Location:	Date:			
Shop Supervisor:	Inspected By:			
<b>General Safety</b>		<b>Not applicable to this Shop</b> <input type="checkbox"/>		
1.	Do employee(s)/student(s) have SBU ID?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3.	Is the student(s) authorized to work alone?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4.	Are the employee(s)/student(s) appropriately dressed for working on machines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5.	Did the employee(s)/student(s) successfully complete EH&S (On-Line/Live) Machine Shop Safety	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
6.	Did the student(s) read the "Machine Shop Safety Rules" and sign the "Machine Shop Safety	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
7.	Did the student(s) receive proper safety training by machine shop supervisor prior to using	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8.	Long loose hair must be contained in a scarf, under a cap or other fashion when operating machinery.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
9.	Loose clothing, loose neck wear and jewelry are not being worn when operating or in close	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
10.	Are safety signs (danger, warning or caution, etc.) posted where necessary?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
11.	Is an "Authorized Personnel Only" sign posted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
12.	Is student(s) access limited to regular hours of operation if appropriate?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
13.	Is protective eyewear worn when working on or near any machine creating eye hazard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
14.	Are there manufacture's manual or other reference manuals available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Housekeeping</b> <i>Inspect all shop areas for the following:</i>		<b>Not applicable to this Shop</b> <input type="checkbox"/>		
15.	Is the shop floor free from slip, trip, and fall hazards (water, oil, debris, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
16.	Are shop materials, including scrap, stored in a safe manner?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
17.	Are shop tools safely stored away and not left on machines?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
18.	Are oily rags stored in appropriate metal containers?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Electrical Safety</b> <i>Inspect all power tools, machinery, electrical receptacles and extension cords for the following:</i>		<b>Not applicable to this Shop</b> <input type="checkbox"/>		
19.	Have damaged, defective equipment been removed from service? (Ex. missing ground prongs, cut/pinched cords, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
20.	Are hand-held power tools either grounded or marked as "double insulated"?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
21.	Are GFCIs used in wet or damp locations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

22.	Is the area free of recognized electrical hazards that are likely to cause death or serious physical harm? (Ex. missing knockouts, missing circuit breakers, missing/broken/damaged covers, exposed live electrical components, open/unlocked electrical panels, etc.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
23.	Are circuit breaker panels unobstructed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
24.	Extension cords rated for "heavy duty"?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
25.	Extension cords in good condition? (i.e. no missing ground prongs, cord not damaged)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
26.	Extension cords protected from damage (i.e. not run through doors, windows, on floors where	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Eyewash Stations</b> <i>Inspect all eye wash stations for the following:</i>		<b>Not applicable to this Shop</b> <input type="checkbox"/>		
27.	Is the required eye wash station available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
28.	Eyewash flushed on a weekly basis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
29.	Eyewash station ready to use? (i.e. access not blocked)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
30.	Eyewash station clearly labeled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
31.	Eyewash station functioning properly? (i.e. water flows at the appropriate rate)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Fire Safety</b> <i>Inspect flammable liquids and combustibles and other fire issues for the following:</i>		<b>Not applicable to this Shop</b> <input type="checkbox"/>		
32.	Flammable liquids (total load >25 gallons) stored in approved flammable liquid cabinets?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
33.	Flammable liquid cabinets located away from ignition sources and exits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
34.	Combustibles minimized and stored properly (i.e. at least 3' away from ignition sources, not violating proper ceiling clearances)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
35.	Exits, corridors, stairways, and aisles unobstructed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
36.	Exits, where not obvious, marked with appropriate exit sign(s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Hazard Communication</b> <i>Inspect hazardous chemical products for the following:</i>		<b>Not applicable to this Shop</b> <input type="checkbox"/>		
37.	Is there a chemical inventory list of all hazardous chemicals readily available?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
38.	Are Safety Data Sheets (SDS) readily available for all hazardous materials in the shop?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
39.	Are all hazardous substances properly labeled, used and stored?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
40.	Are satellite accumulation areas properly maintained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
41.	Is universal waste (used florescent bulbs/batteries) labeled and stored properly?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Machinery</b> <i>Inspect each piece of machinery for guarding and safety issues:</i>		<b>Not applicable to this Shop</b> <input type="checkbox"/>		
42.	Are all machines and rotating equipment properly adjusted and guarded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
43.	Are all machines free of debris?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
44.	Are all machines securely anchored to prevent "walking"?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
45.	Do dust-generating tools and machinery have adequate controls to minimize dust?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
46.	Are all emergency shut-off switches, brakes, etc. working properly and labeled?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
47.	Is there a hook or a brush available to remove debris from machinery?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Personal Protective Equipment</b> <i>Inspect all PPE use:</i>		<b>Not applicable to this Shop</b> <input type="checkbox"/>		
48.	Are safety glasses made available to visitors before entering the shop area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
49.	Is PPE available and being worn by shop personnel and students?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

50.	Are signs for PPE use posted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Compressed Air</b>		<b>Not applicable to this Shop</b> <input type="checkbox"/>		
51.	Is compressed air used for cleaning regulated to 30 psi?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
52.	Clothes are not being cleaned (dusted off) with compressed air?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Welding/Cutting (Hot Work)</b> <i>Inspect welding/cutting areas for the following:</i>		<b>Not applicable to this Shop</b> <input type="checkbox"/>		
53.	Are protective screens or dividers provided to protect against welding arc, sparks and slag?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
54.	Is the area free from flammables and combustible materials?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
55.	Are welders wearing appropriate clothing and PPE to protect from sparks, slag, and UV light?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
56.	Is there adequate ventilation in the area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
57.	Are the welding leads in good condition?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Compressed Gas Cylinders</b> <i>Inspect all compressed gas cylinders for the following:</i>		<b>Not applicable to this Shop</b> <input type="checkbox"/>		
58.	Oxidizers and fuel gases in storage separated by at least <input type="checkbox"/> 20 feet or by a <input type="checkbox"/> 5-foot wall with a 30-minute fire resistance rating (if not supplied on demand) (Exception: oxygen and acetylene)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
59.	Are individual cylinders labeled as to their contents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
60.	Cylinders properly secured by a chain or stand to prevent tip over and damage?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
61.	Oxygen/acetylene cylinders in use kept in an approved cart?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
62.	Regulators removed and replaced with cylinder caps when not "in use"?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
63.	Are all regulators at 0 psi when off?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
<b>Overhead Cranes, hoists, etc.</b> <i>Inspect all cranes, hoists, chain falls, etc. for the following:</i>		<b>Not applicable to this Shop</b> <input type="checkbox"/>		
64.	Rigging (i.e. slings, shackles, etc.) in good condition? (no broken strands, kinking, damage,	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
65.	Are chains & hoists inspected in accordance with manufacturer's requirements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
66.	Are load capacity signs clearly posted?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
67.	Crane/hoist and the lift path properly barricaded?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
68.	Hard hats available and used during lifts?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A