

SHOP/INDUSTRIAL SAFETY INSPECTION CHECKLIST

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 _____
<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

Y	N	NA	ITEM	Y	N	NA	ITEM
<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) MSDS 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"/>	

<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"/>	