

SAFETY SURVEYS AND INSPECTIONS (con't)

SAFETY SELF-INSPECTION CHECKLIST

Date of Inspection: _____
Person Conducting Inspection: _____
Location Inspected: _____

(Use back if needed for comments concerning identified exposures.)

	YES	NO
1. Housekeeping - Is the work area clean and orderly?	π	π
2. Floors - Are floors in good condition and free of trip hazards?	π	π
3. Stairways - Are stairways safe and free of tripping hazards?	π	π
4. Storage - Are materials, products, and supplies stored safely?	π	π
5. Ladders - Are proper sized ladders provided where needed and of standard construction, and in safe working condition?	π	π
6. Machines & Equipment - Are machines and equipment in safe working condition with necessary protective guards in place?	π	π
7. Tools - Are the right tools for the job being used? Are all tools, including power tools, in safe working condition?	π	π
8. Electrical - Are grounds provided on power tools and extension cords? Are electrical power supply panels and boxes securely protected from accidental contact? Are circuits properly marked?	π	π
9. Lighting - Is adequate lighting provided in all work areas?	π	π
10. Personal Protective Equipment - Are all employees provided personal protective equipment when their work duties require the use of this equipment? Are they trained in proper use?	π	π
11. First Aid - Are first aid supplies provided?	π	π
12. Fire Extinguishers - Are fire extinguishers easily accessible and properly inspected? Have employees who would be expected to use fire extinguishers had training in their safe use?	π	π
13. Exits - Are emergency exits properly marked and readily accessible?	π	π

Additional Hazards/Conditions Noted: _____

