

Facility Safety Inspection Form

| Are the following conditions present at the worksite? | Yes | No | N/A | Source |
|---|-----|----|-----|----------|
| 1. Fumes or Vapors | | | | |
| 2. Dust | | | | |
| 3. Excessive heat or cold | | | | |
| 4. Heights | | | | |
| 5. Noise or vibration | | | | |
| 6. Underground work | | | | |
| 7. Sufficient lighting | | | | |
| Housekeeping | Yes | No | N/A | Comments |
| 8. Are aisles clearly marked and unobstructed? | | | | |
| 9. Are workstations cluttered or crowded? | | | | |
| 10. Are materials store in identified areas? | | | | |
| 11. Is there paper, plastic wrap, parts, or any other object that could cause slips/falls on the floor? | | | | |
| 12. Are the floors free of spills or liquids? | | | | |
| Machines | Yes | No | N/A | Comments |
| 13. Does equipment have proper guarding? (Look for pinch points, exposed rotating, moving parts, etc) | | | | |
| 14. Are emergency stop buttons readily accessible to the operator? | | | | |
| 15. Are machine operators trained in proper use methods? | | | | |
| 16. Are training methods documented? | | | | |
| Which Personal Protective Equipment pieces are required? | Yes | No | N/A | Comments |
| 17. Safety glasses/goggles | | | | |

| | | | | |
|---|------------|-----------|------------|-----------------|
| 18. Face shields | | | | |
| 19. Earplugs/earmuffs | | | | |
| 20. Hard hats | | | | |
| 21. Gloves | | | | |
| 22. Steel toes shoes/boots | | | | |
| 23. Protective clothing | | | | |
| 24. Are PPE guidelines in place and enforced? | | | | |
| Lifting | Yes | No | N/A | Comments |
| 25. Are employees trained on proper lifting and material handling techniques? | | | | |
| 26. Is the average weight an employee lifts greater than 35 pounds? If yes, training should be provided to ensure lifting is done properly. | | | | |
| Repetitive Motions | Yes | No | N/A | Comments |
| 27. Are job assignments repetitive? (ex: same work cycle repeated every 30 seconds) | | | | |
| 28. What body parts are impacted? | | | | |
| 29. Are job assignments rotated? | | | | |
| Lift Trucks | Yes | No | N/A | Comments |
| 30. Is there adequate aisle space for fork truck traffic? | | | | |
| 31. Do fork trucks have warning alarms and lights? | | | | |
| 32. Are drivers trained and certified? | | | | |
| Chemicals | Yes | No | N/A | Comments |
| 33. Are employees exposed to potentially hazardous substances/chemicals as part of their job duties? | | | | |
| 34. Is a formal written HazComm Program in place which includes a SDS's, Container Labeling and documented employee training? | | | | |

| Noise | Yes | No | N/A | Comments |
|---|------------|-----------|------------|-----------------|
| 35. Has a noise survey been done? | | | | |
| 36. Are employees consistently exposed to noise levels of 85 DBA or greater? | | | | |
| 37. Is audiometric testing provided to employees at hire to establish a baseline and annually thereafter? | | | | |
| General | Yes | No | N/A | Comments |
| 38. Are trained CPR/First Aid responders present on all shifts? | | | | |
| 39. Are adequate First aid supplies available? | | | | |
| 40. Are exits clearly marked? | | | | |
| 41. Are internal shelters identified? | | | | |
| 42. Will employees be attending regular safety meetings? | | | | |

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