

# Worksite 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. Is equipment use enforced?				

<b>Lifting</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
25. Is proper lifting technique training provided?				
26. Is the average weight an employee lifts greater than 35 pounds? If yes, training should be provided to ensure lifting is done properly.				
<b>Repetitive Motions</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
27. Are job assignments repetitive? (ex: same work cycle repeated every 30 seconds)				
28. What body parts are impacted?				
29. Are job assignments rotated?				
<b>Lift Trucks</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
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?				
<b>Chemicals</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
33. Will employees be using chemicals?				
34. Is there a hazardous chemical communications program? This should include SDSs, documented review with employees, proper labeling, proper storage, etc.				
<b>Noise</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
35. Has a noise survey been done?				
36. Are employees in work areas with noise levels consistently over 85 DBA?				
37. Are employees tested at orientation (to establish a baseline) and annually thereafter?				
<b>General</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
38. Is first aid available?				
39. Are exits clearly marked?				
40. Are internal shelters identified?				
41. Will employees be attending regular safety meetings?				

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