

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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