

FACILITY SAFETY INSPECTION CHECKLIST

ENSURE CORRECTIVE ACTION IS NOTED FOR EACH HAZARD IDENTIFIED

Inspection Date: _____

Inspector: _____

Facility: _____

	YES	NO
1. Are good housekeeping practices maintained with all areas clean and orderly?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are the floors of facilities free of badly broken and raised concrete, slippery spots, small curbs and free of tripping hazards or improperly stored items?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are materials, products, tools and supplies properly and safely stored in their designated areas and in a neat and stable manner?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are ladders free of defects and in good physical condition?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are machines and equipment in safe operating condition with the necessary guards in place and adjusted as required?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are all hand tools in good condition, free of slippery oils, grease, etc., and are the right tools for the job being used?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are all required grounds provided on electrical equipment and extension cords, and are they free of frays, cuts or other damage?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are electrical receptacles, control and switch panels in good condition, all openings covered, and all switches labeled indicating their function?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are all lights operable and adequate for all working locations?	<input type="checkbox"/>	<input type="checkbox"/>
10. Are all flammable liquids in approved containers, labeled and stored in approved locker or other authorized location?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are first aid kits provided and adequately stocked?	<input type="checkbox"/>	<input type="checkbox"/>
12. Are fire extinguishers charged, properly mounted, with a current inspection date?	<input type="checkbox"/>	<input type="checkbox"/>
13. Are emergency exit signs present where required and functioning properly?	<input type="checkbox"/>	<input type="checkbox"/>
14. Are all containers labeled to properly identify their contents?	<input type="checkbox"/>	<input type="checkbox"/>

LOCATION: _____

INSPECTED BY: _____

INSPECTION DATE: _____

INSPECTION GUIDES

SATISFACTORY

YES NO

RECOMMENDATIONS*

HOUSEKEEPING - Are aisles & working areas clean & free from obvious hazards. Are materials, products, tools and supplies properly and safely stored in their designated areas and in a neat and stable manner?			
AISLES & FLOORS - Are floors, aisles, halls, and stairways properly lighted, clear of loose objects, extension cords, etc.? Free from badly broken and raised tile or concrete? Are floors clean, dry, and free from slip or trip hazards?			
MEANS OF EXIT - Are exits unobstructed and exterior doors unlocked? Are exit signs present where required, readily visible and properly illuminated? Are doors that could be mistaken for exits clearly marked "No Exit"?			
FIRE - Are fire extinguishers available, hung, charged, accessible, and location marked? Are annual and monthly inspections up to date? Are employees trained in use of extinguishers? Are employees trained in emergency preparedness?			
MEDICAL & FIRST AID - Are first aid supplies available and adequate and none expired? Are emergency numbers posted?			
ELECTRICAL EQUIPMENT - Is all electrical equipment grounded? Are electrical cords and plugs in good condition? Are extension cords out of the way and not used for permanent wiring? Are electrical receptacles, control and switch panels in good condition, all opening covered, and all switches labeled indicating their function?			
FURNITURE AND EQUIPMENT - Are desks, chairs, file cabinets etc. in good condition? Are lower file cabinet drawers used for heavier loads? Is using furniture as stepping stools or ladders prohibited?			
SPECIALIZED EQUIPMENT - Are machines and equipment in safe operating condition with the necessary guards in place to protect operators from hazard?			
HAZARDOUS MATERIALS - Is chemical storage adequate? Are all chemical containers labeled to properly identify their contents? Are material safety data sheets available for all chemicals?			
PERSONAL PROTECTIVE EQUIPMENT - Are eyewash systems accessible and operational? Is PPE (gloves, safety glasses, etc.) available and properly worn?			

* Ensure corrective action and completion date is noted for each hazard identified.