

WORKPLACE SAFETY INSPECTION CHECKLIST

DEPARTMENT _____ DATE _____ SAFETY REP. _____

ITEMS TO BE INSPECTED	YES /NO	COMMENTS	CORRECTIVE ACTION TAKEN
MACHINES/ TOOLS IN GOOD CONDITION			
ARE FIRE EXITS HIGHLY VISIBLE & MARKED PROPERLY?			
HOUSEKEEPING?	GOOD FAIR POOR		
ARE ELECTRICAL CORDS FRAYED OR WIRING EXPOSED?			
ARE STAIRWAYS /WALKWAYS CLEAR AND FREE OF TRIPPING HAZARDS?			
ARE FIRST AID SUPPLIES READILY AVAILABLE?			
ARE MATERIALS AND CHEMICALS PROPERLY STORED?			
IS THE MSDS NOTEBOOK & SAFETY MANUAL AVAILABLE AND UPDATED?			
PERSONAL PROTECTIVE EQUIPMENT AVAILABLE			
SAFETY BULLETIN BOARD - (ONLY SAFETY MATERIALS POSTED, INFO CURRENT)			
EVACUATION ROUTE POSTED			
OTHER HAZARDS NOTED			

SAFETY COMMITTEE MEMBER'S SIGNATURE: _____

SUPERVISOR'S SIGNATURE: _____

Send To Safety Office M/S 610