

APPENDIX G: INSPECTION CHECKLIST

EH&S Inspector:	Time:	Date:
Department/Location:		
Shop Manager:		
Phone:		
Personal Office:		

1.0 Policies & General Safety				
Question	Yes	No	N/A	Evaluation Notes
1.1 Does the department have a Shop Safety Manual?				
1.2 Is the department conducting semi-annual Inspections?				
1.3 Is there an "Authorized User" list?				
1.4 Is there a list of machine/tool trainings with signatures?				
1.5 Are First Aid Kits available and stocked?				
1.6 Area is neat, clean, and free from debris (i.e. no accumulation of dirt, dust, other materials)?				
1.7 Adequate (visible) signage and/or warning devices to keep employees aware of area hazards?				
1.8 Work area is clear of slip, trip, or fall hazards?				
1.9 Working surfaces are dry, otherwise slip resistant? In areas that stay wet, greasy, or slippery, floor mats or other anti-slip materials are used?				
1.10 Illumination/lighting is adequate for the task to be performed?				
1.11 Stairways are in good condition with handrails in place and treads in good condition?				
1.12 Plumbing systems are working properly and there are no leaks?				

1.0 Policies & General Safety				
Question	Yes	No	N/A	Evaluation Notes
1.13 Eating, drinking, & smoking are prohibited in areas where chemicals are present?				
1.14 Is a student safety orientation done where students are present?				
1.15 Are students supervised while working?				
1.16 Does the shop have a copy of or know how to access the departmental IIPP?				
1.17 Does the shop have a copy of the Hazard Communication Program?				
1.18 Does the shop have a LOTO Program?				
1.19 If applicable, does the shop have a copy of the Heat Illness Prevention Plan?				

2.0 Aisles & Walkways				
Question	Yes	No	N/A	Evaluation Notes
2.1 Aisles and walkways are clearly marked?				
2.2 Aisles and walkways are maintained free of debris and open for use?				
2.3 Cabinets five ft. or greater secured?				
2.4 Emergency egress routes are clearly marked and illuminated?				

3.0 Electrical Safety				
Question	Yes	No	N/A	Evaluation Notes
3.1 Power strips/surge protectors are used properly: one per single duplex electrical outlet, surge protectors/power strips are not being "daisy chained"?				
3.2 Extension cords are properly grounded, free of damage, used properly, and placed in a manner to prevent tripping? Temporary wiring is not used for permanent installations. Extension cords are used only for temporary supply of power?				
3.3 There are no frayed cords, wires, torn or frayed insulation, loose or broken conduit, and/or exposed wires?				

3.0 Electrical Safety				
Question	Yes	No	N/A	Evaluation Notes
3.4 Ground Fault Circuit Interrupters (GFCI) are used around water?				
3.5 Junction boxes, outlets, switches, fittings, etc. are covered and in good condition?				
3.6 Breaker boxes and electrical panels are properly labeled, doors close properly, and 36" clearance in front of all electrical panels?				

4.0 Fire Safety & Emergency Preparedness				
Question	Yes	No	N/A	Evaluation Notes
4.1 Are exits marked, illuminated, and free from obstructions?				
4.2 Are fire extinguishers present, accessible, within annual service date, and fully charged?				
4.3 Fire doors appear in good condition and not propped open?				
4.4 Sprinkler valves and FDCs are visibly unobstructed with 36" clearance?				
4.5 Are all stairwells clear of any obstructions/combustibles?				
4.6 Emergency lights operational?				
4.7 Are phones available?				
4.8 Are emergency phone numbers & EH&S numbers posted?				

5.0 Installed Fire Suppression Systems				
Question	Yes	No	N/A	Evaluation Notes
5.1 Nothing is hanging or supported by the sprinkler piping or heads?				
5.2 Pull Stations identified and accessible?				
5.3 A minimum of 18" threshold maintained below sprinkler heads?				

6.0 Chemical Hygiene				
Question	Yes	No	N/A	Evaluation Notes
6.1 SDSs for the chemicals used or stored in the work area are readily available and kept in an SDS binder or digital equivalent?				
6.2 Is a chemical inventory present and inclusive of all shop chemicals?				
6.3 Adequate storage is provided for the chemicals utilized in the work area?				
6.4 Are flammable liquids stored in closed containers when not in use?				
6.5 Flammable liquids are stored in designated flammable storage cabinets?				
6.6 Combustibles are not being stored in the flammable cabinets?				
6.7 Are all chemical containers labeled with the name of the material and immediate hazard warning?				
6.8 Eyewash stations tested monthly and kept clear of obstructions?				
6.9 Are spill kits available?				
6.10 Compressed gas cylinders are adequately secured (double chained, wall bracket or clamp)?				
6.11 Compressed gases are stored with the protective cap in place?				
6.12 Incompatible gases are stored in separate locations or have appropriate engineering controls?				
6.13 Is hazardous waste being stored in proper containers and in a designated area?				
6.14 Is hazardous waste being disposed of properly?				

7.0 PPE				
Question	Yes	No	N/A	Evaluation Notes
7.1 The Hazard Assessment Tool for Shops (HATS) has been completed within the last 12 months?				
7.2 The appropriate type and size of PPE is available for each job task?				

7.0 PPE				
Question	Yes	No	N/A	Evaluation Notes
7.3 Employees are using the correct PPE for the job task?				
7.4 PPE is clean and in good condition?				
7.5 Are respirators being used and if so, have the employees been trained, fit tested, and medically cleared?				

8.0 Equipment				
Question	Yes	No	N/A	Evaluation Notes
8.1 Adequate storage space is provided for tools and equipment?				
8.2 Adequate space is provided around & between equipment to allow for safe passage, servicing, stocking, and waste removal?				
8.3 Portable tools are effectively grounded (GFCIs) or are provided with double insulation?				
8.4 Tools are inspected prior to each use and damaged tools/equipment are removed from service?				
8.5 All permanent equipment is bolted to wall/floor?				
8.6 Machine guards are provided for all potential nip/pinch points & cutting/rotating parts to protect operators?				
8.7 Are employees conducting and documenting daily forklift inspections?				
8.8 Material handling equipment (cranes, hoists, slings, etc.) are routinely inspected prior to use and removed from service, if defects are noted?				
8.9 Are JSAs present and up-to-date for appropriate equipment?				
8.10 Is compressed air being used only as directed by the manufacturer?				

9.0 High Risk Operations				
Question	Yes	No	N/A	Evaluation Notes
9.1 Are fall protection devices used for work at elevated heights and inspected regularly?				
9.2 Ladders are inspected, and single ladders secured, tied off, and extend three feet over the landing platform?				
9.3 For areas with confined spaces: Are confined spaces identified and labeled in the work area? Are established procedures (permits) being used for entry?				
9.4 Are LOTO supplies available for use?				
9.5 LOTO is being utilized to control hazardous energy?				
9.6 Are machine-specific LOTO procedures available for all equipment in the area?				
9.7 Are periodic LOTO inspections being done by authorized users?				

10.0 Industrial Hygiene				
Question	Yes	No	N/A	Evaluation Notes
10.1 Are noise levels in the shop within the permissible exposure level? If above the action level, is hearing protection utilized?				
10.2 Is the shop free of airborne contaminants that would require respiratory protection beyond a dust mask? If not, specify required IH monitoring and/or fit-testing.				
10.3 Local Exhaust Ventilation (LEV) adequate for the machines in the area?				
10.4 Are fume hoods properly tested/certified?				
10.5 Are snorkel hoods/fume extraction arms properly tested certified?				

11.0 Training				
Question	Yes	No	N/A	Evaluation Notes
11.1 Has training on LOTO Program and equipment specific procedures been completed?				
11.2 Has Hot Work training been completed? If so, has Fire Safety training been completed?				
11.3 Has Fall Protection training been completed?				
11.4 Has Hazard Communication training been completed?				
11.5 Has Forklift training been completed?				
11.6 Has Aerial Lift training been completed?				
11.7 Has Confined Space training been completed?				
11.8 Has Ladder Safety training been completed?				
11.9 Has Heat Illness training been completed?				
11.10 Has emergency preparedness and earthquake safety been completed?				
11.11 Has Safe Lifting/Back Injury Prevention training been completed?				
11.12 Have all other required safety trainings being completed? Specify which trainings are required and which of those have been completed.				