

Hazard Inspection Review			
		Completed By:	
		Date of Inspection	
	Acceptable?	Electrical Hazards	Notes
	<input type="checkbox"/>	Are electrical cords in good condition w/ ground pins?	
	<input type="checkbox"/>	Are Ground Fault Circuit Interrupters installed near potentially wet locations?	
	<input type="checkbox"/>	Are all panel circuit breakers labeled as to their function?	
	<input type="checkbox"/>	Are all electrical circuits > 50 volts properly insulated or guarded?	
	<input type="checkbox"/>	Is three foot clearance maintained in front of panels?	
	<input type="checkbox"/>	Are lockout tagout procedures written and followed for each piece of equipment in the workplace?	
	<input type="checkbox"/>	Are qualified and authorized employees properly trained in electrical hazards and protective equipment?	
	<input type="checkbox"/>	Are electrical panels and circuits protected from wet conditions, unless specifically designed to be exposed?	
	<input type="checkbox"/>	Are extension cords used for temporary applications only?	
	Acceptable?	Fire & Life Safety	Notes
	<input type="checkbox"/>	Are combustibles (paper, trash, wood) minimized in and around the structure?	
	<input type="checkbox"/>	Are fire extinguishers available, inspected monthly, and unblocked?	
	<input type="checkbox"/>	Are employees trained annually in fire extinguisher use, if they are expected to use them?	
	<input type="checkbox"/>	Are emergency exits clearly marked by illuminated signs?	
	<input type="checkbox"/>	Is there an internal alarm system to notify occupants of an emergency condition?	
	<input type="checkbox"/>	Are evacuation routes posted?	
	<input type="checkbox"/>	Exit doors are not blocked or locked and they have panic hardware and are self-closing.	
	<input type="checkbox"/>	Is an emergency plan in place and have evacuation drills been conducted every 6 months?	

	<input type="checkbox"/>	Are ignition sources controlled and separated from combustibles? (Smoking, grinding, burning)	
	<input type="checkbox"/>	Is a hot work permit system in place?	
	<input type="checkbox"/>	Are suppression and detection systems tested regularly by an authorized inspector?	
	<input type="checkbox"/>	Are heating devices serviced regularly?	
	<input type="checkbox"/>	Are there provisions for emergency lighting?	
	<input type="checkbox"/>	Are walkways marked and clear?	
	Acceptable?	Flammable and Combustible Liquids	Notes
	<input type="checkbox"/>	Is a class B fire extinguisher within 50' of the liquid?	
	<input type="checkbox"/>	Is the liquid stored in a metal safety can with a self-closing lid and flash-arresting screen?	
	<input type="checkbox"/>	Are containers bonded when dispensing flammable liquids?	
	<input type="checkbox"/>	Are flammable and combustible liquids stored in approved safety cabinets or designed storage rooms when not in use?	
	<input type="checkbox"/>	Are quantities of flammables and combustibles "in use" minimized to 25 gallons or 1 shift's use?	
	<input type="checkbox"/>	Where vapors may be present, are appropriate electrical installations provided (Class I, Div 1, 2)?	
	Acceptable?	Personal Protective Equipment (PPE)	Notes
	<input type="checkbox"/>	Have requirements for PPE been reviewed for each task within the facility? (This must be documented for employers covered by OSHA)	
	<input type="checkbox"/>	Are employees complying with PPE requirements?	
	<input type="checkbox"/>	Do all PPE items meet the appropriate ANSI standard? (They will be labeled or stamped).	
	<input type="checkbox"/>	Are employees trained on use of the PPE including fitting, sizing, inspection, and cleaning? (Required by OSHA).	
	Acceptable?	Respirators	Notes
	<input type="checkbox"/>	Are all respirator users (non-voluntary use) fit-tested annually?	
	<input type="checkbox"/>	Are all respirator users (non-voluntary use) trained annually?	
	<input type="checkbox"/>	If respirators are used, is a written program available and is a qualified program administrator in charge?	
	<input type="checkbox"/>	Are non-voluntary users of negative pressure masks medically cleared to use a respirator?	
	<input type="checkbox"/>	Have industrial hygiene tests been done in the areas where respirators are required, to document that the appropriate respirator has been selected?	

	<input type="checkbox"/>	Have change-out schedules for cartridge respirators been established and are employees following them?	
	<input type="checkbox"/>	Are emergency respirators inspected monthly?	
	<input type="checkbox"/>	Are users of tight-fitting respirators clean shaven?	
	Acceptable?	Noise	Notes
	<input type="checkbox"/>	Have employees been monitored for noise exposure in areas where noise is present?	
	<input type="checkbox"/>	Are engineering controls used to reduce noise in areas with noise exposures?	
	<input type="checkbox"/>	Are employees using hearing protection devices in areas where the noise levels reach 85 dab TWA?	
	<input type="checkbox"/>	If regulated by OSHA, is the noise standard (1910.95) posted in the work areas?	
	<input type="checkbox"/>	Are employees trained annually in noise exposure issues (if 85 dBA or above)?	
	<input type="checkbox"/>	Are employees given audiometric testing annually to detect changes in hearing (if 85 dBA or above)?	
	<input type="checkbox"/>	Is appropriate follow-up and counseling of the employee occurring if a threshold shift is recorded?	
	Acceptable?	Hazardous Chemicals	Notes
	<input type="checkbox"/>	Are all containers labeled as to their contents and hazards?	
	<input type="checkbox"/>	Are employees trained on the hazards of the chemicals they are working with? (Required annually if regulated by the State R-2-K)?	
	<input type="checkbox"/>	Are Material Safety Data Sheets (MSDS's) available in the workplace?	
	<input type="checkbox"/>	Is a written program on chemicals available? (OSHA and State requirement)	
	<input type="checkbox"/>	Are non-compatible chemicals separated?	
	<input type="checkbox"/>	Are any carcinogens or long-term chemical hazards present? Have substitutes been sought?	
	<input type="checkbox"/>	Are spill controls in place?	
	<input type="checkbox"/>	Are emergency eye washes and showers available and tested weekly where corrosives may be present? (e.g. battery acid)	
	Acceptable?	Tools and Equipment	Notes
	<input type="checkbox"/>	Are all rotating and moving parts covered by a guard or device that is in place and operable?	
	<input type="checkbox"/>	Is equipment secured to the floor (by weight or positive connection)?	

	<input type="checkbox"/>	Are tools and equipment in good repair?	
	<input type="checkbox"/>	Are warning labels and operational controls labels in place and legible?	
	<input type="checkbox"/>	Are air-lines, hoses, wires placed so as to avoid tripping?	
	<input type="checkbox"/>	Are tools being used in accordance with their intended purpose?	
	Acceptable?	Powered Equipment	Notes
	<input type="checkbox"/>	Are all powered industrial truck operators trained?	
	<input type="checkbox"/>	Are operators using seatbelts?	
	<input type="checkbox"/>	Are back-up alarms operable?	
	<input type="checkbox"/>	Is operating speed controlled?	
	<input type="checkbox"/>	Are forklifts' forks kept low to the ground while traveling?	
	<input type="checkbox"/>	Do operators slow and sound horn at blind intersections and corners?	
	<input type="checkbox"/>	Are equipment inspections being done?	
	<input type="checkbox"/>	Is equipment used within its capacity?	
	<input type="checkbox"/>	Are persons tied-off in articulating, elevating lifts?	
	Acceptable?	Fall Hazards	Notes
	<input type="checkbox"/>	Are railing systems (toeboard, mid-rail, top-rail) provided where fall hazards exist? (4' or higher requires protection per OSHA).	
	<input type="checkbox"/>	Are railings 42" high (+/- 3")?	
	<input type="checkbox"/>	Are stairways provided with railings (4 or more risers)?	
	<input type="checkbox"/>	Are scaffold systems used with rails and fully planked?	
	<input type="checkbox"/>	Are trained persons using scaffolds?	
	<input type="checkbox"/>	Are floor openings 1" or greater covered or otherwise protected?	
	<input type="checkbox"/>	Are covered floor openings in good repair, not causing tripping hazard, secured and adequate for twice the load?	
	<input type="checkbox"/>	Are ladder safety devices (preferred) or cages provided for fixed ladders exceeding 20 feet?	
	<input type="checkbox"/>	Are ladders being used properly (Three points of contact at all times, not on top step, fully open)?	

	<input type="checkbox"/>	Are floor surfacings rated for 0.5 coefficient of friction / slip index?	
	<input type="checkbox"/>	Are absorbent walk-off mats available and in good condition at doors?	
	<input type="checkbox"/>	Are roof drains directed away from walkways?	
	<input type="checkbox"/>	Are provisions for ice removal in place and effective?	
	<input type="checkbox"/>	Are floors cleaned where oils and grease can build-up?	
	Acceptable?	Ergonomics Hazards	Notes
	<input type="checkbox"/>	Are employees performing repetitive tasks?	
	<input type="checkbox"/>	Are employees performing high-force tasks? (lifting > 50 lbs., pushing, pulling)	
	<input type="checkbox"/>	Are employees in awkward positions or situations?	
	<input type="checkbox"/>	Are employees exposed to cool environments while performing their work?	
	<input type="checkbox"/>	Have any ergonomics injuries been reported (back strains, repetitive motion disorders, etc.)?	
	<input type="checkbox"/>	Are lift assist devices available, used?	
	<input type="checkbox"/>	If injuries and hazards are present, are controls in place to reduce hazards and is an ergonomics task force working on the exposures?	
	Acceptable?	Compressed Gases / Compressed Air	Notes
	<input type="checkbox"/>	Are compressed air connections properly made? (retaining pins in place)	
	<input type="checkbox"/>	Are tools operating at recommended air pressures?	
	<input type="checkbox"/>	Are pressure tanks inspected by certified inspector and is State certificate posted?	
	<input type="checkbox"/>	Are compressed gas cylinders secured in an upright position with the valve protection cap in place and marked as to contents?	
	<input type="checkbox"/>	Are oxygen cylinders (fulls and empties) separated by 20' from gas cylinders, oils, fuels, or other hydrocarbons? (alternative fire wall separation is permitted)	
	<input type="checkbox"/>	Are gas/air lines in good condition and labeled?	
	<input type="checkbox"/>	Are pressure relief valves tested on a frequent basis?	
	<input type="checkbox"/>	Compressed air is not used for blowing off clothing?	
	<input type="checkbox"/>	Compressed air pressure is reduced to 30 psi closed	

		tip pressure when used for cleaning?	
	Acceptable?	Medical	Notes
	<input type="checkbox"/>	Are provisions in place for treatment of an employee's medical problem within 4 minutes?	
	<input type="checkbox"/>	Are CPR and First Certifications up to date?	
	<input type="checkbox"/>	Are Automatic External Defibrillators (AED's) available in the workplace?	
	<input type="checkbox"/>	Are first aid kits properly stocked and available?	
	<input type="checkbox"/>	Are emergency procedures and phone numbers posted in the workplace?	
	<input type="checkbox"/>	Are first aid trained personnel trained annually in blood borne disease hazards?	
	<input type="checkbox"/>	Is a bloodborne disease written program in place to cover workplace first aid personnel?	
	Acceptable?	Heavy Lifting Equipment	Notes
	<input type="checkbox"/>	Are documented inspections available?	
	<input type="checkbox"/>	Are monthly inspections of running ropes on cranes being done and documented?	
	<input type="checkbox"/>	Is all lifting equipment marked with its capacity?	
	<input type="checkbox"/>	Are proper rigging techniques used when hoisting loads?	
	<input type="checkbox"/>	Do employees know the weights of the objects they are lifting?	
	<input type="checkbox"/>	Are all slings and rigging rated and marked with a capacity tag?	
	<input type="checkbox"/>		
	Acceptable?	Security Issues	Notes
	<input type="checkbox"/>	Is entry into the facility secure? Do guests and visitors have a sign-in location?	
	<input type="checkbox"/>	Do employees confront unfamiliar persons?	
	<input type="checkbox"/>	Does the company have a weapons and threat policy in place?	
	<input type="checkbox"/>	Are confidential areas secured from access?	
	<input type="checkbox"/>	Are background checks performed on employees and security personnel?	
	<input type="checkbox"/>	Are inventory and accounting procedures in place to identify loss?	
	<input type="checkbox"/>	Are alarm systems operable and in place where appropriate?	

	<input type="checkbox"/>	Does management enforce, encourage, and demand a safe workplace?	
	<input type="checkbox"/>	Is safety performance communicated to the employees?	
	<input type="checkbox"/>		
	Acceptable?	Miscellaneous	Notes
	<input type="checkbox"/>	Is there adequate lighting on all shifts in all work areas?	
	<input type="checkbox"/>	Has the facility conducted a confined space survey, to determine if confined spaces are present? If confined spaces exist, are detailed policy and procedures available and followed for entry?	
	<input type="checkbox"/>	Are HVAC systems serviced regularly? Are areas of mold growth properly assessed by an industrial hygienist and remediated as appropriate?	
		<i>This form is not intended to identify all hazardous conditions that may occur within a workplace. It is only a small sample of considerations that should be taken into account when assessing for workplace hazards. A competent inspection can be provided by insurance loss control representatives, safety and health professionals with requisite experience and education, or a qualified consultant.</i>	