## **Quarterly Workplace Safety Self – Inspection Checklist**



Dept	/Unit	Location Inspected		Inspection Date		
Inspe	nspected by:		Phone Number (s)			
			OK	ACTION NEEDED	NOT APPLICABLE	
1. H	OUSEKEEPING/S	TORAGE				
A.		rally clean and orderly.				
В.	Walking surfaces in other tripping haza	nside and outside in good condition, free of cords and				
C.		idors are free of storage or obstructions.				
D.	Emergency equipm	nent (e.g., fire extinguishers, eyewash /shower stations, re not blocked nor is access obstructed.				
E.		t tall is secured and not overloaded.				
F.		d and secured to prevent falling or collapse.				
G. H.		ms are stored within 18" of fire sprinkler heads. est rooms are clean and sanitary.				
2 F	LECTRICAL	·				
A.		d plugs are not frayed, cut or damaged.				
В.	Extension cords are	e not being used in place of permanent wiring, are UL directly into the wall.				
C.		rcuit-protected and plugged directly into outlets (i.e.,				
D.	There are no multi-	-plug adapters being used.				
E.		it interrupter (GFCI) protection is provided for es within 6 feet of a water source, for exterior outlets os.				
F.	-	nt is properly grounded.			-	
G.		eve access space 30" wide and 36" in front.				
H.	All outlets, switche	es and junction boxes have cover plates.				
3. FI	RE PREVENTION	/ FIRE PROTECTION				
	-	propped open or obstructed and latch automatically				
B.	Fire extinguishers a	are mounted, accessible, and inspected monthly.				
C.	Heat-producing ap located on a non-co	ppliances should be unplugged when not in use and ombustible surface.				
D.	Portable heaters sh listed.	ut off automatically when tipped over and are UL				
E.	Flammable liquids	are stored in approved cabinets.				
F.	No storage of comb spaces.	oustibles under open stairs or in electrical/mechanical				
G.		eing used to store fuel are metal, no more than 5 Plastic cans are for immediate use only.				
I.		uipment is properly functioning and maintained facturer's specifications.				

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## **Quarterly Workplace Safety Self – Inspection Checklist**



**ACTION** 

NOT

		OK	NEEDED	APPLICABLE		
4. C	CHEMICALS					
A.	Chemical inventories are complete, and Safety Data Sheets (SDSs) are available/accessible to all workers.					
В.	Chemical containers are properly labeled and stored on shelves with lip below eye level.	os,				
C.	Fume hoods are not used for storage of chemicals.		<u> </u>			
D.	Chemicals are stored by compatibility, not alphabetically.		<u> </u>			
E.	Expiration dates on chemical containers have not been exceeded.					
F.	No food or beverages are being stored or consumed in areas where chemicals are used or dispensed.		· · ·	-		
G.	If required, spill kits are on-hand and adequately maintained.		<u> </u>			
H.	Compressed gas cylinders are properly secured at all times, away from exits.					
I.	Doors are signed indicating chemical and/or physical hazards and PPE requirements.					
5. F	IRST AID/LIFE SAFETY					
A.	First aid kits are available and properly maintained.		. <u> </u>			
B.	. An adequate number of employees are certified in first aid, CPR and AED.					
C.	Exits and emergency routes are properly marked and illuminated.		· <u> </u>			
D.	Exterior walkways are in good condition and adequately illuminated.		<u> </u>	-		
E.	Handicapped entrances and exits are identified and unobstructed.		<u> </u>	-		
	QUIPMENT					
A.	Machine guards are in place.		<u> </u>	-		
В.	Personal Protective Equipment (PPE), where required, is accessible, sto	red				
	correctly and properly maintained.		. <u> </u>			
C.	Equipment is being properly arranged, used, maintained and inspected		<u> </u>			
D.	Only Ladders with label of "For Commercial Use" or 225lbs and up rational states of the commercial Use.	ing	. <u> </u>			
E.	Flashback protection is installed on oxyfuel hoses.		<u> </u>	-		
I	tem # Location Correcti	ve Action Taken				
	Make additional copies of this form if more	space is required				
Si	ignatures of Inspectors:	Date:				

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