



# Industrial Safety

## 1-0 Administration and Training

1-1	Is there a safe-work practice binder in place?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
	a) Is the SWP binder current?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
	b) Is it accessible to employees?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
	c) Do employees know about the SWP binder?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
1-2	Are emergency procedures in place (i.e. evacuation plan, emergency contacts)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
	a) Do employees know their roles in emergency situations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
1-3	Is Training provided to employees at least once per year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
	a) Does the training cover all relevant topics?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
	b) Is all training documented and kept on file for at least one year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
	c) Are new employees trained prior to starting work operations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
1-4	Are safety inspections done at least once per year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
	a) Are findings and corrective actions documented and kept on file for at least one year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
1-5	Are employee safety concerns and associated corrective actions documented and kept on file for at least one year?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A

## 2-0 Fire Safety

2-1	Are all emergency exits clearly marked and unobstructed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
2-2	Are aisles and corridors cleared at least 44 inches for safe evacuations?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
2-3	Are extinguishers, hoses, and sprinkler heads easily accessible and free from blockage?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
2-4	Are extinguishers and hoses adequately identified with signage?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
2-5	Have extinguishers, hoses, and sprinkler systems been tested within the prior 12 months?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
2-6	Is a fire extinguisher/hose accessible within 75 feet of each work area?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
2-7	Are extinguishers mounted at the proper height?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
	• Extinguishers less than 40 lbs may not be mounted at a height greater than 5 feet.				
	• Extinguishers greater than 40 lbs may not be mounted at a height greater than 3.5 feet.				

# INDUSTRIAL SAFETY CHECKLIST

## 2-0 Fire Safety (Cont'd)

2-8	Are extinguishers the correct classification for the hazards present?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
	<ul style="list-style-type: none"> <li>A= Combustible materials (e.g. wood and paper)</li> </ul>				
	<ul style="list-style-type: none"> <li>B= Flammable Liquids</li> </ul>				
	<ul style="list-style-type: none"> <li>C= Energized electrical equipment</li> </ul>				
2-9	Is the fill gauge on all extinguishers in the green range?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
	a) Has the back of the inspection card been initialed each month to show that this has been checked?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A

## 3-0 Hazardous Materials

3-1	Is there a Material Safety Data Sheet (MSDS) binder?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
	a) Is it current?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
	b) Is it accessible to employees?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
	c) Do employees know about it?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
3-2	Is the Hazardous Material Information System (HMIS) system being utilized?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
	a) Is there an adequate supply of HMIS labels	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
3-3	Are hazardous chemicals properly stored?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
	a) Sealed containers?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
	b) Dedicated area?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
	c) Chemicals properly segregated?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
	d) Flammable cabinet?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
	e) Corrosives cabinet?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
3-4	Are gas cylinders properly secured?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
3-5	Do all gas cylinders not in use have a protective collar?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
3-6	Are all gas cylinders labeled to identify contents?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
3-7	Are spill kits in place?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
	a) Are they properly stocked?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
3-8	Are there opportunities for substitution with non-hazardous products?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A

# INDUSTRIAL SAFETY CHECKLIST

## 4-0 Electrical Safety

4-1	Are all plugs, cords, receptacles, and switches in good condition (e.g. covers, prongs, insulation)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
4-2	Are extension cords used on a temporary bases only (i.e. less than one year at a stationary location)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
4-3	Are electrical cords positioned so that they will not get damaged or form a trip hazard?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
4-4	Are ground fault interrupters installed where conflicts between electricity use and water exist?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
4-5	Are multi-plug adapters being utilized properly (i.e. no multi-plug adapter plugged into a multi-plug adapter)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
4-6	Are all electrical appliances being disconnected or turned off when not in use?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A

## 5-0 Emergency Eyewashes/Showers

5-1	Are appropriate eyewashes/showers in place?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
5-2	Would an injured individual be able to reach an eyewash and/or shower within 10 seconds?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
5-3	Are eyewashes and emergency showers tested once every month?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
	a) Is there an inspection tag that is updated each month?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
	b) Have bottled eyewashes been inspected for an expiration date and replaced if expired?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
5-4	Are eyewashes and emergency showers identified with signs?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
5-5	Is the area around each eyewash and emergency shower free of obstructions and wheelchair accessible?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A

## 6-0 Housekeeping

6-1	Is general housekeeping adequate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
	<ul style="list-style-type: none"> <li>Work surfaces free from clutter</li> </ul>				
	<ul style="list-style-type: none"> <li>Food properly stored</li> </ul>				
6-2	Is adequate lighting being provided in all areas?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
6-3	Are chemicals stored in an appropriate area?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
6-4	Are sharp objects being stored properly (e.g. pens capped, scissors pointed down, blades covered)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
6-5	Are any slip or trip hazards present?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
	<ul style="list-style-type: none"> <li>Worn or frayed carpeting</li> </ul>				
	<ul style="list-style-type: none"> <li>Separated carpet seams</li> </ul>				
	<ul style="list-style-type: none"> <li>Electrical cords or movable objects</li> </ul>				

# INDUSTRIAL SAFETY CHECKLIST

## 7-0 General Shop Safety

7-1	Is there adequate storage space provided for material and supplies?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
7-2	Are all cabinets, shelves, bookcases properly secured in the event of an earthquake?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
7-3	Are stacked and shelved items stored to prevent falling during an earthquake?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
7-4	Are storage areas neat and organized?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
7-5	Does the shop utilize a program to dispose of equipment/parts/material that are no longer required?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
7-6	Are first-aid kits accessible and properly stocked?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
7-7	Are ladders or step stools provided for reaching materials on high shelves?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
	a) Kept in a safe serviceable condition?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
7-8	Are there written procedures in place for operating tool and equipment?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
	a) Are they being followed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
7-9	Are procedures in place identifying proper Personal Protective Equipment (PPE)?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
	a) Are there sufficient supplies available to employees?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
	b) Is PPE in good condition?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
	c) Are employees using it?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
7-10	Are shop tools and equipment inspected on a regular basis and kept in good working condition?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
	a) Are written procedures in place?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
	b) Is maintenance documented as appropriate?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
7-11	Are appropriate point of operation guards in place	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
	a) Are they functional?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
	b) Are they being used?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
7-12	Are compressed air hoses in good working order?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
7-13	Are lockout/tagout supplies available to employees that repair equipment with mechanical and/or electrical	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A

## 8-0 Hazardous Waste

8-1	Are wastes collected in appropriate containers?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
8-2	Are all wastes properly identified with Hazardous Waste labels?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A

# INDUSTRIAL SAFETY CHECKLIST

## 8-0 Hazardous Waste (Cont'd)

8-3	Are all wastes stored in an appropriate location?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
8-4	Is there an adequate supply of hazardous waste labels and containers?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
8-5	Are written waste disposal procedures in place?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
	a) Are they current?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A
	b) Are they being followed?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW	<input type="checkbox"/> N/A