

PrintGuard™

Safety Self-Inspection Checklist

OK	Action Needed	Date Corrected	Emergency Action
<input type="checkbox"/>	<input type="checkbox"/>	_____	Emergency telephone numbers posted
<input type="checkbox"/>	<input type="checkbox"/>	_____	Emergency evacuation maps displayed
<input type="checkbox"/>	<input type="checkbox"/>	_____	Spills cleaned up immediately
<input type="checkbox"/>	<input type="checkbox"/>	_____	First-aid kit OSHA-approved and supplies replenished
<input type="checkbox"/>	<input type="checkbox"/>	_____	Hand tools in working order
<input type="checkbox"/>	<input type="checkbox"/>	_____	Air nozzle available if using house air
<input type="checkbox"/>	<input type="checkbox"/>	_____	Air pressure reduced to 30 psi for cleaning work surfaces
<input type="checkbox"/>	<input type="checkbox"/>	_____	Air pressure reduced to 10 psi and brush attached for cleaning workers' clothing
<input type="checkbox"/>	<input type="checkbox"/>	_____	Emergency Action Plan documented and training of all employees completed

OK	Action Needed	Date Corrected	Walking Work Surfaces
<input type="checkbox"/>	<input type="checkbox"/>	_____	Floor and surfaces clean and free of debris
<input type="checkbox"/>	<input type="checkbox"/>	_____	Work surfaces dry to prevent slipping
<input type="checkbox"/>	<input type="checkbox"/>	_____	Aisles marked

OK	Action Needed	Date Corrected	Ladders
<input type="checkbox"/>	<input type="checkbox"/>	_____	Ladders non-conductive where electrical hazards exist
<input type="checkbox"/>	<input type="checkbox"/>	_____	Steps of ladders covered with anti-slip grit
<input type="checkbox"/>	<input type="checkbox"/>	_____	Ladder steps free of grease or oil
<input type="checkbox"/>	<input type="checkbox"/>	_____	Clearance distance of 10 feet maintained from overhead lines

OK	Action Needed	Date Corrected	Workplace Violence
<input type="checkbox"/>	<input type="checkbox"/>	_____	All visitors, customers, vendors, etc., must sign in and sign out at the front office before entering the premises
<input type="checkbox"/>	<input type="checkbox"/>	_____	All threats of (or actual) violence, both direct and indirect, are reported as soon as possible to management
<input type="checkbox"/>	<input type="checkbox"/>	_____	No firearms, weapons, or hazardous devices are allowed on the premises without authorization

OK	Action Needed	Date Corrected	Fire Prevention
<input type="checkbox"/>	<input type="checkbox"/>	_____	Outside fire water control valves open
<input type="checkbox"/>	<input type="checkbox"/>	_____	Gas meter shutoff wrench in place
<input type="checkbox"/>	<input type="checkbox"/>	_____	External exit signs illuminated
<input type="checkbox"/>	<input type="checkbox"/>	_____	Path to external exits indicated
<input type="checkbox"/>	<input type="checkbox"/>	_____	Extinguisher inspected annually
<input type="checkbox"/>	<input type="checkbox"/>	_____	Aisles and walkways clear
<input type="checkbox"/>	<input type="checkbox"/>	_____	Access to extinguishers unobstructed
<input type="checkbox"/>	<input type="checkbox"/>	_____	Sprinkler heads at 18" clearance from shelves
<input type="checkbox"/>	<input type="checkbox"/>	_____	Sprinkler system tested quarterly
<input type="checkbox"/>	<input type="checkbox"/>	_____	Sprinkler water control valves, air and water pressures checked monthly
<input type="checkbox"/>	<input type="checkbox"/>	_____	Fire doors in working order
<input type="checkbox"/>	<input type="checkbox"/>	_____	Flammable liquids stored in two-hour fire-resistant cabinet or room
<input type="checkbox"/>	<input type="checkbox"/>	_____	Fifty-five-gallon drums of flammable liquids grounded and bonded
<input type="checkbox"/>	<input type="checkbox"/>	_____	Safety cans used to dispense flammable liquids
<input type="checkbox"/>	<input type="checkbox"/>	_____	Trash carried to dumpster daily
<input type="checkbox"/>	<input type="checkbox"/>	_____	Fire prevention training and portable fire extinguisher training completed

OK	Action Needed	Date Corrected	Chemical Safety
<input type="checkbox"/>	<input type="checkbox"/>	_____	All containers (portable and stationary) labeled with physical and health hazard data
<input type="checkbox"/>	<input type="checkbox"/>	_____	Material Safety Data Sheets (MSDSs) on file for each substance on-site
<input type="checkbox"/>	<input type="checkbox"/>	_____	HazCom Program and MSDSs available to employees
<input type="checkbox"/>	<input type="checkbox"/>	_____	Procedure documented for cleaning up your own blood, if possible
<input type="checkbox"/>	<input type="checkbox"/>	_____	Training for all employees exposed to hazardous substances completed

OK	Action Needed	Date Corrected	Machine Guarding
<input type="checkbox"/>	<input type="checkbox"/>	_____	Machine guarding in place and operating properly
<input type="checkbox"/>	<input type="checkbox"/>	_____	Rotating or moving parts guarded adequately
<input type="checkbox"/>	<input type="checkbox"/>	_____	Training for all operators completed

OK	Action Needed	Date Corrected	Lockout/Tagout
<input type="checkbox"/>	<input type="checkbox"/>	_____	Locks and tags available for use or assigned to employees
<input type="checkbox"/>	<input type="checkbox"/>	_____	One key available for each lock if pegboard system used
<input type="checkbox"/>	<input type="checkbox"/>	_____	Hazard analysis for each piece of equipment documented
<input type="checkbox"/>	<input type="checkbox"/>	_____	Lockout/tagout procedures specific to each piece of equipment documented
<input type="checkbox"/>	<input type="checkbox"/>	_____	Energy sources for each piece of equipment documented
<input type="checkbox"/>	<input type="checkbox"/>	_____	Alternative protection provided for minor servicing operations as necessary
<input type="checkbox"/>	<input type="checkbox"/>	_____	Training of all authorized and unauthorized employees completed
<input type="checkbox"/>	<input type="checkbox"/>	_____	Annual inspection of lockout/tagout for each authorized person completed

OK	Action Needed	Date Corrected	Electrical Safety
<input type="checkbox"/>	<input type="checkbox"/>	_____	Electrical boxes labeled for each switch
<input type="checkbox"/>	<input type="checkbox"/>	_____	Appliances and portable tools grounded
<input type="checkbox"/>	<input type="checkbox"/>	_____	Extension cords used for temporary wiring limited to 60 days
<input type="checkbox"/>	<input type="checkbox"/>	_____	Cords secured in metal sheath that run along walls
<input type="checkbox"/>	<input type="checkbox"/>	_____	Cords protected by cord covers that run on the floor
<input type="checkbox"/>	<input type="checkbox"/>	_____	Ground fault circuit interrupters on outlets within five feet of water or damp surface
<input type="checkbox"/>	<input type="checkbox"/>	_____	Voltage detector meter available for qualified personnel
<input type="checkbox"/>	<input type="checkbox"/>	_____	Training for qualified and unqualified personnel completed

OK	Action Needed	Date Corrected	Personal Protective Equipment
<input type="checkbox"/>	<input type="checkbox"/>	_____	Hearing protection required signs posted in areas above 85 dB on eight-hour TWA
<input type="checkbox"/>	<input type="checkbox"/>	_____	Glasses, gloves, aprons, face shields, and respirators available if necessary
<input type="checkbox"/>	<input type="checkbox"/>	_____	PPE kept clean and sanitary
<input type="checkbox"/>	<input type="checkbox"/>	_____	PPE used when and where it is required
<input type="checkbox"/>	<input type="checkbox"/>	_____	Hearing Conservation Plan documented and affected employees trained