|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| **location / Area** |  | **Supervisor [name]** |  | **Date** |  | |
|  | | | |  |  |  |
| **Fire and Safety Equipment** | | | | **Yes** | **No** | **N/A** |
|  | | | |  |  |  |
| Is the proper fire and safety equipment available? | | | |  |  |  |
| Is the equipment accessible [i.e. is it unblocked]? | | | |  |  |  |
| Are flammables stored in flammable storage cabinets? | | | |  |  |  |
|  | | | |  |  |  |
| **Operation of Machinery** | | | | **Yes** | **No** | **N/A** |
|  | | | |  |  |  |
| Are the indicator lights on FLT in a safe condition? | | | |  |  |  |
| Where applicable are there Safe Systems of Work and Check Sheets in place? | | | |  |  |  |
| Are there maintenance logs or other records that track the condition of machines? | | | |  |  |  |
| Are proper lock/tag techniques being practiced? | | | |  |  |  |
|  | | | |  |  |  |
| **Work Area and Housekeeping** | | | | **Yes** | **No** | **N/A** |
|  | | | |  |  |  |
| Is the work area neat and tidy in appearance? | | | |  |  |  |
| Are all aisles and walk-ways sufficiently wide for personnel and moving equipment? | | | |  |  |  |
| Do all aisles used by moving equipment have clear line-of-sights? | | | |  |  |  |
| Do walking/working surfaces at height have hand guards to protect personnel from hazards? | | | |  |  |  |
| Are the chemicals properly inventoried and stored away? | | | |  |  |  |
| Is the lighting adequate? | | | |  |  |  |
| Are the exits clearly marked and easy to find? | | | |  |  |  |
| Are all overhead items secured? | | | |  |  |  |
| re all stairs in good and safe condition? | | | |  |  |  |
| Are all ladders properly secured or stored away? | | | |  |  |  |
| Is the overall building in good working condition? | | | |  |  |  |
|  | | | |  |  |  |
| **Common Tools and Equipment** | | | | **Yes** | **No** | **N/A** |
|  | | | |  |  |  |
| Are the workers using the right tool for the job? | | | |  |  |  |
| Are the workers using the tools correctly? | | | |  |  |  |
| If necessary, have the workers been trained to use the tools? | | | |  |  |  |
| Are the tools in good and safe working condition? | | | |  |  |  |
| Have the tools been inspected recently? | | | |  |  |  |
| Are the tools stored in appropriate locations? | | | |  |  |  |
|  | | | |  |  |  |
| **General Procedures** | | | | **Yes** | **No** | **N/A** |
|  | | | |  |  |  |
| Do the personnel and building occupants know evacuation procedures for fire and alarms? | | | |  |  |  |
| Do building occupants such as visitors have point-of-contacts within the building? | | | |  |  |  |
| Are supervisors sufficiently aware of work being done by visitors or employees from other areas? | | | |  |  |  |
|  | | | |  |  |  |
| **Personnel Ergonomics, Focus, Training, and PPE** | | | | **Yes** | **No** | **N/A** |
|  | | | |  |  |  |
| Are the personnel working in a manner that is free of unnecessary physical exertion? | | | |  |  |  |
| Are the personnel practicing good ergonomics? | | | |  |  |  |
| Are personnel sufficiently focused on their job, especially jobs where there are hazards present? | | | |  |  |  |
| Are the personnel trained to do the job and are aware of the hazards and Control measures? | | | |  |  |  |
| Does the job appear suited to the personnel? | | | |  |  |  |
| If necessary, are the personnel using the correct PPE? | | | |  |  |  |
| For work near machinery, are the personnel wearing proper clothing? | | | |  |  |  |
|  | | | |  |  |  |
| **NOTES:** | | | | | | |
|  | | | | | | |