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| Inspection Check List for Illumination |
| Date & time of Inspection: Location of Inspection: |
| Inspected by (Name of Safety Personal): Name of Execution Person: |

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| **Sr.**  **No.** | **Check points** | **Yes/**  **No** | **Corrective Action Required** | **Action By** | **Due Date** | **Status** |
| 1 | Is the lighting adequate in general facility areas, warehouse, corridors, hallways, exit ways, and underground work areas? |  |  |  |  |  |
| 2 | Is the lighting adequate in excavation areas, waste storage areas, access ways, and loading platforms? |  |  |  |  |  |
| 3 | Is the lighting adequate in first-aid, infirmaries, and office areas? |  |  |  |  |  |
| 4 | Are light switches, emergency lights, and areas requiring special illumination identified by posters or other means? |  |  |  |  |  |
| 5 | Are the light systems adequate and operable? |  |  |  |  |  |
| 6 | Are access / egress routes properly illuminated? |  |  |  |  |  |
| 7 | Windows will be kept clean and free from obstructions to ensure maximum light penetration? |  |  |  |  |  |
| 8 | Is periodic inspection of facility illumination performed (day and night) and recorded? |  |  |  |  |  |
| 9 | Are faulty lights subsequently replaced once reported? |  |  |  |  |  |
| 10 | Is temporary lighting adequate for night work in construction or maintenance jobs? |  |  |  |  |  |
| 11 | Are wiring, electrical sources and fixtures for Temporary lighting properly arranged and in good state of repair? |  |  |  |  |  |
| 12 | Are personnel properly trained on deficient illumination reporting procedures and lighting requirements for their work areas? |  |  |  |  |  |
| 13 | Are personnel informed of precautionary measure for light bulb or fluorescent tube replacement, including handling and disposal methods? |  |  |  |  |  |
| 14 | Is the plant or construction work areas free of ordinary glazing? (shatter resistant or Plexiglas’s) |  |  |  |  |  |
| 15 | Are explosion proof lighting system used in hazardous areas? |  |  |  |  |  |

Checked By ……………………………………………………………… Date………………..………………

Signature:

HSE Officer Superintendent /Foreman