**WORKPLACE AUDIT / INSPECTION REPORT**

**Battery Charging Area**

**Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Audited by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Audit Item/ Practice**

**Check if item / Practice not in compliance**

**Housekeeping**

Are aisles marked? .22

Width of aisles maintained? .22

Are aisles in good condition? .22

Are work areas clean? .22

Is housekeeping maintained? .22

**First Aid**

Do you have emergency eye wash and shower facilities within the work area where employees are exposed to injurious corrosive materials? .151(c)

Do you have first aid kits easily accessible to each work area, with necessary supplies available, periodically inspected and replenished as needed? .151(b)

**General**

Are batteries charged in a properly vented room? .178(g)(2)

Is smoking prohibited in battery charging room? .178(g)(10)

Are facilities provided for flushing spilled electrolyte? .178(g)(2)

Do you prevent open flames, sparks in immediate area? .178(g)(11)

Are fuel tanks filled while engines running? .178(p)(2)

Do the noise levels conform to government standards? .95

Are all exposures from dust, fumes, etc., controlled? .94

Is local ventilation sufficient to disperse fumes? .178(g)(2)

**Fire Protection**

If you have a fire alarm system, is it tested bimonthly? .165

Are all fire extinguishers accessible, and their locations clearly designated? .157

Are all fire extinguishers inspected and recharged regularly, and noted on the inspection tag? .157

**Personal Protective Equipment**

Are protective goggles or face shields provided and worn where there is any danger of flying particles or corrosive materials? .133

Are approved safety glasses required to be worn at all times in areas where there is a risk of eye injuries such as punctures, abrasions, contusions, or burns? .133

Are protective gloves, aprons, shields, or other means provided against cuts, corrosive liquids, and chemicals? .132

Are employees who needed corrective lenses (glasses or contacts) in working environments having harmful exposures required to wear only approved safety glasses, protective goggles, or use other medically approved precautionary procedures? .133(a)(3)

Repairs/corrections must be completed by (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routed to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Repairs/corrections from above have been done.

Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_