**WORKPLACE AUDIT / INSPECTION REPORT**

**Spray Paint Area**

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

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

**Audit Item/ Practice**

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

**General**

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

Is local ventilation good? .94

Is the compressed air for cleaning under 30 PSI? .242(b)

Is personal protective equipment provided and used? .132

Is the correct type of respirator being worn by personnel? .132(e)

Are all chemicals used in spray painting operations correctly labeled? .1200(f)

**Ventilation**

Is adequate ventilation assured before spraying operations are started? .107

Is mechanical ventilation provided when spraying operations are done in enclosed areas? .107

When mechanical ventilation is provided during spraying operations, is it so arranged that it will not circulate the contaminated air? .107

Is spray booth completely ventilated before using the drying apparatus? .107

Do all drying spaces have adequate ventilation? .107

Is the electric drying apparatus properly grounded? .107

Are lighting fixtures for spray booths located outside of the booth and the interior lighted through sealed clear panels? .107

Are electric motors for exhaust fans placed outside booths or ducts? .107

Are belts and pulleys inside the booth fully enclosed? .107

Do ducts have access doors to allow cleaning? .107

Is the spray area free of hot surfaces? .107

Is the spray area at least 20 feet from flames, sparks, operating electrical motors, and other ignition sources? .107

Are portable lamps used to illuminate spray areas suitable for use in a hazardous location? .107

Is approved respiratory equipment provided and used when appropriate during spraying operations? .107

**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

Do solvents used for cleaning have a flash point of 100 degrees Fahrenheit or more? .107(g)(5)

For a fixed extinguishing system, is a sign posted warning of the hazards presented by the extinguishing medium? .160(b)(5)

Are fire control sprinkler heads kept clean? .107

Are "NO SMOKING" signs posted in spray areas, paint rooms, paint booths, and paint storage areas? .107(g)(7)

Is the spray area kept clean of combustible residue? .107

Are spray booths constructed of metal, masonry, or other substantial noncombustible material? .107

Are spray booth floors and baffles noncombustible and easily cleaned? .107

Is infrared drying apparatus kept out of the spray area during spraying operations? .107

Are spray painting operations done in spray rooms or booths equipped with an appropriate exhaust system? .107

Are all tools used for cleaning purposes made of non-sparking material? .107(g)(2)

**First Aid**

Do you have emergency eye wash and shower facilities within the immediate 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)

**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 or 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 need 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 \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_