

GLENN COUNTY GENERAL SAFETY INSPECTION CHECKLIST

This checklist is by no means all-inclusive. Each department should add to or delete portions or items that do not apply to your operations. Also, refer to OSHA standards for complete and specific requirements that may apply to your operations.

SITE: _____

DATE: _____

WORK AREA: _____

INSPECTOR: _____

Items	N/A	Safe	Unsafe	Comments
<u>Safety and Health Program</u>				
Is an active safety and health program in operation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
Is an employee designated for the overall activities of the safety and health program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
Is there an established department safety committee that meets regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
Is there a hazard reporting program for in-house employee concerns regarding safety and health?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
Are employees who report hazardous conditions informed when the condition is corrected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
Are incentives provided for employees/workgroups who have reduced workplace injuries/illnesses?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
Is personal protective equipment readily available if a hazardous condition warrants its use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
Is the use of personal protective equipment enforced when warranted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
Are employees trained on personal protective equipment; when to use it, making adjustments, etc?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
Are approved respirators provided for regular or emergency use where needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
Is all personal protective equipment maintained in a sanitary condition and ready for use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
Are procedures in place for disposing of or decontaminating personal protective equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
Is food consumed in areas where there is no expose to toxic or other infectious materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____

Items	N/A	Safe	Unsafe	Comments
<u>General Work Environment</u>				
Is a housekeeping program in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are all worksites clean, sanitary, and orderly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are work surfaces kept dry to assure the surfaces are slip-resistant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are spilled hazardous materials or liquids cleaned immediately according to procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are combustible scrap, debris, and waste stored safely in designated areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<u>Walkways</u>				
Are aisles and passageways kept clear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are holes in floor, sidewalk, or other walking surfaces repaired properly or otherwise made safe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is there safe clearance for walking in aisles where motorized or mechanical equipment are operated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are materials or equipment stored so as to prevent sharp projectives from protruding into the walkway?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are changes of direction or elevation readily identifiable?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are guardrails provided wherever aisle or walkway surfaces are elevated more than 30 inches?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is adequate headroom provided for the entire length of any aisle or walkway?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<u>Floor and Wall Openings</u>				
Are floor openings guarded by a cover, a guardrail, or equivalent (except stairways or ladders)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are grates or floor coverings designed for foot traffic or rolling equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are unused portions of service pits either covered or protected by guardrails or equivalent?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Items	N/A	Safe	Unsafe	Comments
<u>Stairs and Stairways</u>				
Are standard handrails on all stairways having four or more risers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are step risers on stairs uniform from top to bottom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are steps on stairs and stairways designed to be slip resistant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
<u>Office Safety</u>				
Is there adequate lighting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is ventilation adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are carpet/floor tiles secure – free from tears or tripping hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are aisles free of boxes, waste baskets, chairs, and other obstacles that impede egress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is office furniture in good working order and free of defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are file cabinets, and book case drawers closed when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Is weight distributed in file cabinets to avoid a top-heavy condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are desk, file cabinets, and book case drawers closed when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are paper cutting blades in locked position when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are ergonomic conditions adequate for workstations keyboards, postures, and repetitive motion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are employees advised on proper lifting techniques?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Are electrical outlets or cords adequate for intended load?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Items	N/A	Safe	Unsafe	Comments
Do electrical appliances have ground pins or double insulation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
Are all appliances plugged directly into wall outlets?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
Are coffee pots or heat producing appliances away from flammable materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
Are employees trained on emergency procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
Are safety hazard warning signs provided where necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
Are evacuation routes posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
Are employees properly trained to use fire extinguishers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
Are fire extinguishers fully charged and inspected monthly (tag, date, initial)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
Are fire extinguishers mounted, visible, and accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____

Elevated Surfaces

Are signs posted, when appropriate showing the elevated surface load capacity?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
Is a permanent means of access and egress provided to elevated storage and work surfaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
Is material piled, stacked, or racked as to prevent it from tipping, falling or rolling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
Is required headroom provided where necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____

Hazard Communication

Is there a list of hazardous substances used in your workplace?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____
Is there a hazard communication program dealing with MSDS, labeling, and employee training?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____ _____

Items	N/A	Safe	Unsafe	Comments
Are MSDSs readily available for each hazardous substance used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Does the program include:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
An explanation of what an MSDS is and how to use and obtain one?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
MSDS contents for each hazardous substance or class of substance?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Explanation of "Right to Know"?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Location of employers written hazard communications program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Location of hazardous substances present in employees work areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Physical and health hazards of substances in the work area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
Specific protective measures for physical and health hazards of substances in work area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Other Items

_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____
_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	_____

Additional Comments
