

800.282.1446 **ACFC & WCD - ZONE 7**
SAFETY INSPECTION REPORT

Building / Area _____

Date _____

Prepared by _____

Safe work conditions, Practices, or Personal Protective Equipment	Checked (Initials)	Corrective action needed	Checked (Initials)
1. Are work areas clean and neat?			
2. Are aisles and walkways free of obstructions?			
3. Are floors and work surfaces clean and dry?			
4. Are floor coverings in good repair?			
5. Are work areas adequately lit?			
6. Are exits clearly marked?			
7. Are exits free of obstructions?			
8. Are DOOR BLOCKED signs posted where appropriate?			
9. Is the evacuation floorplan posted and current?			
10. Does emergency lighting function properly?			
11. Does the alarm system function properly?			
12. Are fire extinguishers and/or hoses properly mounted?			
13. Is the fire extinguisher charge current? (1-yr maintenance schedule)			
14. Is a first aid kit accessible and complete?			
15. Are NO SMOKING signs posted where required?			
16. Are required posters displayed?			
17. Is material stacked neatly?			
18. Is material stacked within 18" of the ceiling sprinklers?			
19. Are cabinets and furniture secured to prevent tipping?			
20. Are sanitation facilities clean?			
21. Are chemicals properly labeled and stored in proper storage cabinets?			
22. Are excessive amounts of hazardous materials on site?			

Safe work conditions, Practices, or Personal Protective Equipment	Checked (Initials)	Corrective action needed	Checked (Initials)
23. Is a MSDS available for each chemical at this location? Are they current?			
24. Is personal protective equipment available for hazardous materials?			
25. Is an emergency eyewash and/or shower immediately available for hazardous materials work?			
26. Are bulk hazardous materials stored in secondary containment?			
27. Are machine guards and safety shields in place?			
28. Is machinery in proper repair?			
29. Are machine operating instructions and warnings posted near machines?			
30. Is electrical equipment properly grounded?			
31. Are outlets overloaded?			
32. Are extension cords in use? Are they protected from traffic? Are they a tripping hazard?			
33. Are electrical covers in place?			
34. Is material stored within 3 feet of electrical panels?			
35. Are worn or broken tools in use?			
36. Are required operating permits current and posted?			
37. Are ladders in good repair?			
38. Are tanks properly secured?			
39. Other condition(s) that warrant comment?			

Signature of Inspector(s) _____

Copy of report provided to area supervisor on (date) _____

Person(s) responsible for correction _____

Follow-up action completed on (date) _____