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| **Facilities/Shop Inspection Form** |
|  **TO BE COMPLETED MONTHLY** |
| DATE OF REPORT (MM/DD/YYYY):  | TIME: [ ]  AM [ ]  PM |
| FORM FILLED OUT BY:  |
| **DESCRIPTION** | **YES** | **NO** | **N/A** |  **COMMENTS**  |
| **EQUIPMENT** | **YES** | **NO** | **N/A** |  |
| GUARDS ON MECHANICAL EQUIPMENT |[ ] [ ] [ ]   |
| TOOLS IN GOOD CONDITION |[ ] [ ] [ ]   |
| CYLINDERS SECURED PROPERLY |[ ] [ ] [ ]   |
| LIFTING DEVICES/CRANES IN GOOD WORKING CONDITION |[ ] [ ] [ ]   |
| **ELECTRICAL**  | **YES** | **NO** | **N/A** |  |
| ELECTRICAL CORDS IN GOOD CONDITION |[ ] [ ] [ ]   |
| BREAKERS IDENTIFIED |[ ] [ ] [ ]   |
| UNOBSTRUCTED ACCESS TO ELECTRICAL PANELS |[ ] [ ] [ ]   |
| GFCI RECEPTACLES IN WET AREAS CHECKED |[ ] [ ] [ ]   |
| WORK AREA ADEQUATLEY ILLUMINATED |[ ] [ ] [ ]   |
| **EMERGENCY PLAN/ EQUIPMENT** | **YES** | **NO** | **N/A** |  |
| MUSTER POINT IDENTIFIED |[ ] [ ] [ ]   |
| EXITS IDENTIFIED AND LIGHTS FUNCTIONING |[ ] [ ] [ ]   |
| EMERGENCY NUMBERS POSTED |[ ] [ ] [ ]   |
| FIRE EXTINGUISHER LOCATION(S) IDENTIFIEDMONTHLY CHECKS COMPLETE & CURRENT |[ ] [ ] [ ]   |
| FIRST AID KIT(S) |[ ] [ ] [ ]   |
| EYE WASH STATION FUNCTIONING |[ ] [ ] [ ]   |
| **DANGEROUS SUBSTANCES** | **YES** | **NO** | **N/A** |  |
| HAZARDOUS SUBSTANCES HAVE BEEN IDENTIFIED AND STORED PROPERLY |[ ] [ ] [ ]   |
| SPILL KIT AVAILABLE |[ ] [ ] [ ]   |
| MSDS AVAILABLE |[ ] [ ] [ ]   |
| COMBUSTIBLE SCRAP, DEBRIS, WASTE STORED SAFELY AND PROMPTLY REMOVED FROM WORK AREA |[ ] [ ] [ ]   |
| **GENERAL** | **YES** | **NO** | **N/A** |  |
| FLOOR FREE OF TRIPPING HAZARDS |[ ] [ ] [ ]   |
| AISLES, STAIRWELLS AND EXITS UNOBSTRUCTED |[ ] [ ] [ ]   |
| FIRE ALARMS AND SMOKE DETECTORS |[ ] [ ] [ ]   |
|  |[ ] [ ] [ ]   |
|  |[ ] [ ] [ ]   |
| OTHER | **YES** | **NO** | **N/A** |  |
|  |[ ] [ ] [ ]   |
|  |[ ] [ ] [ ]   |
| **CORRECTIVE ACTIONS REQUIRED**  |
| FOLLOW UP REQUIRED: [ ] YES [ ] NO | EXPECTED COMPLETION DATE: |
| PERSON RESPONSIBLE:  |  |
|  |  |
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