|  |  |  |  |  |
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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) IDENTIFIED  MONTHLY 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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