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:		