

# WORK LOCATION SAFETY INSPECTION CHECKLIST

This checklist provides general guidance for the identification and correction of common work place hazards. It is not all inclusive.

**Department:** Maintenance Clerk Wine & Spirits Sports Gril

**Date:** June 30, 2022

**Inspection performed by:** Aerica Benson

Provide the completed checklist to the Safety Committee.

<b><u>Postings</u></b>	
OSHA POSTER	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
OSHA 300 & 300A	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
HAZARDS IDENTIFIED BY SIGNAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
NON-POTABLE WATER IDENTIFIED BY SIGNAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
NO SMOKING AREAS IDENTIFIED BY SIGNAGE	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
EMERGENCY TELEPHONE NUMBERS POSTED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
ESCAPE ROUTES/EXITS IDENTIFIED BY SIGNAGE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
EMERGENCY EQUIPMENT IDENTIFIED BY SIGNAGE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
NFPA 704 SIGNS POSTED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
<b><u>Written Programs: Available to Employees</u></b>	
HAZARD COMMUNICATION PROGRAM	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
EMPLOYEE RIGHT-TO-KNOW PROGRAM	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
PERSONAL PROTECTIVE EQUIPMENT PROGRAM	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
<b><u>Tools/Equipment</u></b>	
CONDITION OF ELECTRICAL CORDS	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
CONDITION OF HAND/POWER TOOLS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
AIR NOZZELS – PRESSURE REDUCED TO 30psi	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
POWER TOOLS – POINTS OF OPERATION GUARDED	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
<b><u>Electrical</u></b>	
BREAKERS/PANELS IDENTIFIED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
BOXES/PANELS CLOSED/COVERED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
EXPOSED CONDUCTORS GUARDED	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
LIGHTS GUARDED/PROTECTED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
CONDITION OF EXTENSION CORDS	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
CIRCUITS PROPERLY GROUNDED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
<b><u>Fixed Machinery/Equipment</u></b>	
GENERAL MAINTENANCE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
DISCONNECTS PROVIDED/IDENTIFIED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
EQUIPMENT PROPERLY GROUNDED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
<b><u>Material Storage</u></b>	
MATERIAL NEATLY STACKED AND STABLE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA

SHELVES ORGANIZED – NO FALLING OBJECT HAZARD	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
ACCUMULATION OF CLASS A COMBUSTIBLES (WOOD/PAPER/TRASH)	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> NA
aisle CLEAR AND FREE FROM OBSTRUCTIONS	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
GENERAL HOUSEKEEPING	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
<b><u>Hazardous Materials</u></b>	
PROPER CONTAINERS	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
CONTAINERS LABELED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
SDS AVAILABLE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
PROPER STORAGE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
FLAMMABLES STORED IN APPROVED CABINETS	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
INCOMPATIBLES SEPARATED	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
PROPER STORAGE OF COMPRESSED GAS CYLINDERS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
FLAMMABLE WASTE - CONTAINERS EMPTIED DAILY	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
<b><u>Working Surfaces/Housekeeping/Sanitation</u></b>	
aisle/FLOORS/STAIRS KEPT CLEAR/CLEAN/DRY	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
GENERAL HOUSEKEEPING	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
FLOOR OPENINGS GUARDED/COVERED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
PLATFORMS/STAIRS GUARDED BY RAILING	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
PROPER WASTE DISPOSAL	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
RESTROOMS – CLEAN AND SANITARY	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
EATING AREAS – CLEAN AND SANITARY	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
<b><u>Ladders/Scaffolds</u></b>	
LADDERS – CONDITION/PROPER USE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
<b><u>Confined Space Entry Equipment</u></b>	
PERSON MONITORS – AVAILABILITY/CALIBRATION	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
RETRIEVAL EQUIPMENT – AVAILABILITY/CONDITION	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
<b><u>Emergency Equipment</u></b>	
FIRST AID KIT – IN PLACE/COMPLETELY STOCKED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
AVAILABILITY OF PERSONS TRAINED IN FIRST AID/CPR	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
FIRE EXTINGUISHERS – IN PLACE/CHARGED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
FIRE ALARM OPERATIONAL	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
EYE WASH/SHOWERS – ACCESSIBLE/FUNCTIONAL	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
EMERGENCY LIGHTS – PROPER OPERATION	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
EXITS – ACCESSIBLE/NOT BLOCKED	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
PPE'S – AVAILABILITY/CONDITION	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
<b><u>PPE: Condition/Storage</u></b>	
RESPIRATORS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
HARD HATS	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
FACE/EYE PROTECTORS	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
GLOVES	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> NA
PROTECTIVE FOOTWEAR	<input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA
PROTECTIVE CLOTHING	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> NA



## REPORT OF AN UNSAFE CONDITION

**Instructions to employees.** Briefly describe the location and nature of the unsafe condition. Identify any suggested corrective actions. Sign/date the report. Submit report to your immediate manager/supervisor.

To be completed by the Employee reporting the unsafe condition	
<b>Location:</b>	
<b>Describe Unsafe Condition:</b>	
<b>Suggested Corrective Actions:</b>	
<b>Reported by:</b>	
<b>Date:</b>	
To be Completed by the Manager/Supervisor:	
<b>Received by:</b>	
<b>Date:</b>	
<input type="checkbox"/> <b>Suggested corrective actions taken</b>	
<input type="checkbox"/> <b>Referred to the Safety Committee</b>	
<b>Comments Action Taken:</b>	
To be completed by the Safety Committee:	
<b>Date reviewed/acted upon:</b>	
<b>Recommendation of Safety Committee:</b>	
<input type="checkbox"/> <b>Corrective actions initiated by the safety committee</b>	
<input type="checkbox"/> <b>Corrective actions referred to work unity manager/supervisor for review/initiation</b>	