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| Inspector: |  | Date: |  |

This inspection checklist monitors the compliance activities at the facility. It also serves as a hazard assessment to current activities. The inspection shall be completed in all areas of the facility, including warehouse and office areas as it is applicable. Issues shall be summarized on the last page. Corrections will be made and documented completion date on the summary page. All corrections are expected to be completed in a timely manner.

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| **REVIEW OF PRIOR CORRECTIONS** | **Yes** | **No** | **N/A** | **Comments** |
| **Have all identified issues been corrected and noted on the previous facility inspection summary?** |  |  |  |  |
| **Are all corrections of previously identified issues still effective and not recurring?** |  |  |  |  |
| **\*\*If issues are recurring a corrective action must be opened.** |

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| **EMERGENCY LIGHTING** | **Yes** | **No** | **N/A** | **Comments** |
| **All exit signs illuminated and remain illuminated when battery tested?** |  |  |  |  |
| **All exit signs free of damage?**  |  |  |  |  |

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| **EMERGENCY PREPAREDNESS** | **Yes** | **No** | **N/A** | **Comments** |
| **Are all walkways and aisle ways free of obstructions?** |  |  |  |  |
| **Are all exits free of storage and clutter?** |  |  |  |  |
| **Are stairwells and corridors free of storage and clutter?** |  |  |  |  |
| **Are all employees trained on Emergency Evacuation Procedures?** |  |  |  |  |
| **Are all employees aware of the proper meeting location in the event of an emergency?** |  |  |  |  |
| **Are all materials stored in racks wrapped and stable to prevent falling?** |  |  |  |  |
| **Is the First Aid cabinet fully stocked?** |  |  |  |  |
| **Is the fire alarm panel indicating an alarm condition?** |  |  |  |  |
| **Are all manual pull stations unobstructed and accessible?** |  |  |  |  |
| **Is there anything else relating to emergency preparedness that needs attention at this time?** |  |
| **FIRE EXTINGUISHERS** | **Yes** | **No** | **N/A** | **Comments** |
| **Are all extinguishers in their designated location?** |  |  |  |  |
| **Are all extinguishers clearly identified with a wall mounted sign?** |  |  |  |  |
| **Are all extinguishers securely mounted to the wall?** |  |  |  |  |
| **Are all extinguishers easily accessible and free of obstructions?** |  |  |  |  |
| **Is the last annual inspection within the past 12 months?** |  |  |  |  |
| **Are inspection tags current with initial and date of inspection?** |  |  |  |  |
| **Are all seals and tamper pins in place?** |  |  |  |  |
| **Are all extinguishers free of damage, corrosion, leakage or clogged nozzles?** |  |  |  |  |
| **Do all pressure gauges indicate the extinguishers are ready for use?** |  |  |  |  |
| **Are all staff members trained on fire extinguisher use?** |  |  |  |  |
| **Do all staff members know where the extinguishers are located?** |  |  |  |  |
| **Is there anything else that needs attention at this time?** |  |

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| **EYEWASH** | **Yes** | **No** | **N/A** | **Comments** |
| **Are there caps covering the emergency eyewash?** |  |  |  |  |
| **Is the emergency eyewash free of dust, dirt, and other debris?** |  |  |  |  |
| **Does the emergency eyewash function properly when turned on?** |  |  |  |  |
| **\*Initial the tag on the emergency eyewash after inspection** |

| **LADDERS** | **Yes** | **No** | **N/A** | **Comments** |
| --- | --- | --- | --- | --- |
| **Are any steps damaged?** |  |  |  |  |
| **Does the ladder operate freely upon opening/closing or extending?** |  |  |  |  |
| **Is there any visible corrosion on the ladder?** |  |  |  |  |
| **When accessing landings, does the ladder extend at least 36” beyond the landing?** |  |  |  |  |
| **Are all employees using ladders trained in Ladder Safety?** |  |  |  |  |

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| **FORKLIFTS** | **Yes** | **No** | **N/A** | **Comments** |
| **Are pre-use inspections completed on all Forklifts prior to each shift?** |  |  |  |  |
| **Are all designated forklift operators properly trained in each type of forklift in use?** |  |  |  |  |
| **Are the forklifts free of visible damage?** |  |  |  |  |
| **Is there anything else relating to forklifts that needs attention at this time?** |  |

| **HAZARDOUS MATERIALS** | **Yes** | **No** | **N/A** | **Comments** |
| --- | --- | --- | --- | --- |
| **Are SDSs available on all hazardous materials in the facility?** |  |  |  |  |
| **Are all SDSs readily available for all employees?** |  |  |  |  |
| **Are all employees trained on how to locate, read and understand an SDS’s sheet? (Hazard Communications)** |  |  |  |  |
| **Are all liquids stored in the appropriate containers and labeled?** |  |  |  |  |
| **Are all Hazardous Waste labeled with the contents and an accumulation start date?** |  |  |  |  |
| **Are all personnel equipped with adequate PPE for these materials?** |  |  |  |  |
| **Are all spill kits located in the correct area?** |  |  |  |  |
| **Are all spill kits fully stocked with the needed equipment?** |  |  |  |  |
| **Is there anything else relating to hazardous materials that needs attention at this time?** |  |

| **HOUSEKEEPING** | **Yes** | **No** | **N/A** | **Comments** |
| --- | --- | --- | --- | --- |
| **Are all areas cleaned on a regular basis?** |  |  |  |  |
| **Are all walkways are at least 36 inches and free of other items that could cause a tripping hazard?** |  |  |  |  |
| **Are all floors free of liquids to avoid trips and falls?** |  |  |  |  |
| **Is equipment returned to their proper storage location when not in use to avoid a tripping hazard?** |  |  |  |  |
| **Check Office area. Is there NO signs of spills; Is there NO debris or garbage; Are areas neat/organized?** |  |  |  |  |
| **Check outside of warehouse. Is there NO sign of spills; clear; NO debris or garbage?** |  |  |  |  |
| **Check inside of Warehouse. Is there no sign of spills; areas are neat/organized:** |  |  |  |  |
| **NO containers leaking?** |  |  |  |  |
| **All containers clearly labeled?** |  |  |  |  |
| **Flammable materials such as cardboard and paper are stored away from fire hazards and not accumulated throughout the warehouse?** |  |  |  |  |
| **Tools are safely secured and stored when not in use?** |  |  |  |  |
| **Are there any other housekeeping issues that need to be addressed?** |  |

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| **ELECTRICAL** | **Yes** | **No** | **N/A** | **Comments** |
| **No circuit breakers regularly tripping?** |  |  |  |  |
| **No extension cords used for a permanent operation?** |  |  |  |  |
| **Are all plugs and cords in good condition?** |  |  |  |  |
| **Are all extension cords plugged into a grounded outlet when in use?** |  |  |  |  |
| **No electrical switches, switch plates or receptacles, cracked, broken or have exposed contacts?** |  |  |  |  |
| **Do all electrical panels have a surrounding space of 3 feet clear?** |  |  |  |  |
| **Are all electrical circuit breakers identified?** |  |  |  |  |
| **Are there any other electrical issues that need attention at this time?** |  |

| **PERSONAL PROTECTIVE EQUIPMENT** | **Yes** | **No** | **N/A** | **Comments** |
| --- | --- | --- | --- | --- |
| **Is there adequate PPE for all job types on site?** |  |  |  |  |
| **Do all personnel requiring prescription safety glasses have them?** |  |  |  |  |
| **Are all personnel trained in the proper use of all PPE as required by their job(s)?** |  |  |  |  |
| **Is signage displayed in areas where PPE is required?** |  |  |  |  |
| **Are employees wearing proper footwear in accordance with PPE requirements?** |  |  |  |  |
| **Are employees wearing gloves wear required by the tasks?** |  |  |  |  |
| **Are there any other PPE issues that need to be addressed at this time?** |  |

| **RESPIRATORY PROTECTION** | **Yes** | **No** | **N/A** | **Comments** |
| --- | --- | --- | --- | --- |
| **Are employees who use respirators, voluntarily, trained?** |  |  |  |  |
| **Are respirators stored in a sealed bag?** |  |  |  |  |
| **Are respirators disposed of when soiled?** |  |  |  |  |
| **Are respirators used according to the NIOSH ratings?** |  |  |  |  |
| **Are there any other Respirator issues that need to be addressed at this time?** |  |

| **LEGAL & OTHER REQUIREMENTS** | **Yes** | **No** | **N/A** | **Comments** |
| --- | --- | --- | --- | --- |
| **Are containers with batteries, broken lamps, broken CRT glass, or PCB ballasts closed with lids?** |  |  |  |  |
| **Are all Universal Wastes labeled with a Universal Waste label?** |  |  |  |  |
| **Is the Accumulation Start Date filled-in on the UW label?** |  |  |  |  |
| **Are batteries taped or terminals separated to avoid contact?** |  |  |  |  |
| **Are R2 Focus Materials separated and managed from plastics and metals?** |  |  |  |  |
| **Are waste containers, dumpsters, and Steel Roll-offs free of R2 Focus Materials and Universal Wastes?** |  |  |  |  |
| **Are all Focus Materials and Universal Wastes properly stored under roof to prevent storm water runoff?** |  |  |  |  |
| **Are there any new activities, equipment or materials that may change the legal requirements?** |  |

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| **SECURITY** | **Yes** | **No** | **N/A** | **Comments** |
| **Are all entry ways secured from unauthorized access?** |  |  |  |  |
| **Are surveillance video cameras in working order?** |  |  |  |  |
| **Are video recording devices in working order and storing video accordingly?** |  |  |  |  |
| **Are there any other security issues to be addressed?** |  |

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| **Other Equipment Maintenance** | **Working** | **Broken** | **N/A** | **Comments** |
| **Electric Drill** |  |  |  |  |
| **Drill Press** |  |  |  |  |
| **Pallet Jacks** |  |  |  |  |
| **Fans** |  |  |  |  |
| **Tables** |  |  |  |  |
| **Ladders** |  |  |  |  |
| **Lighting** |  |  |  |  |
| **Carts** |  |  |  |  |
| **Storage Racks** |  |  |  |  |
| **Storage Cabinets** |  |  |  |  |
| **Dumper Bins** |  |  |  |  |
| **Computer Equipment** |  |  |  |  |
| **Truck Stands** |  |  |  |  |
| **Chock Blocks** |  |  |  |  |
| **Hard Drive Shredder** |  |  |  |  |
| **Power Tools** |  |  |  |  |
| **Air Tools** |  |  |  |  |
|  |  |  |  |  |
|  |  |  |  |  |

| **Air Compressor** | **Yes** | **No** | **N/A** | **Comments** |
| --- | --- | --- | --- | --- |
| **Was the air compressor drained of fluid?** |  |  |  |  |
| **Is fluid drain from the air compressor captured?** |  |  |  |  |
| **Are all belt guards in place?** |  |  |  |  |
| **Is the pressure gauge in working order?** |  |  |  |  |
| **Is the operating pressure within manufacturer’s specifications?** |  |  |  |  |
| **Is the safety valve in working order?** |  |  |  |  |
| **Are there any leaks in the lines?** |  |  |  |  |

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| Date of Review: |  | Mgmt Reviewer: |  |

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| --- | --- | --- | --- | --- | --- |
|  | **Unsafe condition****or work practice** | **Person Assigned** | **Corrective Actions** | **Due Date** | **Resolution Date** |
| 1 |  |  |  |  |  |
| *2* |  |  |  |  |  |
| *3* |  |  |  |  |  |
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