



Monthly Workplace Inspection Form

District Facility:					Inspection Date:		
Building:					Inspector:		
Room Number:					Supervisor:		
Department/Unit:					Phone:		
X	Y	N	NA	X=Dangerously Defective Y= Satisfactory N = Needs Improvement NA = Not Applicable	Comments	Corrective Action Completion Date	
				General			
				1. Workplace clean and orderly			
				2. Exits cleared of obstructions and accessible			
				3. Stored materials secured and limited in height to prevent collapse			
				4. Suitable warning signs and tags utilized			
				5. Yards and parking lots clean and orderly			
				6. Bulletin boards are neat, attractive, and current			
				Training			
				1. Safety training and inspections held for new employees on a regular basis			
				2. First Aid (and CPR) trained individuals available for medical emergencies			
				3. First Aid supplies and AEDs readily available for medical emergencies			
				4. Employees familiar with the hazards of chemicals and trade products and have read the applicable MSDSs			
				5. Fire extinguisher training provided			
				6. All employees familiar with documented emergency evacuation plan			
				Safe Lifting			
				1. Employees trained on and using safe lifting techniques: <ul style="list-style-type: none"> a. Size up/test load b. Avoid heavy loads-split into small loads or ask for help c. Bend knees to take pressure off back when lifting d. Consciously firm up abdominals when lifting e. Never twist while lifting or holding a load 			

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				Fire		
				1. Emergency exit signs identifiable and readily visible		
				2. Fire alarm pull stations and portable fire extinguishers visible and unobstructed		
				3. Stairway doors are not kept open (unless equipped with a self-closing device)		
				4. 18-inch vertical clearance maintained from all sprinkler heads		
				5. "No Smoking" signs posted		
				6. Flammable materials are stored properly		
				7. Stand pipes, hoses, and valves are inspected weekly		
				Equipment/Machinery		
				1. Electrical Equipment <ul style="list-style-type: none"> a. Clean and working properly b. Properly grounded c. Proper clearances kept from combustibles (paper, cardboard, or combustible liquids) d. Adequately ventilated e. Approved extension cords, extension cords with breakers, and multiple connectors used properly (e.g., not as fixed wiring) f. Frayed or damaged electrical cords replaced g. Oiled, cleaned, adjusted, and maintained h. All guards are in place i. Warning signs are in place near equipment 		
				Personal Protective Equipment		
				1. Hazard assessment has been completed and the appropriate PPE has been identified for each specific job		
				2. Employees are trained in the proper selection, use and maintenance of PPE		
				3. Employees provided with and trained in the proper use and selection of respiratory protection		
				4. Employees provided with and using hearing protection for noisy hazardous equipment (noise levels above 85 dBA)		
				5. Employees provided with and using safety goggles/face shields when needed		
				6. Employees provided with and using protective clothing (e.g., gloves, coats, aprons, coveralls)		
				7. Steel-toed safety shoes worn when required		

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				Hazardous Materials		
				1. Do you have any hazardous materials in your work area?		
				2. If you have hazardous materials, are the MSDSs available?		
				3. If you have hazardous materials, have they been inventoried within the last year?		
				4. When transferring chemical materials from the original container to a secondary container, are the secondary containers labeled with the proper name and hazard warnings, including target organs affected by an exposure?		
				5. Please list any hazardous materials (by name and quantity) missing from any chemical inventories for this work area.		
				Miscellaneous		

This list is intended only as a reminder. Look for other unsafe acts and conditions, and report them so that corrective action can be taken. Note particularly whether unsafe acts or conditions that have caused accidents have been corrected. Note also whether potential accident causes, marked "X" on previous inspection, have been corrected.

Reviewed: _____
Department Director

Prepared By: _____
Safety Coordinator

Date: _____

Date: _____