

BASIC SAFETY INSPECTION

Company: _____ Date: _____
Department: _____ Misc: _____

GENERAL HOUSEKEEPING

___ Aisles Clear ___ Floors Clean ___ Floors Dry
___ Lighting ___ Signs ___ Noise
___ Doors clear ___ Railings ___ Cords

SAFETY DEVICES/EQUIPMENT

___ Fire Extinguishers ___ Eyewash Stations ___ Deluge
___ Exit Signs ___ Water Access ___ Alarms
___ Neutralizing Agents ___ First Aid ___ Phones
___ P.P.E. at stations ___ P.P.E. Worn ___ Harness
___ Lanyards ___ Oxygen ___ Stretcher
___ Barricades/cones ___ Tape ___ Camera

CHEMICAL HANDLING/STORAGE

___ M.S.D.S. Book ___ M.S.D.S. Current ___ Labels
___ Workplace Labels ___ Signs ___ Legible
___ Proper Storage ___ Lids/caps in place ___ Flammable
___ P.P.E. ___ Leaks ___ Ventilation
___ Waste ___ Neutralizing Agents ___ Propane
___ Acetylene ___ Battery Station ___ Sparks

Comments:

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MATERIAL HANDLING

<input type="checkbox"/> Lift Trucks (condition)	<input type="checkbox"/> Lift Truck Use	<input type="checkbox"/> Parked
<input type="checkbox"/> Low Lift (condition)	<input type="checkbox"/> Low Lift Use	<input type="checkbox"/> Parked
<input type="checkbox"/> Manlift	<input type="checkbox"/> Crane	<input type="checkbox"/> Hoist
<input type="checkbox"/> Pre-shift Inspection Forms	<input type="checkbox"/> Loading Dock	<input type="checkbox"/> Chocks
<input type="checkbox"/> Dockboard	<input type="checkbox"/> Signs	<input type="checkbox"/> Tagout

MACHINERY/EQUIPMENT

<input type="checkbox"/> All Guards in Place	<input type="checkbox"/> P.P.E. Used	<input type="checkbox"/> Surface
<input type="checkbox"/> Operator Controls	<input type="checkbox"/> Ergonomics	<input type="checkbox"/> Noise
<input type="checkbox"/> Fluids	<input type="checkbox"/> Procedures Posted	<input type="checkbox"/> Lockouts
<input type="checkbox"/> Lighting	<input type="checkbox"/> Operator Station	<input type="checkbox"/> Space

PROCEDURES

<input type="checkbox"/> Emergency Response Plan	<input type="checkbox"/> Chemical	<input type="checkbox"/> Fire
<input type="checkbox"/> Safety Policy	<input type="checkbox"/> P&P Manual	<input type="checkbox"/> Handbook
<input type="checkbox"/> Operations	<input type="checkbox"/> Standards	<input type="checkbox"/> Corrective

TRAINING

<input type="checkbox"/> W.H.M.I.S.	<input type="checkbox"/> Propane	<input type="checkbox"/> Battery
<input type="checkbox"/> Forklift	<input type="checkbox"/> Low Lift	<input type="checkbox"/> Crane
<input type="checkbox"/> Pedestrian	<input type="checkbox"/> Fire	<input type="checkbox"/> Back
<input type="checkbox"/> Lockout	<input type="checkbox"/> Confined Space	<input type="checkbox"/> P.P.E.
<input type="checkbox"/> Manlift	<input type="checkbox"/> R&R	<input type="checkbox"/> Guarding
<input type="checkbox"/> Accident Investigation	<input type="checkbox"/> Incident Reporting	<input type="checkbox"/> H&S
<input type="checkbox"/> Due Diligence	<input type="checkbox"/> Safety Audits	<input type="checkbox"/> Misc

**BASIC SAFETY INSPECTION
OBSERVATIONS NOTE PAD**

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Comments