

Monthly Production Workplace Inspection Checklist

Name of Person Conducting Inspection: (please print)				
Department:	Date:			
Items in yellow must be completed				
Entrances and Exits	Yes	No	N/A	Comments
Are entrances and exits to and from work areas free from obstructions and Exit doors clearly marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Walkways, Floors and Storage Areas	Yes	No	N/A	Comments
Are floors clear of slip and trip hazards, i.e. extension cords, torn carpet, uneven surfaces, cracks, holes, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are aisles and passageways kept clear and walkways have unobstructed vision at intersections?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are racks and pallets in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting	Yes	No	N/A	Comments
Are all light fittings in good working order, i.e. no flickering lights, burnt out lights, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are Emergency lights working properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Equipment and Personal Protective Equipment (PPE)	Yes	No	N/A	Comments
Is equipment clean and working properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are lockout/tagout procedures used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are equipment guards in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are noise levels controlled and is hearing protection being used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Do employees know when to use PPE and where it is located in your department?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hazardous Substances	Yes	No	N/A	Comments
Are hazardous substances properly labeled and stored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are procedures followed for the safe use and disposal of hazardous substances?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are all containers labeled and have lids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eye Wash Stations: Easily accessible to employees, wiped down and operating efficiently and up to date with quarterly inspections?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eye wash station in Building A has been flushed and refilled with water and additive.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Date completed:
Electrical	Yes	No	N/A	Comments
Are all cords, plugs and sockets in good condition, i.e. not frayed, exposed, cracked, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Has electrical equipment been inspected, tested and tagged in accordance with company policies and regulations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are battery chargers marked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Is there 3 feet of clearance in front of all electrical boxes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Dock Areas/ Baler Area	Yes	No	N/A	Comments
Are Truck/trailer wheels chocked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Baler area - routine cleanings being performed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First Aid	Yes	No	N/A	Comments
Are first aid kits properly labeled, regularly maintained and stocked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Are emergency telephone numbers clearly displayed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire Extinguishers	Yes	No	N/A	Comments
Check the expiration date on the unit. If it's expired notify the emergency coordinator and HR.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

CHECKLISTS MUST BE COMPLETED BY THE 2ND MONDAY OF EACH MONTH

****Give completed checklist to Human Resources**