



INSPECTION CHECKLIST

Location:			Date:		
Supervisor:			Worker safety rep:		
Signature: _____			Signature: _____		
Items to Review: <input checked="" type="checkbox"/> OK <input checked="" type="checkbox"/> Need action (list the specific hazard and mark in the chart below)					
People		Equipment		Materials	
<input type="checkbox"/> Unsafe acts <input type="checkbox"/> Unsafe work procedure <input type="checkbox"/> Improper tool use <input type="checkbox"/> Improper equipment use <input type="checkbox"/> Not using PPE <input type="checkbox"/> Not following safety rules <input type="checkbox"/> Operator authorization		<input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolds <input type="checkbox"/> Power tools <input type="checkbox"/> Adequate supply of PPE <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> First aid supplies <input type="checkbox"/> Electrical		<input type="checkbox"/> Housekeeping <input type="checkbox"/> Controlled products <input type="checkbox"/> SDS sheets <input type="checkbox"/> Storage/stacking <input type="checkbox"/> Rough edges <input type="checkbox"/> Heavy material <input type="checkbox"/> Safety bulletin board	
Environment					
<input type="checkbox"/> Noise <input type="checkbox"/> Ventilation <input type="checkbox"/> Lighting <input type="checkbox"/> Temperature <input type="checkbox"/> Ice/snow <input type="checkbox"/> Slip/trip hazards <input type="checkbox"/> Sanitation					
SEVERITY			PROBABILITY		
1 Immediate danger (death or disaster) 2 Serious (major injury or damage) 3 Minor (non-serious injury or damage) 4 Negligible (first aid or less) 5 Not applicable			A Probable (immediately or soon) B Reasonably probable (eventually) C Remote (could at some point) D Extremely remote (not likely)		
Item #	Identified hazard	Hazard ranking	Control	Action by	Completed
1					
2					
3					
4					
5					
6					
7					
8					