

TOWN OF VIENNA
WORKPLACE INSPECTION CHECKLIST

Location:		Date:	
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1. Housekeeping & General Work Environment	Yes	No	Needs Improvement	Not Applicable
a. Are work materials orderly arranged and pedestrian aisles clear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are fire exits marked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are doors which are not exits marked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are ladders or portable work platforms inspected weekly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Are areas under machines, in closets, etc. free of trash & clutter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Are all walkways four or more feet above the floor guarded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2. Environmental Health & Sanitation	Yes	No	Needs Improvement	Not Applicable
a. Are all drinking faucets, rest rooms and locker rooms clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is adequate ventilation for work areas provided?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Personal Protective Equipment	Yes	No	Needs Improvement	Not Applicable
a. Are goggles, aprons and gloves in use where chemicals are handled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Is hearing protection being worn in high noise/job areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are employees wearing safe footwear? (No sandals, open toed shoes or shoes with poor traction)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Fire Protection	Yes	No	Needs Improvement	Not Applicable
a. Are hoses and extinguishers ready for use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are extinguishers fully charged and unobstructed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are all stored materials kept at least 18" below overhead sprinkler heads?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Are flammable liquids dispensed from approved 5 gallon safety cans?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Are all drums of flammable liquids equipped with self-closing valve and grounding wire?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Are "Fire Alarm" locations marked and unobstructed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Are all fire doors working?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Are oily rags stored in approved cans with self-closing lids?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. Material Handling	Yes	No	Needs Improvement	Not Applicable
a. Are all hoists in good condition and inspected weekly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are all vehicles, trucks and heavy equipment inspected prior to use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Hazardous Materials	Yes	No	Needs Improvement	Not Applicable
a. Are all compressed gas cylinders chained or clamped in place, in an upright position and capped if not in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are flammable liquids kept away from open flames and are all spills cleaned up promptly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are all employees aware of the location of the Hazard communications program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Medical and First Aid Supplies	Yes	No	Needs Improvement	Not Applicable
Are first aid supplies readily available and kept in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

8. Machine Guarding	Yes	No	Needs Improvement	Not Applicable
a. Are all belts, pulleys, gears, shafts and moving parts guarded to prevent accidental contact?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are bench grinders equipped with a tool rest adjusted to within 1/8 th inch of the wheel and a protective flange at top adjusted within 1/4 th inch of the wheel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. Electrical Controls	Yes	No	Needs Improvement	Not Applicable
a. Are all electrical equipment rooms and boxes kept free of stored materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are lock out procedures in effect and enforced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are flexible cords used as temporary wiring only? (not in permanent use)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

10. Unsafe Acts, Methods and Practices	Yes	No	Needs Improvement	Not Applicable
a. Is machinery being repaired, cleaned or oiled while running?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Are employees lifting and moving materials properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Are safety devices (guards, switches, shields, etc.) being bypassed or made inoperative?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Additional Comments

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What action has or will be taken to correct unsafe conditions or practices that were observed and noted on this report?

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Inspected by: (Supervisor)	Date:
Reviewed by: (Department Head)	Date:

Return this form to the Human Resources Office by the 5th of the Month