



SHOP INSPECTION CHECKLIST

Area or Room: _____ Supervisor: _____
 Inspected By: _____ Date: _____

EMERGENCY and HAZARD INFORMATION	YES	NO	N/A
1. Emergency procedures are posted and legible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Monthly inspections posted and up-to-date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Fire extinguisher present and accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Fire extinguisher seal intact; date tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. First Aid available and clearly marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. First Aid record kept/kit re-stocked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Level 1 Attendant's qualification current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Solvent recycling container clearly identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Chemical inventories up to date	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. MSDS sheets available and current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments _____

HOUSEKEEPING	YES	NO	N/A
11. Bench tops and sink areas are tidy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Tripping hazards are absent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. All exits and passageways are clear of obstruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Food and drink absent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15. Step-ladder available for out-of-reach items	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. "No Eating/Drinking/Smoking" signs posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Burnt out light bulbs absent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Floor free of slippery substances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments _____

MACHINE SAFEGUARDS	YES	NO	N/A
19. All hazardous moving parts of the machine, including auxiliary parts have safeguards: gears, sprockets, pulleys, flywheels and chain drives	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Safeguards prevent workers' hands, arms and other body parts from making contact with dangerous moving parts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Safeguards have not been tampered with, altered or removed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22. Powered machinery/equipment has start and stop controls located within easy reach of the operator	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
has controls and switches whose functions are clearly identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23. Physical hazards are marked in a manner that clearly identifies the hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments _____

PROTECTIVE EQUIPMENT	YES	NO	N/A
24. Metal or wood chips, scrap, or turnings from machine tool work are contained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- ❖ Completed Inspection Sheets are to be posted for 1 month.
- ❖ Copy to the Departmental Safety Program Administrator.



SHOP INSPECTION CHECKLIST

25. Protective equipment required is appropriate for the job, used and in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<ul style="list-style-type: none"> • Ear protection • goggles/glasses 			
26. Operators are dressed safely			
<ul style="list-style-type: none"> • no loose-fitting-clothing or jewelry • no sandals • long hair controlled and will not interfere with safe operation 	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

LOCK-OUT	YES	NO	N/A
27. Lock-out procedures are posted and used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28. Machines are locked out from their power sources before repairs are begun	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29. Effective means of verifying lock-out are provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

ELECTRICAL and AIR SUPPLIES	YES	NO	N/A
30. There are no loose or damaged cords or connections	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31. Machines are properly grounded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32. Air hose in good condition with end fittings secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

VENTILATION	YES	NO	N/A
33. Dust extractors in good working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34. Exhaust fans functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

TRAINING	YES	NO	N/A
35. Workers are trained in and work procedures are available for the safe use of:			
Stationary power tools			
Hand operated power tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Hand tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Compressed air tools			
36. Machines and equipment are operated in accordance with the manufacturer's recommendations and instructions and with WCB Regulation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments

PLEASE ENSURE THAT CORRECTIONS ARE MADE BY :

- ❖ Completed Inspection Sheets are to be posted for 1 month.
- ❖ Copy to the Departmental Safety Program Administrator.