

SAFETY INSPECTION CHECKLISTS

City of Los Angeles
DEPARTMENT NAME



FORWARD

SELF-INSPECTION. The most widely accepted way to identify hazards in the workplace is to conduct safety and health self-inspections. You can only be certain that actual situations exist in the workplace if you check them from time to time.

Begin a program of self-inspection in your workplace. Self-inspection is necessary if you are to know where probable hazards exist and whether they are under control.

This document contains twenty-two safety inspection checklists designed to help you evaluate your work areas. They will give you some indication of where you should begin action to make your workplace safer and more healthful for your employees.

These checklists are not all inclusive. You may wish to add to them or delete portions that do not apply to your workplace. Consider carefully each item as you come to it and then make your decision. **Do not spend time with items that have no application to your workplace.** Make sure you check each item on the list and leave nothing to memory or chance. Write down what you see (or do not see) and what you think should be done about it. **YOU MUST COMPLY WITH THE CALIFORNIA OCCUPATIONAL SAFETY AND HEALTH LAW (CAL-OSHA STANDARDS) FOR MANY OF THE TOPICS COVERED IN THESE CHECKLISTS.**

When you have completed the checklists, you will have enough information to decide if problems exist. Once you have identified hazards, you can begin corrective actions and control procedures.

SCOPE. The scope of self-inspections should cover the following areas:

- **Processing, Receiving, Shipping and Storage.** Equipment, job planning, layout, heights, floor loads, materials handling and storage methods.
- **Building and Grounds.** Floors, walls, ceilings, exits, stairs, walkways, ramps, platforms, driveways and aisles.
- **Housekeeping Program.** Waste disposal, tools, objects, materials, leakage and spillage, cleaning methods, schedules, work areas, remote areas and storage areas.
- **Electrical.** Equipment, switches, breakers, fuses, switch boxes, junctions, special fixtures, circuits, insulation, extension cords, tools, motors, grounding, compliance with codes.
- **Lighting.** Type, intensity, controls, conditions, diffusion, location, glare and shadow control.
- **Heating and Ventilation.** Type, effectiveness, temperature, humidity, controls, natural and artificial ventilation and exhausting.
- **Machinery.** Points of operation, flywheels, gears, shafts, pulleys, key ways, belts, couplings, sprockets, chains frames, controls, lighting for tools and equipment, brakes, exhausting, feeding, oiling, adjusting, maintenance, lockout, grounding, work space, location and purchasing standards.

FORWARD CONTINUED

- **Personnel.** Training, experience, methods of checking machines before use, clothing, personnel protective equipment, use of guards, tool storage, work practices, method of cleaning, oiling or adjusting machinery.
- **Hand and Power Tools.** Purchasing standards, inspection, storage, repair, types, maintenance, grounding, use and handling.
- **Chemicals.** Storage, handling, transportation, spills, disposal, amounts used, toxicity or other harmful effects, warning signs, supervision, material safety data sheets, supervision, training, personal protective equipment and clothing.
- **Fire Prevention.** Extinguishers, alarms, sprinklers, smoking rules, exits, personnel assignments, separation of flammable materials and dangerous operations, explosive proof fixtures in hazardous locations and waste disposal.
- **Maintenance.** Regularity, effectiveness, training of personnel, materials and equipment used, records maintained, method of locking out machinery and general methods.
- **Personal Protective Equipment.** Type, size, maintenance, repair, storage, assignment of responsibility, purchasing methods, standards observed, training in care and use, rules of use and method of assignment.

SAFETY INSPECTION CHECKLIST NO. 1
GENERAL WORK ENVIRONMENT

Department/Division: _____ Date Of Inspection: _____

Location: _____ Inspector: _____

| Criteria | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| Are work areas properly illuminated? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the ventilation system appropriated for the work performed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are restrooms and washrooms kept clean and sanitary? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is potable water provided for drinking and washing? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are outlets for water not suitable for drinking clearly identified? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Where heat stress is a problem, do all fixed work areas have air conditioning? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the work area clean and orderly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are floors kept clean and dry or have you taken appropriate measures to make floors slip resistant? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are floors free from protruding nails, splinters, holes, etc.? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are permanent aisles and passageways clearly marked? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are aisles and passageways kept clear? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are pits and floor openings covered or guarded? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is combustible trash removed from the worksite daily? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are spilled materials or liquids cleaned up immediately? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there safe clearance in aisles where motorized or mechanical handling equipment travel? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

FLOOR AND WALL OPENINGS, STAIRS AND STAIRWAYS

| | | | |
|---|--------------------------|--------------------------|--------------------------|
| Are floor openings guarded by covers or guardrails on all sides? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do skylights have screens or fixed railings that would prevent someone on the roof from falling through? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are open pits and trap doors guarded? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are grates or similar type covers over floor openings such as floor drains, designed so that foot traffic or rolling equipment are not affected by grate spacing? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are open-sided floors, platforms and runways having a drop of more than 4 feet guarded by a standard railing or toe board? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are standard stair rails or handrails on all stairways having four or more risers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are all stairways at least 22 inches wide? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do stairs have at least a 6-½ foot overhead clearance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are step risers on stairs uniform from top to bottom? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are steps on stairs and stairways designed or provided with a slip-resistant surface? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are stairway handrails located between 30 and 34 inches above the leading edge of stair treads? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are stairway handrails capable of withstanding a load of 200 pounds, applied in any direction? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ELEVATED SURFACES

| | | | |
|--|--------------------------|--------------------------|--------------------------|
| Is the vertical distance between stairway landings limited to 12 feet or less? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are stairways adequately illuminated? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are signs posted showing the elevated surface load capacity? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|--------------------------|--------------------------|--------------------------|
| Do elevated work areas have a permanent means of access and egress? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are materials on elevated surfaces piled, stacked or racked in a manner to prevent tipping, falling, collapsing, rolling or spreading? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

EXITS AND EXIT DOORS

| | | | |
|---|--------------------------|--------------------------|--------------------------|
| Are all exits marked with an exit sign and illuminated by a reliable light source? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are exit routes clearly marked? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are doors, passageways or stairways that are neither exits nor access to exits, appropriately marked "NOT AN EXIT" or "STOREROOM" etc.? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are all exits kept free of obstructions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are there sufficient exits to permit prompt escape in case of emergency? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do exit doors open in the direction of exit travel? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are doors that swing in both directions provided with viewing panels in each door? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are exits and exit routes equipped with emergency lighting? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ADDITIONAL REMARKS:

SAFETY INSPECTION CHECKLIST NO. 2
HAZARD COMMUNICATION PROGRAM

Department/Division: _____ Date Of Inspection: _____

Location: _____ Inspector: _____

| Criteria | Yes | No | N/A |
|--|--------------------------|--------------------------|--------------------------|
| Do you have an inventory of all hazardous substances used in your workplace? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a written hazard communication program that covers Material Safety Data Sheets (MSDS), labeling and employee training? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a MSDS readily available for each hazardous substance used? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there an employee training program for hazardous substances? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the employee training program include: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • An explanation of what a MSDS is and how to use and obtain it? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • The physical and health hazards of substances in the work area, and specific protective measures to be used? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Employee access to the employer's written hazard communication program and where hazardous substances are present in their work areas? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • An explanation of the "Right to Know" standards? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| • Details of the hazard communication program, including how to use the labeling system and MSDS? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ADDITIONAL REMARKS:

SAFETY INSPECTION CHECKLIST NO. 3
PERSONAL PROTECTIVE EQUIPMENT

Department/Division: _____ Date Of Inspection: _____

Location: _____ Inspector: _____

| Criteria | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| Is personal protective equipment (PPE) provided, used and maintained when required? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are protective goggles, face shields or glasses used where there is a danger of flying particles or corrosive materials splash? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are protective gloves, aprons, shields or other means provided and used to prevent cuts and corrosive liquid or chemical splash injuries? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are hard hats provided and worn where there is a danger of falling objects? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are employees trained in the selection, use and maintenance of PPE and protective clothing? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is appropriate foot protection provided and used where there is a risk of foot injuries from hot, corrosive substances or falling objects or crushing or penetrating actions? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is hearing protection provided and use when noise levels exceed HIOSH noise standards? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

RESPIRATORY PROTECTION

| | | | |
|---|--------------------------|--------------------------|--------------------------|
| Is respiratory protection provided and used when required? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have a written respiratory protection program? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you have written procedures for the selection, use and maintenance of respirators? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are employees instructed and trained in the limitations, proper use and care of respirators used? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are respirators cleaned, disinfected and inspected after every use? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the proper respirator used for the hazard present? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are respirators stored in a convenient, clean and sanitary location? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are emergency use respirators inspected monthly and are records of monthly inspections kept? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are users of negative pressure respirators fit tested? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are respirator users given periodic physical examinations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ADDITIONAL REMARKS:

SAFETY INSPECTION CHECKLIST NO. 4
ELECTRICAL SAFETY

Department/Division: _____ Date Of Inspection: _____

Location: _____ Inspector: _____

| Criteria | Yes | No | N/A |
|--|--------------------------|--------------------------|--------------------------|
| Do you specify compliance with CAL-OSHA Standards for all electrical work contacted out to private entities? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are employees instructed to make preliminary inspections and tests to determine what conditions exist before starting electrical work? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| When electrical equipment or lines are serviced, maintained or adjusted, are necessary switches opened, locked-out when possible and tagged? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are all portable electrical tools and equipment either grounded or double insulated? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are all electrical appliances such as refrigerators, vacuum cleaners, vending machines, etc. grounded? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do extension cords have a grounding conductor? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are ground-fault circuit interrupters used at locations where construction, demolition, modification, alteration or excavation operations are being performed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| At the junction with permanent wiring, do suitable disconnecting switches or plug connectors protect all temporary circuits? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you repair or replace wiring and cords with frayed or deteriorated insulation promptly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are flexible cords and cables free of splices? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are clamps or other securing means provided on flexible cords or cables at plugs, receptacles, tools, equipment, etc., and is the cord jacket securely held in place? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In wet or damp locations, are electrical tools and equipment appropriate for use? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you establish the location of electrical power lines and cables (overhead, underground, other side of walls, etc.) before digging, drilling, demolition or other similar work begins. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you prohibit the use of metal ladders in areas where the ladder or person using the ladder could come in contact with energized parts of equipment or circuit conductors? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are all disconnecting switches and circuit breakers labeled to indicate their use or the equipment they serve? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you disconnect electrical circuits before replacing fuses? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do all wiring systems include provisions for grounding metal parts of electrical raceways, equipment and enclosures? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are all energized parts of electrical circuits and equipment guarded by approved cabinets or enclosures against accidental contact? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you maintain sufficient access and working space around all electrical equipment to permit ready and safe operation and maintenance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are all unused openings (including conduit knockouts) in electrical enclosures and fittings closed with appropriate covers, plugs or plates? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are electrical enclosures such as switches, receptacles, junction boxes, etc., provided with tight fitting covers or plates? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are employees who regularly work on or around energized electrical equipment or lines instructed in cardiopulmonary resuscitation (CPR)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are employees prohibited from working alone on energized lines or equipment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ADDITIONAL REMARKS

SAFETY INSPECTION CHECKLIST NO. 5
HAZARDOUS CHEMICAL EXPOSURE

Department/Division: _____ Date Of Inspection: _____

Location: _____ Inspector: _____

| Criteria | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| Are employees trained in safe handling practices of hazardous chemicals such as acids, bases, caustics, epoxies, phenols, etc.? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is employee exposure to chemicals within acceptable levels? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are eye wash fountains and showers provided where hazardous chemicals are handled? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are employees required to use personal protective equipment when handling chemicals (gloves, aprons, boots, eye and face protection, respirators, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are chemical piping systems marked as to their content? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are all containers such as vats, storage tanks, etc., labeled as to their contents (e.g., "CAUSTICS")? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have written standard operating procedures been published for handling chemicals and are they being followed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Where needed for emergency use, are respirators stored in a sanitary, clean and convenient location? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you maintain medical and biological monitoring systems for hazardous chemical processes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do employees complain about dizziness, headache, nausea, irritation or others discomfort factors when they use chemicals? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a dermatitis problem (e.g., employees complain about dryness, irritation or sensitization of the skin)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have control measures been instituted for hazardous materials such as exhaust ventilation systems, handling procedures and personal protective equipment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is vacuuming used, rather than blowing or sweeping dusts whenever possible? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have written standard operating procedures been established and are they followed for chemical spill cleanup? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ADDITIONAL REMARKS:

SAFETY INSPECTION CHECKLIST NO. 6 CONFINED SPACE OPERATIONS

Department/Division: _____ Date Of Inspection: _____

Location: _____ Inspector: _____

| Criteria | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| Is a Confined Space Entry Permit, signed by the entry supervisor, provided prior to any permit required confined space? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are confined spaces thoroughly emptied of any corrosive or hazardous substances (acids or caustics) before entry? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are all lines to a confined space containing inert, toxic, flammable or corrosive materials, shut off and blanked, disconnected or separated before entry? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is it required that impellers, agitators or other moving equipment inside confined spaces be locked-out and tagged before entry? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is exhaust ventilation required before confined space entry? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are gas tests performed for oxygen deficiency, toxic substances and explosive concentrations before confined space entry? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there adequate illumination for confined space work? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the atmosphere inside the confined space periodically tested or continuously monitored during the conduct of work? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there an assigned safety standby employee outside of the confined space, when required, whose sole responsibility is to watch the work in progress, sound an alarm and render assistance if necessary? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the standby employee trained and equipped to handle an emergency? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the standby employee prohibited from entering the confined space in an emergency unless relieved by a qualified safety standby and equipped with lifelines and respiratory equipment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is communication provided between the standby employee and confined space entrants, as well as emergency rescue personnel? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is self-rescue equipment provided? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is safety equipment and clothing provided when required? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is approved respiratory equipment required if the atmosphere inside the confined space cannot is hazardous? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Before gas welding or cutting is started in a confined space, are hoses checked for leaks, compressed gas cylinders forbidden in the confined space, torches lighted outside the confined space, and is the confined area tested for toxic and combustible gases? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is exhaust ventilation required when welding or hazardous materials are used in a confined space? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ADDITIONAL REMARKS: | | | |

SAFETY INSPECTION CHECKLIST NO. 7
FIRE SAFETY

Department/Division: _____ Date Of Inspection: _____

Location: _____ Inspector: _____

| Criteria | Yes | No | N/A |
|----------|-----|----|-----|
|----------|-----|----|-----|

FIRE PROTECTION

| | | | |
|---|--------------------------|--------------------------|--------------------------|
| If you have an alarm system, is it tested annually? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are fire door and shutter fusible links in place? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are fire doors operating properly and unobstructed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are automatic sprinkler system water control valves and water pressure checked periodically? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the maintenance of automatic sprinkler systems assigned to competent persons or to a sprinkler contractor? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is proper clearance maintained below sprinkler heads? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are fire extinguishers provided in adequate number and type? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are fire extinguishers serviceable and mounted in readily accessible locations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are fire extinguishers inspected monthly and noted on the inspection tag? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are employees instructed in the use of fire extinguishers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are required fire extinguishers mounted within 75 feet of any outside areas containing flammable liquids, and within 10 feet of any inside storage areas? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is access to fire extinguishers free of obstruction? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are all fire extinguishers serviced and maintained at intervals not exceeding one year? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are all fire extinguishers fully charged and in designated locations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are fire extinguishers selected and provided for the class(es) of fires expected based on materials stored in the area? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o Class A: Ordinary combustible material fires. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o Class B: Flammable liquid, gas or grease fires. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| o Class C: Energized – electrical equipment fires. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

FLAMMABLE AND COMBUSTIBLE MATERIALS

| | | | |
|---|--------------------------|--------------------------|--------------------------|
| Are combustible scrap, debris and waste materials (oily rags, etc.) stored in covered noncombustible containers and promptly removed from the worksite? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is proper storage practiced to minimize the risk of fire, including spontaneous combustion? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are approved containers and tanks used for the storage and handling of flammable and combustible liquids? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are all flammable liquids kept in closed containers when not in use (e.g., parts cleaning tanks, pans, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are bulk drums of flammable liquids grounded and bonded to containers during dispensing? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do storage rooms for flammable and combustible liquids have explosion proof lights and mechanical or gravity ventilation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|--------------------------|--------------------------|--------------------------|
| Are firm separators placed between containers of combustibles or flammables, when stacked one upon another, to insure support and stability? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are fuel gas cylinders and oxygen cylinders separated by 20 feet or fire resistant barriers 5 feet in height during storage? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is liquefied petroleum gas stored, handled and used in accordance with safe practices and standards? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are liquefied petroleum gas storage tanks guarded to prevent damage from vehicles? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are "NO SMOKING" signs posted on liquefied petroleum gas storage tanks? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are "NO SMOKING" signs posted in areas where flammable or combustible materials are used or stored? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are "NO SMOKING" rules enforced in areas where flammable or combustible materials are used or stored? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are all solvents and flammable wastes kept in fire resistant, covered containers and promptly removed from the worksite? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are approved containers used for storage and dispensing flammable or combustible liquids? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ADDITIONAL REMARKS: | | | |

SAFETY INSPECTION CHECKLIST NO. 8 LOCKOUT AND TAGOUT PROCEDURES

Department/Division: _____ Date Of Inspection: _____

Location: _____ Inspector: _____

| Criteria | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| Is all equipment capable of movement deenergized or disengaged, and blocked or locked-out during cleaning, servicing, adjusting or setting up operations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you prohibit locking out of control circuits in lieu of locking out main power disconnects? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the lockout procedure require that stored energy (mechanical, hydraulic, air, etc.) be released or blocked before equipment is locked out for repairs? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are appropriate employees provided with individually keyed personal safety locks? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are employees required to keep personal control of their key(s) while they have safety locks in use? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the employee exposed to the hazard the only one who can place or remove the safety lock? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do employees check the safety of the lockout by attempting to start up the machine after making sure no one else is exposed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are employees instructed to always push the control circuit stop button prior to reenergizing the main power switch? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a means provided to identify all employees who are working on locked-out equipment by their locks or accompanying tags? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| In the event that the equipment cannot be shut down and locked-out, has a safe tag-out procedure been established and rigidly followed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ADDITIONAL REMARKS: | | | |

SAFETY INSPECTION CHECKLIST NO. 9
MEDICAL SERVICES AND FIRST AID

Department/Division: _____ Date Of Inspection: _____

Location: _____ Inspector: _____

| Criteria | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| Is there a hospital, clinic or infirmary nearby? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are emergency phone numbers conspicuously posted? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Where required, are employees trained and certified in first aid? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are City approved first aid kits accessible in each work area and are they periodically inspected for required components? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are first aid kits replenished as supplies are used? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are employees trained in Cardiopulmonary Resuscitation (CPR) as necessary? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do employees know what to do in case of emergency? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are emergency showers and eyewashes available where corrosive liquids or materials are handled? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are employee medical records and records of employee exposure to hazardous substances up-to-date and maintained for the period of time required by law? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ADDITIONAL REMARKS:

SAFETY INSPECTION CHECKLIST NO. 10
SCAFFOLD SAFETY

Department/Division: _____ Date Of Inspection: _____

Location: _____ Inspector: _____

| Criteria | Yes | No | N/A |
|--|--------------------------|--------------------------|--------------------------|
| Is a competent person in charge of scaffold erection? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the scaffold on stable footing? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the scaffold level and plumb? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are all scaffold legs braced with braces properly attached? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the scaffold guarded on all open sides with toe boards installed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has proper access to the scaffold been provided? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has overhead protection or screening been provided as necessary? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the scaffold been tied to the structure every 30 feet in length and 26 feet in height? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is scaffold free of makeshift devices or ladders to increase height? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are freestanding towers guyed or tied every 26 feet in height? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are working levels fully planked between guardrails? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have personnel been instructed in scaffold safety? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ADDITIONAL REMARKS:

SAFETY INSPECTION CHECKLIST NO. 11
INDUSTRIAL NOISE

Department/Division: _____ Date Of Inspection: _____

Location: _____ Inspector: _____

| Criteria | Yes | No | N/A |
|--|--------------------------|--------------------------|--------------------------|
| Are there areas in the workplace where continuous noise levels exceed 85 decibels (dBA)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there an ongoing preventive health program to educate employees in safe noise levels, exposures, the effects of noise on their health and the use of personal protective equipment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have work areas where noise levels make voice communication between employees difficult been identified and posted? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are noise levels measured using a sound level meter, noise dosimeter or octave band analyzer and are records kept? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have engineering controls been used to reduce excessive noise levels? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Where engineering controls are determined to be unfeasible, have administrative controls (i.e., worker rotation) been instituted to minimize individual employee exposure to noise? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is approved hearing protective equipment (noise attenuating devices) available to all employees working in noisy areas? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have you isolated noisy equipment from the rest of your operation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| If you use ear protectors, are employees properly fitted and instructed in their proper use? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are employees in high noise areas given periodic audiometric testing to ensure that you have an effective hearing protection program? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ADDITIONAL REMARKS:

SAFETY INSPECTION CHECKLIST NO. 12
HAND AND POWER TOOLS AND EQUIPMENT

Department/Division: _____ Date Of Inspection: _____

Location: _____ Inspector: _____

| Criteria | Yes | No | N/A |
|----------|-----|----|-----|
|----------|-----|----|-----|

HAND TOOLS AND EQUIPMENT

| | | | |
|---|--------------------------|--------------------------|--------------------------|
| Are tools and equipment (City and personal) in good condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are chisels, punches or other mushroomed head tools repaired or replaced? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are broken handles on hammers and axes replaced promptly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are worn or bent wrenches repaired or replaced? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do files have handles? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is eye and face protection worn while using hand tools that might produce flying materials or breakage? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Have employees been trained to use hand tools properly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are jacks checked to assure they are in good operating condition and marked with the jack capacity? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PORTABLE POWER TOOLS AND EQUIPMENT

| | | | |
|---|--------------------------|--------------------------|--------------------------|
| Are grinders, saws and similar equipment used with appropriate safety guards? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are portable circular saws equipped with guards above and below the base shoe? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are rotating or moving parts guarded to prevent physical contact? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are all cord-connected, electrically operated tools and equipment grounded or double insulated? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are guards in placed over belts, pulleys, chains and sprockets on equipment such as concrete mixers, air compressors, etc.? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are portable fans provided with full guards having openings of ½ inch or less? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are Ground Fault Circuit Interrupters (GFCI) used with portable electrical power tools? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is compressed air used for cleaning reduced to a nozzle pressure of 30 psi or less? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are pneumatic and hydraulic hoses on power-operated tools inspected regularly for serviceability? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is portable hoisting equipment posted with capacity and latest load test information? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do chain saws have anti-kickback devices? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ABRASIVE WHEEL GRINDERS

| | | | |
|---|--------------------------|--------------------------|--------------------------|
| Is the work rest adjusted to within 1/8 inch on the wheel? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the tongue guard adjusted to within ¼ inch of the wheel? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do side guards cover the spindle, nut and flange and 75% of the wheel diameter? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are bench and pedestal grinders permanently mounted? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are goggles or face shields always worn while grinding? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the maximum RPM rating of each abrasive wheel compatible with the RPM rating of the grinder motor? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does each grinder have an individual on and off control? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are dust collectors or powered exhausts provided? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

POWER ACTUATED TOOLS

| | | | |
|---|--------------------------|--------------------------|--------------------------|
| Are employees who operate power-actuated tools trained in their use and do they carry a valid operators card? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is each power-actuated tool stored in its own locked container when not being used? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| | | | |
|--|--------------------------|--------------------------|--------------------------|
| Is a sign at least 7" x 10" with bold face type reading " POWER ACTUATED TOOL IN USE " conspicuously placed to warn others that the tool is being used? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are power-actuated tools left unloaded until they are ready to be used? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are power actuated tools inspected for obstructions or defects each day before use? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do power actuated tool operators have and use appropriate personal protective equipment (head, eye, hearing, etc.)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ADDITIONAL REMARKS: | | | |

SAFETY INSPECTION CHECKLIST NO. 13
CONSTRUCTION SITE SAFETY

Department/Division: _____ Date Of Inspection: _____

Location: _____ Inspector: _____

| Criteria | Yes | No | N/A |
|----------|-----|----|-----|
|----------|-----|----|-----|

MECHANICAL EQUIPMENT

| | | | |
|--|--------------------------|--------------------------|--------------------------|
| Are rollover protection structures (ROPS) provided for agricultural equipment and scrapers, front-end loaders, bulldozers, wheel-type industrial tractors, crawler tractors and motor graders? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are backup alarms provided? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are crane operators licensed and do they have proper medical clearances? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has the crane pre-operation checklist been completed by the operator prior to operations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Has crane been load tested periodically? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

EXCAVATING AND TRENCHING

| | | | |
|---|--------------------------|--------------------------|--------------------------|
| Are walls and faces or trenches 5 feet or more in depth and entered by workers exposed to cave-in, guarded by shoring or sloping of ground? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is excavated material placed two or more feet from the edge of the excavation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is heavy equipment kept a safe distance from the edge of the excavation to prevent cave-in? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the ladder provided for exiting the trench located within 25 feet of those working in the trench? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are signs, barricades and flagmen used to warn motorists when excavating or trenching work is done in roadways? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do workers in the vicinity of roadways use safety vests for visibility? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are tools such as shovels, picks, hammers, etc. kept away from the edge of trenches to prevent injury to those working in the trench? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are excavations being carried out following the Construction Standards set forth in the Hawaii Administrative Rules (Chapter 132.2, Excavations)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ADDITIONAL REMARKS:

| |
|--|
| |
|--|

SAFETY INSPECTION CHECKLIST NO. 14
PORTABLE LADDER SAFETY

Department/Division: _____ Date Of Inspection: _____

Location: _____ Inspector: _____

| Criteria | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| Are all ladders maintained in good condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is each ladder equipped with non-slip safety feet? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are ladder rungs and steps free of grease and oil? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are ladders prohibited from being placed on unstable bases (such as boxes, barrels, truck beds, etc.) to gain added height? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do employees face the ladder and use both hands when climbing and descending the ladder? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are unserviceable ladders discarded? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do ladders extend at least 3 feet above the landing? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are rungs of ladders uniformly spaced at 12 inches? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do employees stand on the top step of ladders? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are portable metal ladders marked with signs reading, "CAUTION – DO NOT USE AROUND ELECTRICAL EQUIPMENT?" | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ADDITIONAL REMARKS: | | | |
| | | | |

SAFETY INSPECTION CHECKLIST NO. 15
TRANSPORTING EMPLOYEES AND MATERIALS

Department/Division: _____ Date Of Inspection: _____

Location: _____ Inspector: _____

| Criteria | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| Do employees who operate City vehicles have valid driver licenses (Type 3, 4 or Commercial Drivers License – CDL)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| When more than 15 employees are transported in a van, bus or truck, is the operator's CDL appropriate for the vehicle operated? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is each van, bus or truck used to transport employees equipped with an adequate number of seats? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| When employees are transported by truck, are provisions made to prevent their falling from the vehicle? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are vehicles used to transport employees equipped with handrails, steps or similar devices so that employees can enter and leave the vehicle safely? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are vehicles equipped with lamps, brakes, horns, mirrors, windshields and turn signals in good operating condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are transport vehicles equipped with at least two reflective type flares? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is a fully charged and serviceable fire extinguisher, at least 4 B:C rating maintained in each transport vehicle? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| When cutting tools or tools with sharp edges are carried in passenger compartments of employee transport vehicles, are they place in closed boxes or containers secured in place? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are employees prohibited from riding on top of any load that can shift, topple or otherwise become unstable? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a driver improvement program for commercial drivers and are records kept of training received by each driver? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ADDITIONAL REMARKS:

SAFETY INSPECTION CHECKLIST NO. 16

MACHINE GUARDING SAFETY

Department/Division: _____ Date Of Inspection: _____

Location: _____ Inspector: _____

| Criteria | Yes | No | N/A |
|--|--------------------------|--------------------------|--------------------------|
| Is there a training program to instruct employees on safe methods of machine operation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a regular safety inspection program for equipment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you clean and properly maintain machinery and equipment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is adequate space provided around and between equipment to permit set-up, servicing, material handling and waste removal? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is equipment anchored to prevent tipping or movement? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is there a power shutoff switch within reach of the operator's position for each machine? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are all emergency stop buttons colored red? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Can power to each machine be locked-out for maintenance, repair or security purposes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are non-current carrying metal parts of electrically operated machines bonded and grounded? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are foot operated switches guarded to prevent accidental activation by personnel or falling objects? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are pulleys and belts that are within 7 feet of the floor or working level properly guarded? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are moving chains and gears properly guarded? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are machines guarded to protect the operator and other employees in the area from ingoing nip points, rotating parts, flying chips and sparks and other hazards created at the point of operation? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are provisions made to prevent machines from automatically starting when power is restored after a power failure or shutdown? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are fan blades protected with a guard having openings no larger than ½", when operating within 7 feet of the floor? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are saws used for ripping, equipped with anti-kick back devices and spreaders? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are radial arm saws arranged so that the cutting head will gently return to the back of the table when released? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is eye protection used when operating machines? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ADDITIONAL REMARKS: | | | |

SAFETY INSPECTION CHECKLIST NO. 17
COMPRESSORS AND COMPRESSED GAS CYLINDERS

Department/Division: _____ Date Of Inspection: _____

Location: _____ Inspector: _____

| Criteria | Yes | No | N/A |
|--|--------------------------|--------------------------|--------------------------|
| Are compressors equipped with pressure relief valves and pressure gauges? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are air filters installed on the compressor intakes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are safety devices on compressed air systems checked frequently? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are signs posted to warn of the automatic starting feature of the compressor? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the belt drive system guarded to provide protection for the front, back, top and sides? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is compressed air used for cleaning reduced to less than 30 psi at the nozzle? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| When using compressed air for cleaning, is eye and face protection provided and worn? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are locking devices used at couplings of high-pressure hose lines? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is every air receiver equipped with a pressure gauge with one or more automatic, spring-loaded safety valve(s)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is every air receiver provided with a drainpipe and valve at the lowest point for removal of accumulated oil and water?: | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the air receiver's inlet and piping system kept free of accumulated oil and carbon materials? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

COMPRESSED GAS CYLINDERS

| | | | |
|---|--------------------------|--------------------------|--------------------------|
| Are cylinders equipped with a valve protection device? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are cylinders clearly marked to identify the gas they contain? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are cylinders stored in an area protected from high heat sources? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are cylinders stored or transported in a manner to prevent them from tipping, falling or rolling? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are valve protectors always placed on cylinders when they are not in use or connected for use? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are valves closed before a cylinder is moved, when the cylinder is empty and at the completion of each job? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are cylinders checked periodically for corrosion, general distortion, cracks or any other defect that may render them unserviceable or hazardous? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ADDITIONAL REMARKS:

SAFETY INSPECTION CHECKLIST NO. 18
MOTOR VEHICLE SERVICE AND REPAIR OPERATIONS

Department/Division: _____ Date Of Inspection: _____

Location: _____ Inspector: _____

| Criteria | Yes | No | N/A |
|----------|-----|----|-----|
|----------|-----|----|-----|

FUELING

| | | | |
|--|--------------------------|--------------------------|--------------------------|
| Is fueling prohibited while the vehicle engine is running? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do fueling operations minimize the likelihood of spillage? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are fuel tank caps replaced and secure before starting engine? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| When fuel spills, is the spillage washed away completely, evaporated or other measures taken to control vapors before starting the engine? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| During fueling, is there always metal contact between the container and the fuel tank? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are fueling hoses designed to handle the specific type of fuel dispensed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is it prohibited to handle or transfer fuel in unapproved containers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are open lights, flames or sparking, or arcing equipment prohibited near fueling or fuel transfer operations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is smoking prohibited near fueling operations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Where fueling or transfer of fuel is done through gravity flow, are the nozzles self closing? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SERVICING AND MAINTAINING EQUIPMENT

| | | | |
|---|--------------------------|--------------------------|--------------------------|
| Are vehicles chocked or blocked to prevent unexpected movement? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are floors free of grease, gas or oil and is absorbent available to cleanup spills immediately? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is eye protection and protective apparel used when steam cleaning? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are traffic lanes and parking spaces marked on the garage floor and does staff ensure compliance with these markings? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is gasoline used as a solvent to clean tools, parts or hands? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the rated load permanently marked on jacks and stands? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is a block placed between the jack cap and load? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are jacks and stands serviceable? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do jacks and stands have positive stops to prevent over travel? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is jewelry worn when servicing vehicles? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is compressed air used for cleaning regulated to less than 30 psi at the nozzle and do employees wear eye protection? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

TIRE OPERATIONS

| | | | |
|--|--------------------------|--------------------------|--------------------------|
| Is there a published "Safe Operating Procedure" for tire repairs and is it enforced? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does each tire inflation hose have a clip-on chuck and in-line valve and gauge? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does the tire inflation control valve automatically shut off the airflow when the valve is released? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is a tire restraining device such as a cage, rack or other effective means used while inflating tires mounted on split rims, or rims using retainer rings? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are employees strictly forbidden from taking a position directly over or in front of a tire while it is being inflated? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

BATTERY CHARGING

| | | | |
|---|--------------------------|--------------------------|--------------------------|
| Is eye protection, acid resistant gloves and apron provided and used when measuring specific gravity or | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|--------------------------|

| | | | |
|---|--------------------------|--------------------------|--------------------------|
| servicing of batteries? | | | |
| Are quick drenching shower and eye wash facilities immediately available and serviceable? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are spark producing devices and smoking prohibited in the area? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ADDITIONAL REMARKS: | | | |

SAFETY INSPECTION CHECKLIST NO. 19
WELDING AND HOTWORK OPERATIONS

Department/Division: _____ Date Of Inspection: _____

Location: _____ Inspector: _____

| Criteria | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| Are only authorized and trained personnel permitted to use welding, cutting or brazing equipment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are compressed gas cylinders examined regularly for obvious defects such as rusting or leakage? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are only approved torches, regulators, pressure reducing valves, acetylene generators and manifolds used? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are gas cylinders kept away from heat sources? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are gas cylinders stored away from stairs, elevators and exits? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are empty cylinders marked and are the valves closed and protected by valve caps? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are cylinders, valves, couplings, regulators, hoses and apparatus kept free of oil and grease? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Unless secured on special trucks, are regulators removed and valve caps installed before moving cylinders? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do cylinders have keys, handles or non-adjustable wrenches on stem valves when in service? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are cylinders stored and shipped valve-end up with valve caps on? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is red used to identify the acetylene hose, green the oxygen hose and black for inert gas and air hose? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is a fire extinguisher available for immediate use? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do you periodically check the grounding of the machine frame and safety ground connections of portable machines? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the welder prohibited from coiling the electrode cable around his body? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are wet machines dried and tested before use? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are work and electrode lead cables inspected for wear and damage prior to use, and replaced as necessary? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| When fire hazards cannot be removed, are shields used to confine heat, sparks and slag? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are firewatchers assigned when welding or cutting is done in locations where a serious fire may occur? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| When floors are wet, are personnel protected from possible electrical shock? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| When welding or cutting is done on walls, are precautions taken to protect combustibles on the other side? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are employees who are exposed to the hazards of welding, cutting or brazing protected with personal protective equipment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is a check made for adequate ventilation when welding or cutting is done? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| When working in confined spaces, are tests for toxic and combustible gases taken prior to welding, cutting or brazing? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ADDITIONAL REMARKS:

SAFETY INSPECTION CHECKLIST NO. 20
SPRAY PAINTING OPERATIONS

Department/Division: _____ Date Of Inspection: _____

Location: _____ Inspector: _____

| Criteria | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| Do you have adequate ventilation before spray operations begin? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the spray area kept clean of combustible residue? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is mechanical exhaust ventilation provided when spraying operations are conducted in enclosed areas? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the spray area at least 20 feet from flames, sparks, electrical motors and other ignition sources? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is approved respiratory equipment provided and used during spraying operations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are fire sprinkler heads kept free of spray residue? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are "NO SMOKING" signs posted in spray areas, paint rooms, paint booths and paint storage areas? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are spray booths constructed of noncombustible material? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are electric motors for exhaust fans placed outside spray booths? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are electrical motors, lights, etc., approved for use in hazardous locations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ADDITIONAL REMARKS:

SAFETY INSPECTION CHECKLIST NO. 21
HOISTS AND AUXILIARY EQUIPMENT

Department/Division: _____ Date Of Inspection: _____

Location: _____ Inspector: _____

| Criteria | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| Is each overhead hoist equipped with a limit device to stop the hook travel at its highest and lowest point of safe travel? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Will each hoist automatically stop and hold any load up to 125% of its rated load, if the actuating force is removed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the rated load of each hoist legibly marked and visible to the operator? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are stops provided at the safe limits of travel for trolley hoists? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are close fitting guards installed to assure hoist ropes will be maintained in sheave grooves? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are nip points or contact points between hoist ropes and sheaves located within 7 feet of the surface guarded? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the use of unserviceable chains or rope slings prohibited? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the operator prohibited from carrying loads over people? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are only employees who have been trained in the proper use of hoists allowed to operate them? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| ADDITIONAL REMARKS: | | | |
| | | | |

SAFETY INSPECTION CHECKLIST NO. 22
FORKLIFTS AND INDUSTRIAL TRUCKS

Department/Division: _____ Date Of Inspection: _____

Location: _____ Inspector: _____

| Criteria | Yes | No | N/A |
|--|--------------------------|--------------------------|--------------------------|
| Are only trained personnel allowed to operate industrial trucks? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is overhead protection provided on rider lift trucks? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Does each industrial truck have a warning device that can be clearly heard above the normal noise in the operating area? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are lift truck operating rules posted and enforced? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are brakes on industrial trucks capable of bringing the vehicle to a complete and safe stop when fully loaded? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Will the industrial truck's parking brake prevent the vehicle from moving when unattended? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are forklift loads lowered while the truck is traveling? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are industrial trucks operating in areas where flammable gases or vapors, or combustible dust or ignitable fibers may be present in the atmosphere, approved for such locations? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are motorized hand and hand/rider trucks designed so when the brakes are applied, power to the drive motor shut off when the operator releases his grip on the device that controls the travel? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are industrial trucks with internal combustion engines, operating in buildings or enclosed areas, carefully checked to ensure such operations do not cause harmful concentrations of dangerous gases or fumes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ADDITIONAL REMARKS: