

## MACHINE/WOOD SHOP SAFETY INSPECTION CHECKLIST

CAMPUS \_\_\_\_\_ DATE \_\_\_\_\_

BUILDING \_\_\_\_\_ ROOM \_\_\_\_\_

**Instructions.** Check (☒) each item below as "Satisfactory" or "Unsatisfactory." Add any pertinent comments and the location of hazards in the space provided for each item checked "Unsatisfactory."

	Satisfactory	Unsatisfactory	N/A		Comment/Location
<b>GENERAL SAFETY</b>					
No aisles obstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Area free of falling hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
First aid kit available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Emergency lighting functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Lighting adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Ladders/stools in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Housekeeping is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Adequate ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Emergency phone numbers posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>STAIRS - RAMPS</b>					
Lighting adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Non-slip surfaces in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Handrails - available and secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>SAFETY EQUIPMENT</b>					
Eye wash station functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Eye protection in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Gloves, as necessary, in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Fire blanket properly hung and accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>FIRE EQUIPMENT/EXITS</b>					
Fire extinguishers accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Fire extinguishers tagged, serviced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Exits properly illuminated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Exits clear and unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
<b>FIRE HAZARDS</b>					
Flammable aerosols and liquids stored & handled properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Storage areas labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Clean-up rags stored properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
No defective electrical cords	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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<b>MACHINE GUARDING</b>				
Gears, pulleys, machine parts guarded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Points of operation guarded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Interlocking mechanism in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lockout/tagout procedures in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>COMPRESSED GAS CYLINDERS</b>				
Contents identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Stored properly (secured, chained, capped)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Handling procedures identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>GAS/ARC WELDING</b>				
Proper eye protection in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Warning sign present for welding	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Cylinders kept separated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electric cables in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gas piping in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Approved curtain or screen in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
All valves shut when not in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
<b>CORRECTIVE ACTION TAKEN (indicate work order has been initiated)</b>				

\_\_\_\_\_  
Inspector's Signature

\_\_\_\_\_  
Print Name