

PRINT 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."

Condition	N/A	Sat	Unsat	Comment/Location
FLOORS				
No wet/slip, fall hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No trip hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No cords across walkway	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SAFETY EQUIPMENT				
Emergency 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"/>	
Dust/Mist Respiratory protection in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gloves 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"/>	
GENERAL SAFETY				
No aisles obstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Area free of overhead falling hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First aid kit readily available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency lighting functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
General lighting okay	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ladders/Stools in safe condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Students desks & chairs maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tables, workbenches work stations clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Housekeeping is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Equipment guarded to prevent injuries	<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"/>	
FIRE EQUIPMENT/EXITS				
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"/>	
Exit paths clear and unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exits signs proper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CORRECTIVE ACTION TAKEN (indicate if work order has been initiated)				

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HAZARDOUS MATERIALS				
MSDS's available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Containers properly labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Containers properly stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Hazardous material spill kit available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
ELECTRICAL				
Extension cords used for temporary work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Permanent wiring properly installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical panel has a "36" clearance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No exposed wires or frayed cords	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CORRECTIVE ACTION TAKEN (indicate if work order has been initiated)				

Inspector's Signature

Print Name