

## VOCATIONAL TECHNOLOGY INSPECTION CHECKLIST

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

BUILDING \_\_\_\_\_ AREA \_\_\_\_\_

**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 |
|--|--------------------------|--------------------------|--------------------------|------------------|
| <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 material available   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| Emergency lighting functioning   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| 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"/> |                  |
| Housekeeping is good   | <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  | <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>  |                          |                          |                          |                  |
| 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"/> |                  |
| 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"/> |                  |
| <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>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>CORRECTIVE ACTION TAKEN (indicate if work order has been initiated)</b> |                          |                          |                          |                  |
|  |                          |                          |                          |                  |

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| Condition  | N/A                      | Sat                      | Unsat                    | Comment/Location |
|--|--------------------------|--------------------------|--------------------------|------------------|
| <b>EQUIPMENT (if applicable)</b>   |                          |                          |                          |                  |
| Guards in place & adjusted   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| Equipment secured  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| Cords in safe condition  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| Air compressor guarded & labeled   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| Drill Press  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| Band Saws  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| Bench Grinders   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| Hand Grinders  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| Radial Arm Saws  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| Lathes   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| Table Saw  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| Jointer  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| Hydraulic Presses  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| Arc Welding  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| Other _____  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| <b>GAS WELDING</b>   |                          |                          |                          |                  |
| Eye protection in use  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| Warning sign present for arc 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"/> |                  |
| Approved curtain or screen in place  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| Other _____  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| <b>CORRECTIVE ACTION TAKEN (indicate if work order has been initiated)</b> |                          |                          |                          |                  |
|  |                          |                          |                          |                  |

\_\_\_\_\_  
Inspector's Signature \_\_\_\_\_ Print Name