Inspection Checklist

Location:					Date:	
Supervisor: Worker Safety Rep:						
Items to	Review:	✓ OK 🗵	Need Action	n (list the s	pecific hazard an	d mark in the chart below)
People ☐ Unsafe Acts ☐ Unsafe Work Procedure ☐ Improper Tool Use ☐ Improper Equipment Use ☐ Not using PPE ☐ Not following Safety Rules ☐ Operator Authorization		Equipment □ Ladders □ Scaffolds □ Power Tools □ Adequate Supply of PPE □ Fire Extinguisher □ First Aid Supplies □ Electrical		Materials ☐ Housekeeping ☐ Controlled Products ☐ MSDS Sheets ☐ Storage / Stacking ☐ Rough Edges ☐ Heavy Material ☐ Safety Bulletin Board		Environment ☐ Noise ☐ Ventilation ☐ Lighting ☐ Temperature ☐ Ice / Snow ☐ Slip / Trip Hazards ☐ Sanitation
1 Im 2 Se 3 Mi 4 Ne	rious (major inj	r (death, disaster ury or damage) s injury or damage d or less)	-	B Rea C Rem	ABILITY bable (immediate sonably Probable (could at sone remely Remote (r	é (eventually) ne point)
Item #	Identified Hazard		Hazard Ranking	Control		Action By
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						

Hazard identified should be ranked and controlled in priority. Inspection reports should be posted and communicated to employees as soon as practicable, at minimum – during next toolbox talk