

Sample inspection checklist

Location:	Date:								
Supervisor:	Worker safety rep:								
Signature: _____	Signature: _____								
<p>Items to Review: <input checked="" type="checkbox"/> OK <input checked="" type="checkbox"/> Need action (list the specific hazard and mark in the chart below)</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 25%; vertical-align: top; padding: 5px;">People</td> <td style="width: 25%; vertical-align: top; padding: 5px;">Equipment</td> <td style="width: 25%; vertical-align: top; padding: 5px;">Materials</td> <td style="width: 25%; vertical-align: top; padding: 5px;">Environment</td> </tr> <tr> <td style="padding: 5px;"> <input type="checkbox"/> Unsafe acts <input type="checkbox"/> Unsafe work procedure <input type="checkbox"/> Improper tool use <input type="checkbox"/> Improper equipment use <input type="checkbox"/> Not using PPE <input type="checkbox"/> Not following safety rules <input type="checkbox"/> Operator authorization </td> <td style="padding: 5px;"> <input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolds <input type="checkbox"/> Power tools <input type="checkbox"/> Adequate supply of PPE <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> First aid supplies <input type="checkbox"/> Electrical </td> <td style="padding: 5px;"> <input type="checkbox"/> Housekeeping <input type="checkbox"/> Controlled products <input type="checkbox"/> SDS sheets <input type="checkbox"/> Storage/stacking <input type="checkbox"/> Rough edges <input type="checkbox"/> Heavy material <input type="checkbox"/> Safety bulletin board </td> <td style="padding: 5px;"> <input type="checkbox"/> Noise <input type="checkbox"/> Ventilation <input type="checkbox"/> Lighting <input type="checkbox"/> Temperature <input type="checkbox"/> Ice/snow <input type="checkbox"/> Slip/trip hazards <input type="checkbox"/> Sanitation </td> </tr> </table>		People	Equipment	Materials	Environment	<input type="checkbox"/> Unsafe acts <input type="checkbox"/> Unsafe work procedure <input type="checkbox"/> Improper tool use <input type="checkbox"/> Improper equipment use <input type="checkbox"/> Not using PPE <input type="checkbox"/> Not following safety rules <input type="checkbox"/> Operator authorization	<input type="checkbox"/> Ladders <input type="checkbox"/> Scaffolds <input type="checkbox"/> Power tools <input type="checkbox"/> Adequate supply of PPE <input type="checkbox"/> Fire extinguisher <input type="checkbox"/> First aid supplies <input type="checkbox"/> Electrical	<input type="checkbox"/> Housekeeping <input type="checkbox"/> Controlled products <input type="checkbox"/> SDS sheets <input type="checkbox"/> Storage/stacking <input type="checkbox"/> Rough edges <input type="checkbox"/> Heavy material <input type="checkbox"/> Safety bulletin board	<input type="checkbox"/> Noise <input type="checkbox"/> Ventilation <input type="checkbox"/> Lighting <input type="checkbox"/> Temperature <input type="checkbox"/> Ice/snow <input type="checkbox"/> Slip/trip hazards <input type="checkbox"/> Sanitation
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Item #	Identified hazard	Hazard ranking	Control	Action by	Completed				
1									
2									
3									
4									
5									
6									
7									
8									