GARAGE / SHOP FACILITY SAFETY CHECKLIST

Date Inspection Conducted: _____

Location: _____

Name(s) of Participants in Inspection: _____

INDICATE EITHER: Y = Yes/Acceptable;	N = No/Unacceptable;	N/A = Not Applicable
--------------------------------------	----------------------	----------------------

PERSONAL PROTECTIVE EQUIPMENT	
Safety glasses and/or goggles available + used?	
Protective eyewear use specified in writing?	
Noise protection provided for loud work?	
Hand protection used/worn as required?	
Foot protection worn as required?	
Welding helmets, gloves, apron, and curtain available?	
Respirator or proper ventilation available?	
Supplies on hand for incidental chemical spills?	

ELECTRICAL SAFETY ISSUES

GFCIs used for all portable electrical hand tools?

Extension cords rated for hard or extra hard usage?

3 wire marked = S, ST, SO, STO, SJ, SJO, SJT + SJTO

Certified or listed equipment used per manufacturer?

Electrical panels labeled appropriately?

Electrical panel knockouts in place?

Electrical panel access requirements maintained?

HAZARD COMMUNICATION

MSDS openly available to all employees?	
MSDS inventory contains all items in garage/shop?	
All hazardous containers labeled appropriately?	
Flammable liquids are in FM/UL metal safety cans?	
Flammable liquids storage containers labeled properly?	
Oily rags placed in covered metal containers?	
Hazardous liquids stored below eye level?	

TOOL SAFETY

Portable jacks inspected according to mfg requirements?	
Safety jacks used while working under vehicles?	
Ladders are safe and inspected as appropriate?	
Extension + straight ladders extend 3' beyond landing?	
Step ladder or commercial step stoll used for high access?	
Step ladders used only in open position?	
Portable power tools provided with guarding?	

EMERGENCY /	OSHA-RELATED ITEMS
-------------	--------------------

Emergency phone #s and evacuation map posted? Emergency eyewash and/or shower units accesible? First aid + BBP kit available at worksite? First aid trained competent person available? Fire extinguishers readily available (not blocked)?

Fire extinguishers inspected monthly/yearly as needed?

DOSH poster mounted in prominent location?

Safety bulletin board contains up-to-date information?

Light bulbs for illumination protected from breakage?	
Grounding and/or bonding integrity maintained for chemical dispensing?	
Electrical cords inspected and have all prongs intact?	
Strain relief intact for all flexible cords and plug fittings?	
Pressure washer grounded per NEC requirements?	
Double insulated or grounded electric power tools used?	

GENERAL SHOP SAFETY & HEALTH ISSUES	
General housekeeping is neat and orderly?	
Lockout/Tagout used for appropriate tasks?	
Do all areas have appropriate illumination?	
New employees trained on safety procedures?	
Job safety analysis or safe work procedures in writing?	
At a minimum, monthly safety inspections done?	
Near-miss/close-call reporting system in place?	

Portable circular saws equipped with protective guards?	
Unsafe hand tools prohibited?	
Impact tools/hammers kept free of splinters/mushrooms?	
Hoists inspected monthly and documented?	
Hoists inspected annually by outside service?	
Impact air tools have safety clips or retainers on them?	
Compressed air used for cleaning limited to 30 PSI?	

HOT WORK / WELDING SAFETY	
Compressed gas cylinders stored secured upright/capped?	
Hot work permits used for grinding, cutting, welding?	
Oxygen/acetylene torch units have flash back arrestors?	
Grinders (portable + stationary) have guards in place?	
Stationary grinding wheel tool rest is 1/8-inch or less?	
Stationary grinding wheel tongue guard is 1/4-inch or less?	
Grinders inspected, ring-tested + free of defects?	

FALL PROTECTION	
Wall openings + floor holes are covered or guarded?	
100% fall protection in place above 6' in height?	
Employees trained on operating aerial work platforms?	
Ladders are safe and inspected as appropriate?	
Extension + straight ladders extend 3' beyond landing?	
Step ladder or commercial step stool used for high access?	
Guard rails exist for platforms and scaffolding?	

Copy the completed inspection sheet to: ____

If marked "N" for no or unacceptable; list the appropriate corrective action below.

Checklist courtesy of HP Hood LLC, through American Society of Safety Engineers, Transportation Practice Specialty, www.asse.org/practicespecialties/transportation/

CORRECTIVE ACTION PLAN

LIST ITEM, THE PERSON RESPONSIBLE, AND EXPECTED COMPLETION DATE:			
ACTION ITEM	PERSON(S) RESPONSIBLE	TO BE DONE BY	STATUS

Status column should be marked = either listed as "Open," "In Progress," or "Closed" Signature of Lead Inspector: _____

Checklist courtesy of HP Hood LLC, through American Society of Safety Engineers, Transportation Practice Specialty, www.asse.org/practicespecialties/transportation/

