

SAFETY INSPECTION FORM

	Main Garage	Welding Shop	Parts Room	Tire Area	Lunch Room	Locker Room	Office Area	Storage Room	Grounds	Other	Comments
General Housekeeping											
Fluids in Work Area											
Electrical Outlets/Equip.											
Material Storage											
Fire Extinguishers											
Eye Protection											
Ear Protection											
Safety Shoes											
Machine Guards											
Safety Cones											
Ladders											
Back-up Man											
Cranes/Hoists											
Files/Records											
Other:											

Legend: X = Satisfactory

M = Marginal

U = Unsatisfactory

O = OSHA Violation

NA = Not Applicable

Comments: _____

Date: _____

Inspector: _____