# 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 Comments: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 U = Unsatisfactory \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 O = OSHA Violation \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 NA = Not Applicable Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Inspector: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_