

PLANNED WORKPLACE INSPECTION CHECKLIST

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Work Location: _____

Date: _____

CHECKLIST ITEMS	LOCATION	CONDITION/NOTES
VENTILATION SYSTEM		
System meets standards		
System free from dust		
System controls smoke, dust, fumes		
Complaints of headache, skin or eye irritation		
Exhaust systems are prevented from returning to the workplace		
LIGHTING		
Adequate illumination during the day		
Adequate illumination during the night		
Glare from light source		
Effect from moving equipment (e.g. fans) or trees		
STAIRS		
Free from objects		
Free from clutter		
Railing available		
EXITS		
Signage Present		
Width/wheelchair accessibility		
Ice controls		
Direction of openings		
Mechanical hardware		
Doors kept closed		
ERGONOMICS		
Excessive force when lifting, pushing or pulling heavy loads		
Repetitive movements required		
High paced production		
Awkward postures used		
Employees using proper lifting techniques		
STACKING/STORAGE		
Safe storage areas & containers		
Exposure to heat, moisture, vibration, flame		
Safe arrangement of equipment or materials		
Storage of disposal waste		
MATERIALS HANDLING EQUIPMENT		
Safe clearance of equipment		
Free from tripping hazards		
Operators trained		
Proper placement of mirrors		
Posted information regarding maximum loads		
Correct size of pallets and skids		
Regular checking & maintenance		
Regular inspections of equipment		