 **Shop/Warehouse Inspection Checklist**

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| District:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Location:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ | Frequency: 🞏 Quarterly 🞏 Annual 🞏 Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **All No answers need corrective actions identified and completed** |
| **Hazard** | Yes | No  | NA | Target Date for Completion | Date Completed |  Corrective Action Needed |
| 1 | Are all exits clear? |  |  |  |  |  |  |
| 2 | Are all stairs clear, in good order, and free of debris? |  |  |  |  |  |  |
| 3 | Are fire extinguishers in the appropriate places and in good order? |  |  |  |  |  |  |
| 4 | Electrical panels closed and properly labeled? |  |  |  |  |  |  |
| 5 | Do all electrical outlets have covers in good condition? |  |  |  |  |  |  |
| 6 | Is electrical machinery in good condition and properly grounded? |  |  |  |  |  |  |
| 7 | All walkways (min. 24”) are clear of debris and tripping hazards? |  |  |  |  |  |  |
| 8 | Are storage shelves secure to prevent tipping?  |  |  |  |  |  |  |
| 9 | Is there appropriate lighting for work tasks and is it regularly maintained? |  |  |  |  |  |  |
| 10 | Is there effective ventilation for work tasks? |  |  |  |  |  |  |
| 11 | Are tools properly placed, secured, and maintained? |  |  |  |  |  |  |
| 12 | Are electrical ground plugs in place? |  |  |  |  |  |  |
| 13 | Is required personal protective equipment available to employees? |  |  |  |  |  |  |
| 14 | Are guards in place and properly secured? |  |  |  |  |  |  |

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| **Hazard** | Yes | No | NA | Target Date for Completion | Date Completed | Action Needed |
| 15 | Are chemicals stored according to SDS? |  |  |  |  |  |  |
| 16 | Are compressed gas cylinders secured and stored properly? |  |  |  |  |  |  |
| 17 | Are chemical containers labeled and legible? |  |  |  |  |  |  |
| 18 | Are flammable materials stored in accordance with Cal/OSHA standards §5531 to §5543? |  |  |  |  |  |  |
| 19 | Are SDSs available for all chemicals stored in buildings? |  |  |  |  |  |  |
| 20 | Is chemical waste properly disposed of? |  |  |  |  |  |  |
| 21 | Is there appropriate security lighting? |  |  |  |  |  |  |
| 22 | Is the facility secure and locked to prevent unwanted entry? |  |  |  |  |  |  |
| 23 | Are outside walking surfaces free of trip hazards? |  |  |  |  |  |  |
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| Person Conducting Inspection: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |