**Workplace Inspection Checklist – Garage Sample**

Please note the following document is a sample. Review carefully and modify this document to meet the needs and requirements of your organization.

Inspect all areas of the facility, both inside and outside. Use checklist to identify any deficiencies or problem areas. Use the corrective action summary located at the end of this checklist to prioritize deficiencies, assign actions and record solutions.

**General**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| # | Item | Yes | No | N/A |
| 1.1 | Is a copy of the Company Health and Safety Program available to employees? |  |  |  |
| 1.2 | Are the OHS and RTW Policy Statements present, signed and dated (must be updated every 12 months)? |  |  |  |
| 1.3 | Is the Occupational Health and Safety (OHS) bulletin board present, up to date, and does contain only OHS related information? |  |  |  |
| 1.4 | Does the OHS bulletin board contain the following:   * The name of WHS Representative posted? * Most recent OHS Committee Minutes? * Names of OHS Committee Members? * Names of First Aid trained employees? * Emergency numbers? * Company injury reporting procedures? |  |  |  |
| 1.5 | Is a copy of the Newfoundland and Labrador Occupational Health and Safety Act and Regulations available for employees? |  |  |  |
| 1.6 | Are blank copies of the Hazard Reporting Form available for employees to use? |  |  |  |
| 1.7 | Are all safe work practice and procedures available? |  |  |  |
| 1.8 | Other |  |  |  |
|  |  |  |  |  |

**Housekeeping**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| # | Item | Yes | No | N/A |
| 2.1 | Is there adequate lighting? |  |  |  |
| 2.2 | Are floors clean, clear and free of tripping hazards? |  |  |  |
| 2.3 | Are exits, aisles and stairs clean, clear and free from trip hazards? |  |  |  |
| 2.4 | Are work areas clean, sanitary and orderly? |  |  |  |
| 2.5 | Are bathrooms, wash facilities, lunchrooms, locker rooms clean, sanitary and orderly? |  |  |  |
| 2.6 | Are spills promptly cleaned up or contained? |  |  |  |
| 2.7 | Are signs used to warn of wet floors? |  |  |  |
| 2.8 | Is storage neat, stable and orderly? |  |  |  |
| 2.9 | Are hoses, extension cords, utility lights, tools and other equipment not being used stored at an assigned area? |  |  |  |
| 2.10 | Are all outside walkways kept free of ice, snow, and obstructions? |  |  |  |
| 2.11 | Are parking lots free from slip, trip and fall hazards? |  |  |  |
| 2.12 | Are waste storage areas clean, orderly and free from spills? |  |  |  |
| 2.13 | Other |  |  |  |
|  |  |  |  |  |

**Electrical Safety**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| # | Item | Yes | No | N/A |
| 3.1 | Are electrical cords & plugs in good condition? |  |  |  |
| 3.2 | Are electrical cords only used for temporary means of electricity? |  |  |  |
| 3.3 | Is all electrical equipment properly grounded? |  |  |  |
| 3.4 | Are electrical cords exposed in areas where employees walk? |  |  |  |
| 3.5 | Are electrical receptacles, switches, and controls located as not to be subjected to liquid spills? |  |  |  |
| 3.6 | Are GFI electrical outlets used, where appropriate? |  |  |  |
| 3.7 | Is the electrical panel or room clear of obstructions? |  |  |  |
| 3.8 | Other |  |  |  |
|  |  |  |  |  |

**Chemical Safety**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| # | Item | Y | No | N/A |
| 4.1 | Are all hazardous materials labeled, properly stored and covered? |  |  |  |
| 4.2 | Are Safety Data Sheets available, where required? |  |  |  |
| 4.3 | Are appropriate containers used for toxic or flammable waste and are they labeled and in good condition? |  |  |  |
| 4.2 | Are flammable liquids used and stored away from potential ignition sources? |  |  |  |
| 4.4 | Are quantities of flammable liquids stored outside of storage cabinets kept to a minimum? |  |  |  |
| 4.5 | Are incompatible chemicals segregated? |  |  |  |
| 4.6 | Is an appropriate spill response kit readily available? |  |  |  |
| 4.7 | Is there a designated area to store chemical waste and is it in good working order? |  |  |  |
| 4.8 | Are waste containers emptied regularly? |  |  |  |
| 4.9 | Are hazardous materials handled properly? |  |  |  |
| 4.10 | Other |  |  |  |
|  |  |  |  |  |

**Tools, Machinery and Equipment**

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| --- | --- | --- | --- | --- |
| # | Item | Yes | No | N/A |
| 5.1 | Are compressed gas cylinders secured/chained? |  |  |  |
| 5.2 | Are vehicle exhaust hoses (or collection systems) in good condition? |  |  |  |
| 5.3 | Are combustible materials kept clear from heating equipment? |  |  |  |
| 5.4 | Electrical motors, tools and other equipment free of dirt, oil, waste and debris? |  |  |  |
| 5.5 | Are ground fault circuit interrupters operational in shop and wash bay areas? |  |  |  |
| 5.6 | Are guards provided on equipment pulleys, gears, sprockets, pinch points? |  |  |  |
| 5.7 | Are all hand tools maintained in good condition? |  |  |  |
| 5.8 | Are power tools (including air tools) maintained in a good condition? |  |  |  |
| 5.9 | Are spark shields provided on bench grinders? |  |  |  |
| 5.10 | Are grinding wheels in good condition free from chips, cracks, grooves, defects? |  |  |  |
| 5.11 | Are service pits covered or guarded when not in use or otherwise identified with high visibility paint? |  |  |  |
| 5.12 | Are seatbelts worn all times when driving? |  |  |  |
| 5.13 | Are employees dressed to avoid jewelry or loose clothing when working around moving parts? |  |  |  |
| 5.14 | Are appropriate ladders available for the tasks required? |  |  |  |
| 5.15 | Are ladders labeled and maintained in good condition? |  |  |  |
| 5.16 | Other |  |  |  |
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**Personal Protective Equipment (PPE)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| # | Item | Yes | No | N/A |
| 6.1 | Is proper eye protection appropriate, available and being worn? |  |  |  |
| 6.2 | Is proper head protection appropriate, available and being worn? |  |  |  |
| 6.3 | Is proper foot protection appropriate, available and being worn? |  |  |  |
| 6.4 | Is hearing protection appropriate, available and being worn? |  |  |  |
| 6.5 | Is high visibility clothing appropriate, available and being worn near traffic? |  |  |  |
| 6.6 | Is respiratory protection appropriate, available and being worn? |  |  |  |
| 6.7 | Are workers inspecting PPE before each use? |  |  |  |
| 6.8 | Is PPE stored properly when not in use? |  |  |  |
| 6.9 | Are workers trained in the proper use of required PPE? |  |  |  |
| 6.10 | Other |  |  |  |
|  |  |  |  |  |

**Ergonomics**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| # | Item | Yes | No | N/A |
| 7.1 | Have there been any worker complaints concerning ergonomic issues? |  |  |  |
| 7.2 | Do employees perform high repetition tasks? |  |  |  |
| 7.3 | Do the employee's routine tasks require repeated heavy lifting? (>20 lbs.) or occasional heavy lifting (>50 lbs.) |  |  |  |
| 7.4 | Are employees using awkwardly designed tools, which cause the worker to operate the tool outside of a neutral position for an extended period of time? (> 1 hour) |  |  |  |
| 7.5 | Do employees perform tasks with an awkward head or neck position for an extended period of time? (1 to 3 hours) |  |  |  |
| 7.6 | Do employees perform tasks that require awkward back angles to be held for extended periods of time (2 to 3 hours)? i.e.…hunching, bending, or squatting |  |  |  |
| 7.7 | Do employees perform tasks with an awkward elbow angle for an extended period of time (1 to 3 hours) or with extreme force application |  |  |  |
| 7.8 | Do employees perform tasks with an awkward wrist flexion angle for an extended period of time (1 to 3 hours) or with extreme force application? |  |  |  |
| 7.9 | Do employees perform tasks with an extreme reaching distance for an extended period of time (1 to 3 hours) or with extreme force application |  |  |  |
| 7.10 | Do employees perform tasks with an odd work station height (either standing or sitting) for an extended period of time (1-3 hours) or with extreme force application |  |  |  |
| 7.11 | Are high impact tools used routinely? i.e., riveters, bucking bars, or impact wrenches |  |  |  |
| 7.12 | Are high vibration producing tools used routinely? i.e., die grinders, sanders, weed eaters |  |  |  |
| 7.13 | Do employees perform tasks at an extreme height (high or low) for an extended period of time (1 to 3 hours) or with extreme force application? |  |  |  |
| 7.14 | Are there any other areas of concern either from your observations or employee complaints? |  |  |  |
| 7.15 | Other |  |  |  |
|  |  |  |  |  |

**Emergency Response**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| # | Item | Yes | No | N/A |
| 8.1 | Are exits, evacuation routes and muster stations identified with signage? |  |  |  |
| 8.2 | Are exits and evacuation routes free from obstructions that could limit escape? |  |  |  |
| 8.3 | Are fire extinguishers unobstructed, labeled, properly mounted, and fully charged? |  |  |  |
| 8.4 | Are fire extinguishers inspected annually and are inspection tags up to date? |  |  |  |
| 8.5 | Are fire extinguishers appropriate for the size and types of fires that might occur? |  |  |  |
| 8.6 | Are smoke, fire and carbon monoxide detection systems in place and good working order? |  |  |  |
| 8.7 | Are the emergency lights in place and good working order? |  |  |  |
| 8.8 | Are sprinklers in place and good working order? |  |  |  |
| 8.9 | Are appropriate first aid kits readily available for workers? |  |  |  |
| 8.10 | Do first aid kits include signage and a registry to record injuries? |  |  |  |
| 8.11 | Are appropriate safety showers and eyewash stations available to workers and located near sources of exposure? |  |  |  |
| 8.12 | For self-contained eyewash systems, is the eye wash fluid within its expiry date? |  |  |  |
| 8.13 | Other |  |  |  |
|  |  |  |  |  |

**Corrective Action Summary**

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| --- | --- | --- | --- | --- |
| Item No. | Hazard Ranking   * Low (L) * Medium (M) * High (H) | Corrective Action | Responsible Person | Completion Date (YY/MM/DD) |
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Inspector: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

(YY/MM/DD)

OHS Committee Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_

(YY/MM/DD)

Management Review: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_ (YY/MM/DD)