**Department Inspection Form**

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Area or Department Name)

Responsible manager or supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Inspection conducted by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*If there have been injuries or near misses, be sure to focus attention on preventing them from happening again.*

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| Indicate priority of items needing attention1 = Low priority | 2 = Medium priority | 3 = High priority (Circle any IMMINENT DANGER items) |
| **CHECK ITEMS NEEDING ATTENTION** | **DESCRIBE DEFICIENCIES NOTED AND ACTIONS REQUIRED** |
| WALKING AND WORK SURFACES* Housekeeping
* Aisles
* Exits
* Work surfaces
* Stairs and Ladders
* Other
 |  |
| MACHINERY* Point-of-operation guarding
* Barriers and gates
* Interlocks
* Lockout tagout
* Other
 |  |
| ELECTRICAL* Panel clearance maintained
* Circuits marked
* Extension cords
* Grounding and GFCI
* Other
 |  |
| CHEMICAL* SDSs available and organized
* Container labeling
* Storage and arrangement
* Flammables in approved safety containers and cabinets
* Any spillage or leakage
* Cylinders secured
* Other
 |  |
| Indicate priority of items needing attention1 = Low priority | 2 = Medium priority | 3 = High priority (Circle any IMMINENT DANGER items) |
| **CHECK ITEMS NEEDING ATTENTION** | **DESCRIBE DEFICIENCIES NOTED AND ACTIONS REQUIRED** |
| ENVIRONMENTAL* Airborne contaminants
* Ingestion hazards
* Skin contact
* Noise
* Temperatures
* Illumination
* Ventilation
* Personal Protective Equipment
* Other
 |  |
| ERGONOMICS* Awkward postures
* Repetitive motion
* Forceful exertions
* Contact pressure
* Work station design
* Other
 |  |
| UNSAFE BEHAVIORS* Horseplay
* Unsafe lifting
* Improper tool use
* Bypassing safety devices
* Not using PPE
* Risk taking in general
* Other
 |  |
| AREA SPECIFIC HAZARDS* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
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