

Hazard ID - 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.

Indicate priority of items needing attention 1 = Low priority 2 = Medium priority 3 = High priority (Circle any IMMEDIATE DANGER items)	
CHECK ITEMS NEEDING ATTENTION	DESCRIBE DEFICIENCIES NOTED AND ACTIONS REQUIRED
WALKING AND WORK SURFACES <input type="checkbox"/> Housekeeping <input type="checkbox"/> Aisles <input type="checkbox"/> Exits <input type="checkbox"/> Work surfaces <input type="checkbox"/> Stairs and Ladders <input type="checkbox"/> Other	
MACHINERY <input type="checkbox"/> Point-of-operation guarding <input type="checkbox"/> Barriers and gates <input type="checkbox"/> Interlocks <input type="checkbox"/> Lockout tagout <input type="checkbox"/> Other	
ELECTRICAL <input type="checkbox"/> Panel clearance maintained <input type="checkbox"/> Circuits marked <input type="checkbox"/> Extension cords <input type="checkbox"/> Grounding and GFCI <input type="checkbox"/> Other	
CHEMICAL <input type="checkbox"/> SDSs available and organized <input type="checkbox"/> Container labeling <input type="checkbox"/> Storage and arrangement <input type="checkbox"/> Flammables in approved safety containers and cabinets <input type="checkbox"/> Any spillage or leakage <input type="checkbox"/> Cylinders secured <input type="checkbox"/> Other	

Indicate priority of items needing attention

1 = Low priority | 2 = Medium priority | 3 = High priority (Circle any IMMEDIATE DANGER items)

CHECK ITEMS NEEDING ATTENTION	DESCRIBE DEFICIENCIES NOTED AND ACTIONS REQUIRED
<p>ENVIRONMENTAL</p> <ul style="list-style-type: none"> <input type="checkbox"/> Airborne contaminants <input type="checkbox"/> Ingestion hazards <input type="checkbox"/> Skin contact <input type="checkbox"/> Noise <input type="checkbox"/> Temperatures <input type="checkbox"/> Illumination <input type="checkbox"/> Ventilation <input type="checkbox"/> Personal Protective Equipment <input type="checkbox"/> Other 	
<p>ERGONOMICS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Awkward postures <input type="checkbox"/> Repetitive motion <input type="checkbox"/> Forceful exertions <input type="checkbox"/> Contact pressure <input type="checkbox"/> Work station design <input type="checkbox"/> Other 	
<p>UNSAFE BEHAVIORS</p> <ul style="list-style-type: none"> <input type="checkbox"/> Horseplay <input type="checkbox"/> Unsafe lifting <input type="checkbox"/> Improper tool use <input type="checkbox"/> Bypassing safety devices <input type="checkbox"/> Not using PPE <input type="checkbox"/> Risk taking in general <input type="checkbox"/> Other 	
<p>AREA SPECIFIC HAZARDS</p> <ul style="list-style-type: none"> <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ <input type="checkbox"/> _____ 	