**MONTHLY SHOP SAFETY INSPECTION**

**Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Supervisor: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Inspection Item** | **Yes** | **No** | **n/a** | **Comments/Corrected by and date** |
| Safety Manual Available |  |  |  |  |
| SDS Available |  |  |  |  |
| Flammables stored properly |  |  |  |  |
| Pre-Task Plans being completed daily?  |  |  |  |  |
| Weekly Safety Meeting being conducted?  |  |  |  |  |
| Stretch and Flex being conducted?  |  |  |  |  |
| Is Safety Bulletin Board being updated? |  |  |  |  |
| Is Employee recognition program being utilized? SPIF, Written Recognition, Employee-to-employee recognition |  |  |  |  |
| General House Keeping in good order?  |  |  |  |  |
| First Aid Kits fully stocked?  |  |  |  |  |
| Lunch Room and bathroom clean? |  |  |  |  |
|  |  |  |  |  |
| Sheers barricaded on backside? |  |  |  |  |
| Sheers free of debris? |  |  |  |  |
| Sheers guard’s in place?  |  |  |  |  |
| Press break barricaded on backside? |  |  |  |  |
| Press break stored in down configuration? |  |  |  |  |
| Gloves not being used while operating rolls? |  |  |  |  |
| Misc. equipment, all guards in place? |  |  |  |  |
|  |  |  |  |  |
| Safety glasses being warn? |  |  |  |  |
| Earplugs being worn? |  |  |  |  |
| All Personnel wearing gloves? |  |  |  |  |
| No strings or loose clothing being warn? |  |  |  |  |
| Guards on power tools? |  |  |  |  |
| Proper goggles and lenses for torch use? |  |  |  |  |
| Face shield being worn for grinder use? |  |  |  |  |
| Respirator Medical Clearances approved?  |  |  |  |  |
| Respirator use training complete?  |  |  |  |  |
| Mask Fit’s complete? |  |  |  |  |
| Seatbelts in working order for forklifts? |  |  |  |  |
|  |  |  |  |  |
| Crane has annual inspection? |  |  |  |  |
| Crane being inspected prior to use? |  |  |  |  |
| Rigging free from damage and in good service? |  |  |  |  |
|  |  |  |  |  |
| Assured grounding inspection being completed? |  |  |  |  |
| Receptacles in good repair? |  |  |  |  |
| Cords in good repair?  |  |  |  |  |
| Combustible materials removed?  |  |  |  |  |
| Fire Extinguishers Inspected Monthly? |  |  |  |  |

**Employee Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Supervisor Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**