



OSHA CHECKLIST

The following checklist items may or may not be applicable to your company, and certain items may not fall within the company's scope of responsibility. Company policies may apply depending upon parent company oversight, and the ownership status of the current facility. The checklist items are based upon Occupational Safety and Health Administration (OSHA) regulations, which are cited by hyperlinks within the document. Additionally, there are numerous hyperlinks to supporting material within each checklist section. Please consult your local FSDO for more detailed information regarding OSHA regulation enforcement.

Administrative	Compliance
1) Our operation(s) has an OSHA poster placed in a conspicuous area.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) A current safety policy statement is posted.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) An OSHA 300 Log Version 1-1-2004 is maintained and posted from February 1 — April 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) Is a person assigned responsibility for the safety and health program?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Hazard Communication Standard (29 CFR 1910.1200)	
1) Is there a <i>current</i> Hazardous Chemical List, listing all hazardous chemicals known to be in the workplace?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Is there a binder of Material Safety Data Sheets (MSDS) for all chemicals on site for employees to reference and a Material Safety Data Sheet Request Form for each hazardous chemical for which an MSDS has not been supplied with an initial shipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Are any known hazardous chemicals used by employees for which a Material Safety Data Sheet is not available identified in the MSDS binder?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) Have all company employees assigned duties where there is the potential for exposure to hazardous chemicals received initial and recurrent training (during the last 3 calendar years) on the OSHA Hazard Communication Standard , the company Hazard Communication Program, and the safe use of those hazardous chemicals? a) Is the training program documented and training records maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) When hazardous non-routine tasks are performed, are employees informed of the hazardous chemical(s) to which they might be exposed and the proper precautions to be taken to reduce or avoid exposure?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6) Are all containers in the workplace which hold hazardous chemicals, and not exempted under portable container exemption, properly labeled?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Lockout / Tagout Standard (29 CFR1910.41)	
1) Are all hazardous energy sources identified in the workplace?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Is all machinery or equipment capable of movement required to be de-energized or disengaged and blocked or locked out during cleaning, servicing, adjusting, or setting up operations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Does the lockout procedure require that stored energy (mechanical, hydraulic, air, etc.) be released or blocked before equipment is locked out for repairs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) Is there a written plan for lockout/tagout procedures? (Sample minimal lock-out procedures)	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) Have employees have been trained on lockout/tagout procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6) Locks or other methods to isolate energy sources are provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7) Is it required that only the employee exposed to the hazard can place or remove the safety lock?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8) Are lockout processes marked on equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No
9) Are a sufficient number of accident prevention signs or tags and safety padlocks provided for any reasonably foreseeable repair emergency?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10) If equipment or lines cannot be shut down, locked out and tagged, is a safe job procedure established and rigidly followed?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11) Is an annual review of the program completed?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Respiratory Protection (29 CFR 1910.134)	
1) Respirators are used in the performance of some tasks (including paper dust masks). If yes proceed to question 2.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Are chemicals which pose a respiratory hazard used in the facility for which a respiratory protection determination has not been made by the Safety Manager/Officer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Are company maintenance personnel knowledgeable of the facility's respiratory protection requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) Are respirators selected, inspected, used, and maintained in accordance with the documented Respiratory Protection Program ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) Are all respirators maintained or used in the facility approved by the Mine Safety and Health Administration and the National Institute for Occupational Safety and Health (MSHA/NIOSH)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6) Medical evaluations are conducted as per 29 CFR 1910.134(e)	<input type="checkbox"/> Yes <input type="checkbox"/> No
7) Has each user of a respirator been fit tested during the past 12 months in accordance with the requirements of the OSHA Respiratory Protection Standard ?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8) Has each user of a respirator covered by the Program, and his/her immediate supervisor, been trained in the proper selection, use, and maintenance of respirators by competent and experienced persons?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Bloodborne Pathogens (29 CFR 1910.1030)	
1) A written exposure control program has been developed and is in place.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Awareness training is both initially and annually provided to employees in job classifications identified as having possible occupational exposure to blood or OPIM.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Work practice control methods and universal precautions such as hand washing, no food or drink areas, sharp objects handling, etc, are regularly enforced.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) Is appropriate personal protective equipment (i.e., gloves, face and eye protection, protective clothing, etc.) available, readily accessible, and provided at no cost to employees wherever contact with blood or OPIM can reasonably be anticipated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) Is appropriate personal protective equipment worn whenever contact with blood or OPIM can reasonably be anticipated?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6) Hepatitis B vaccinations are provided at no cost to employees who may have occupationally required exposures such as first air responders, etc.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7) Have all such employees who have declined the Hepatitis B vaccine signed a Hepatitis B Vaccine Declination Form?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8) All hazardous containers are appropriately marked and available for the disposal of soiled personal protective equipment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9) Post follow-up exposure monitoring methods are in place.	<input type="checkbox"/> Yes <input type="checkbox"/> No
10) Have medical records relating to any reported exposure incident been submitted to or obtained by company HR to comply with recordkeeping requirements?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Powered Industrial Trucks (29 CFR 1910.178)	
1) Initial formal (lecture, video, etc.) and practical (demonstration and practical exercises) training is provided for all employees who operate powered industrial trucks and testing is conducted to ensure employees understand the training they have been provided.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Employers certify that each operator of a powered industrial truck is evaluated each at least once every three years or when they demonstrate a deficiency in the safe operation of the truck.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Daily inspections are conducted prior to first use.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) An out-of-service tagging/notification system is in place for equipment that is inoperative.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) A three-year review of the program has been conducted.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6) Are all powered industrial vehicles maintained and operated in accordance with manufacturer's recommendations?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7) Are any vehicles altered or operated in a manner that is not approved by the manufacturer?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8) Are powered industrial vehicles prohibited from use where any uncontained flammable or combustible liquids are present?	<input type="checkbox"/> Yes <input type="checkbox"/> No

9) Are personnel aware of the restriction from operating any powered industrial vehicle while under the influence of medication labeled with a caution against driving and/or operating heavy machinery?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10) Do operators comply with any vision restrictions, e.g., corrective lenses, as indicated on a valid state driver's license?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11) Are all accidents, incidents, equipment defects, and personal impairments involving powered industrial vehicles immediately reported to the appropriate manager, via a Hazard and Incident Reporting System?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Confined Spaces (29 CFR 1910.146)		
1) All areas on the property that may contain both permit and non-permit required confined spaces have been identified. (Sample Permit Checklist)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2) All permit and non-permit required spaces are labeled.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3) A written program that defines the confined space entry procedures or processes is available. (Sample Decision Flow Chart)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4) Training is provided to employees that may be required to enter and/or work in permit or non-permit required spaces. (Standards)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5) Ventilation and/or rescue methods for confined space entries are provided.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6) Contractors are aware of the company's confined space entry program and are notified if any tasks will involve entry into a confined space. .	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Personal Protective Equipment (29 CFR 1910.132)		
1) A workplace hazard assessment has been conducted to identify what types of personal protective equipment (PPE) are required for current exposures. Has the hazard assessment been certified in writing?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2) A written documentation outlining a PPE program is in place.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3) There is employee training on the required types of personal protective equipment, the proper use of PPE, and the care of selected PPE.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4) A process is in place for removing and replacing defective and/or worn equipment.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5) Do supervisors monitor and require the use of suitable PPE for protection from the identified hazards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6) Have affected personnel and their supervisors been properly fitted for PPE?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7) Are complete and accurate PPE training records maintained?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8) Is appropriate eye or face protection meeting or exceeding ANSI Z87.1-1989 (and marked to indicate so) used when employees are exposed to: flying particles (side protection is required), liquid chemicals, acids or caustic liquids, harmful light radiation, molten metal, or chemical gases or vapors?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9) Is contact lens use restricted accordingly when the work environment entails exposures to chemicals, vapors, splashes, radiant or intense heat, molten metals, or a highly particulate atmosphere?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

10) Is appropriate hand protection worn by personnel who are exposed to hazards such as: skin absorption of harmful substances, severe cuts or lacerations, severe abrasions, punctures, chemical burns, thermal burns, or extreme cold?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11) Is hand protection selected based upon an evaluation of: a) the hazards identified, b) the duration of use, and c) the type of task being performed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12) Have all maintenance personnel received initial training, training every three years, and at any time when the employee's conduct indicates the need for retraining in the use and care of PPE which they use, or may be required to use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Hearing Conservation Program (29 CFR 1910.95)		
1) Is a copy of the Occupational Noise Exposure Standard, 29 CFR 1910.95, available in the facility and easily accessible to all employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2) The time weighted exposure has been evaluated for employees who may be exposed to noise levels greater than 85 dB with eight-hour time weighed average. (Typical noise output of an APU is 113 dB. About 27 decibels lower than a jet engine.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3) Training to employees who are required to be involved in the hearing conservation program has been provided.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4) Is hearing protection (labeled with the Noise Reduction Rating (NRR)) required to be worn and provided to employees exposed to workplace noise at or above the mandatory protection level?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5) Is noise monitoring repeated when changes in equipment or controls may result in employees being exposed at or above the action level?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6) Trained personnel conduct audiometric testing using a sound meter or dosimeter meeting American National Standards Institute (ANSI) specifications for those employees involved in the program.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7) Have all employees whose exposure is at or above the action level received an annual audiometric test (preceded by at least 14 hours without exposure to workplace noise), at no cost to the employee, during the last 12 calendar months? Are annual audiograms compared to the baseline audiogram to determine if a standard threshold shift has occurred?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8) Are all employees exposed to noise at or above the action level provided with hearing protection that attenuates employee exposure to below the mandatory protection level, at no cost to the employee?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9) The company provides hearing protectors to all workers exposed to 8-hour time-weighted average (TWA) noise levels of 85 dB or above.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10) Are noise exposure measurement records retained in an accurate and accessible manner by the Safety Manager/Officer for two years following the date of the measurement?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Electrical Safety (29 CFR 1910.301 , additional information)		
1) All disconnects and circuit breakers are labeled to identify their intended purpose.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2) There is a 36" clearance around circuit breaker panels (No obstructions)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3) Circuit breaker panels/receptacles have no holes, open slots or removed knockouts.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4) All exposed live electrical parts greater than 50 volts are guarded against accidental contact.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5) All electrical circuits greater than 200 volts are marked as "High Voltage."	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6) Flexible electric cords and cables are not used as a substitute for fixed wiring.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7) Plug ends do not have ground pins removed	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8) Only qualified, trained, persons familiar with the proper use of: special precautionary techniques, personal protective equipment, insulating or shielding materials, and insulated tools work on energized circuits and/or internal electrical components.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9) All receptacles, switches & boxes have covers in place and in good condition.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10) GFCI circuits are used in potential wet areas.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Fire Protection (29 CFR 1019.155 , additional information)		
1) There are an adequate number of fire extinguishers for the size of the facility.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2) All fire extinguishers are mounted properly.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3) Have all employees assigned routine duties in work areas where portable fire extinguishers are provided received initial and annual recurrent training on incipient fire fighting?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4) Are all portable fire extinguishers visually inspected monthly, with documentation, to ensure they are in place, charged, and ready for use?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5) All fixed sprinkler and/or fire protection systems receive an annual inspection.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6) Fire fighting equipment is clear of obstacles & has a painted red zone to define obstruction clearance.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7) Are ignition sources (i.e., electricity, open flame, sparks) isolated from potential fuel sources to the maximum extent practicable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8) Are "No Smoking" signs posted and obeyed in appropriate areas (i.e., near potential fuel sources)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9) Are procedures that may produce sparks (e.g., grinding, metal work, electrical work) performed away from potential fuel sources when practicable?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10) Have all maintenance personnel additionally received recurrent training during the past 3 calendar years on fuel source and ignition source controls related to particular fire hazards associated with maintenance areas and on proper housekeeping practices?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11) Has any firefighting equipment been taken out of service for maintenance without appropriate substitute?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12) Have the emergency lights been tested monthly for 30 seconds and annually for 1½ hours in accordance with NFPA 101?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Walking and Working Surfaces and Fall Protection (29 CFR 1910.21 , additional information)	
1) All walking and working surfaces which are at a height greater than 4 ft. have fall protection provided.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) All stair railings have a required mid-rail and stairs are in safe condition (secure rails, treads).	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) All platform surfaces above the working floor level have a toe rail to prevent material from falling on individuals below.	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) All employees working on surfaces and/or ladder systems greater than 6 ft. in height are using fall protection systems.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) Maintenance ladders are in good condition (rungs, feet).	<input type="checkbox"/> Yes <input type="checkbox"/> No
6) Employees working above 6 ft. in height are trained on their fall protection requirements.	<input type="checkbox"/> Yes <input type="checkbox"/> No
7) All equipment involved in the fall protection program receives daily inspections and a daily record is maintained.	<input type="checkbox"/> Yes <input type="checkbox"/> No
8) All individuals working in mobile aerial lifts are provided with full body fall protection systems and are provided lanyards that affixed to the mobile equipment.	<input type="checkbox"/> Yes <input type="checkbox"/> No
9) Is adequate lighting provided in all work areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No
10) All open-side floors or platforms four feet or more above the adjacent floor are guarded by a standard guard rail?	<input type="checkbox"/> Yes <input type="checkbox"/> No
11) Scaffolding/maintenance stands greater than 5 ft have top & mid rails, toe-boards, and wheel locks.	<input type="checkbox"/> Yes <input type="checkbox"/> No
12) Work space floors are clean and dry.	<input type="checkbox"/> Yes <input type="checkbox"/> No
13) Hangar floors clear of FOD & spills.	<input type="checkbox"/> Yes <input type="checkbox"/> No
14) Unprotected/unidentified trip hazards are resolved.	<input type="checkbox"/> Yes <input type="checkbox"/> No

Hazardous Materials (29 CFR 1910 Subpart H)	
1) Are compressed cylinders chained or capped?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2) Are fire control devices located in areas where flammable liquids are stored or used?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3) Are flammable and combustible liquids stored in tanks or closed containers?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4) Rooms used to store flammables are properly ventilated and use explosive proof equipment/lighting.	<input type="checkbox"/> Yes <input type="checkbox"/> No
5) When transferring Class I liquids (flammable) are the nozzle and container electrically interconnected (bonded)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6) Are signs posted to prohibit smoking in fueling areas or where flammable and combustible liquids are received, dispensed, or stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7) Are flammable or combustible liquids stored in approved lockers (3-point locking mechanisms and bungs installed)?	<input type="checkbox"/> Yes <input type="checkbox"/> No

8) Are HAZMAT locker contents properly identified (Flammables, Oxidizers, Corrosives) on the locker's external surfaces?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9) HAZMAT is labeled w/approved labels that properly display hazardous material information as per 29 CFR 1920.1200 . (National Fire Protection Association (NFPA) labels may not be appropriate for all hazardous materials.) Additional Information , Sample Labeling .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10) Is the storage and handling of liquid fuels, such as gasoline and diesel fuel, performed in accordance with the NFPA Flammable and Combustible Liquids Code (NFPA No. 30)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11) Is the storage and handling of liquefied petroleum gas fuel performed in accordance with the NFPA Storage and Handling of Liquefied Petroleum Gases Code (NFPA No. 58, OSHA 1910.110)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Machine Guarding (29 CFR 1910.211 , additional information)		
1) Employees are properly trained on the requirements for machine guarding.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2) Where employees are exposed, are one or more methods of machine guarding provided to protect them from hazards of ongoing nip points, rotating parts, flying chips, and/or sparks?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3) Are grinding wheels property guarded and tools rests provided?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4) Do radial saws and other types of saws have hoods or other adjustable guards?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5) On/Off/Kill switches are easily accessible.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6) Abrasive wheels are in good condition with no evidence of side grinding or non-ferrous materials being ground.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7) Band saw blades are guarded above guide rollers.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8) Safety zones around shop equipment are present.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Hazardous Waste Operations and Emergency Response (29 CFR 1910.120)		
1) Is there a Hazmat emergency response plan for the facility?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2) Have employees been trained for any duties they might perform in the course of an emergency response?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3) Is refresher training being performed at least annually?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Electrical Safety Work Practices (29 CFR 1910.332)		
1) Are employees who face the risk of electrical shock trained in safety related work practices?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2) Employees have electrical-related training sufficient to effectively avoid the electrical hazards associated with work on, or near, exposed energized parts.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

3) Does the training for qualified persons include:	<input type="checkbox"/> Yes	<input type="checkbox"/> No
a) How to distinguish exposed live parts	<input type="checkbox"/> Yes	<input type="checkbox"/> No
b) How to determine nominal voltages	<input type="checkbox"/> Yes	<input type="checkbox"/> No
c) The clearances and distances in the OSHA tables. (1910.303(g) and 1910.303(h))	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4) Are live parts to which employees may be exposed de-energized before employees work near them?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5) Does the facility have a written energization procedure or a copy of 1910.333 available for employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6) Are locks and tags placed on each disconnecting means used to de-energize circuits?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Eye Wash Safety (29 CFR 1951.151(c) , additional information)		
1) Emergency eye wash stations are available in areas with caustic/acid materials.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2) Plumbed and portable eyewash stations/showers flushed weekly (verify inspection record).	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3) Safety zones are painted around eyewash stations (suggest green) and kept clear from obstructions.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

General Safety		
1) Inspect and load test Weight Handling Equipment (WHE)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2) Space heaters have approved auto-tip over protection.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3) Ensure all kitchen appliances (such as toasters and coffee makers) are in a safe area and in safe operating condition.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4) Are refrigerators properly labeled as to contents (either "Food Only" or "HAZMAT-No Food")?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5) Unstable shelving secured to prevent tipping hazard.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6) Are members smoking in designated areas only?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7) Are applicable warning signs posted (hearing, sight, etc.)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

OSHA Injury/Illness Recording and Reporting Assessment (29 CFR Parts 1904 and 1952)		
1) Is the facility manager, or designee, assigned responsibility for maintaining appropriate and current logs and for following OSHA required posting procedures? (OSHA recordkeeping handbook)	<input type="checkbox"/> Yes	<input type="checkbox"/> No

2) Are recordable injuries and illnesses entered on the OSHA 300 Log and the OSHA 301 Incident Report within six (6) workdays after learning of their occurrence or diagnosis?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3) Is a written or oral report filed within eight (8) hours of any accident which results in a fatality to one or more employees or requires the hospitalization of three or more employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4) Are OSHA 300 and 301 forms (or equivalent) containing data relevant only to that base retained for five (5) calendar years following the year to which they relate and available for inspection?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5) Has the facility manager forwarded a copy of OSHA 300 and 301 forms pertinent to the previous year to the Safety Manager/Officer by February 1?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6) Has the facility manager, or designee, posted a copy of the base totals and information following the fold-line of the OSHA 200 Log in a prominent place from February 1 until April 30?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Facility Emergency Plan (29 CFR 1910 Subpart E)	Compliance	
1) A written site specific Emergency Action Plan (EAP) is available with respect to emergency conditions evaluated, evacuation policies and procedures, emergency reporting mechanisms, and alarm systems.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2) A properly trained first aid provider is at the worksite, or emergency treatment services are within reasonable proximity of the worksite.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3) If no to Q2: There are trained employees on basic first aid responder skills.	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4) Is the facility manager responsible for maintenance of the facility's evacuation plan?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5) Employees receive initial and recurrent training regarding the Emergency Evacuation Program .	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6) Have any employee's responsibilities, designated actions, or the plan itself changed without subsequent documented training?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
7) Is an evacuation route map posted in the main reception/passenger area, the hangar area, the maintenance shop area, the flight operations/dispatch area, and any other work area where employees are routinely assigned to perform duties?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
8) Are all employees familiar with the Facility Emergency Action Plan including knowledge of emergency procedures, location of emergency exits, and escape routes to safe areas in case of an evacuation?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
9) Has a Facility Emergency Evacuation Plan drill been conducted at least once during the previous calendar year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
10) Is each exit and egress route marked by a readily visible sign?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
11) Is each door, passage, or stairway which is not an exit, and which is likely to be mistaken for an exit, identified by a sign reading "Not an Exit", or an actual location, such as "To Basement", Storeroom, Closet, or the like?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
12) Is an emergency telephone number list or speed dial list posted on or immediately adjacent to each phone in the main reception/passenger area, the hangar area, the maintenance shop area, and the flight operations/dispatch area?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
13) Does each emergency telephone number list include phone numbers for police, fire department, and emergency medical aid?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
14) Is every aisle or egress a minimum of 28" wide and maintained free of obstructions?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

15) Is each designated exit door unlocked during working hours to allow egress in the event of an emergency?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
16) Are all installed alarm systems in operating condition unless undergoing repairs or maintenance?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
17) Have all alarm systems been tested in accordance with 1910.165 (i.e., unmonitored alarms - every two months, monitored alarms - annually) during the past year?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
18) Have responsible employees been provided a copy of the "Telephone Bomb Threat Checklist" and do they know who is responsible for determining the response action?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
19) Has the emergency plan accounted for possible severe weather issues to provide for the safety of employees?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Exposure and Medical Assessment (29 CFR 1910.1020)		
1) Do employees notify their supervisor in the event of exposure to hazardous chemicals or harmful physical agents?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2) Has a Hazardous Substance Exposure Report been completed and submitted to the Safety Manager/Officer relating to each reported exposure incident?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3) Are medical records pertaining to each exposure incident maintained by the company?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4) Have all employees been provided initial training on their rights under the Access to Employee Exposure and Medical Records Standard (29 CFR 1910.1020)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5) Have all employees been provided annual notification on their rights under the Access to Employee Exposure and Medical Records Standard (29 CFR 1910.1020)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Contractor Safety (Multiple Areas Of 29 CFR 1910)		Compliance
1) Are all contractors are informed of general safety and environmental regulations and specific requirements that must be followed while on company property? (Sample Contractor Safety Policy)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2) Are all covered contractors informed of potential hazards within the specific facility prior to starting a project per the Hazard Communication Program?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3) Are outside contractors and employers of any other potentially affected employees advised of any chemical hazards that may be encountered in the normal course of their work on the premises and in foreseeable emergencies, provided with details of the labeling system in use, location and availability of Material Safety Data Sheets, and protective measures to be taken?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4) Is each contractor who brings hazardous chemicals into the workplace required to provide the facility manager with the appropriate hazard information on these substances, including Material Safety Data Sheets, labeling system used, and precautionary measures to be taken in working with these chemicals?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5) Are contractor activities monitored to verify the contractor supervisor is ensuring compliance with OSHA regulations and company policy?	<input type="checkbox"/> Yes	<input type="checkbox"/> No