

Maintenance Shop – Workplace Inspection Checklist

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|-------|--|---------------|--|
| Date: | | Inspected By: | |
|-------|--|---------------|--|

JHSC Inspection

Management Inspection

| MAINTENANCE SHOP SAFETY CHECKLIST | | YES | NO | N/A |
|--|--|-----|----|-----|
| 1. | Is there adequate ventilation where flammable liquids are stored or dispensed? | | | |
| 2. | Is there adequate ventilation where batteries are charged? | | | |
| 3. | Is there adequate ventilation where WHMIS controlled chemicals are handled/dispensed? | | | |
| 4. | Is adequate PPE available for all jobs including the handling of WHMIS chemicals? | | | |
| 5. | Are guards in place for high hazard equipment? | | | |
| 6. | Are areas kept free of combustible materials? (i.e. rags, furniture, recycling, etc.) | | | |
| 7. | Are safe operating procedures being followed as instructed? | | | |
| 8. | Is there emergency power failure lighting available at fire exit doors? | | | |
| 9. | Are all fire exit door light illuminated? | | | |
| 10. | Are fire extinguishers being inspected monthly? | | | |
| 11. | Are flammable liquids stored in approved safety containers with a spring-loaded cap and flame arrestor; in outside storage facilities when required? | | | |
| 12. | Are all flammable liquids properly grounded? | | | |
| 13. | Are employees are following correct lifting techniques? | | | |
| 14. | Is the Asbestos Log for locations of known asbestos available for maintenance staff and contractor review? | | | |
| 15. | Are pre-operational inspections being done on the required equipment? | | | |
| 16. | Is the maintenance schedule being met as required? | | | |
| 17. | Are equipment problems being corrected in a reasonable amount of time? | | | |
| 18. | Are MSDS's readily available? | | | |
| 19. | Are all bottles containing chemicals labeled with WHMIS Workplace Labels? | | | |
| 20. | Are all machines properly guarded? | | | |
| 21. | Are all lighting fixtures in working order? | | | |
| 22. | Is all debris swept up and removed from machines/shop floor on a regular basis? | | | |
| 23. | Are eyewash stations clean and filled with saline solution? | | | |
| 24. | Are all electrical cords and extension cords in good repair? | | | |
| 25. | Is the maintenance shop floor free from slip and fall hazards? | | | |
| 26. | Are all ladders stored properly and in good repair? | | | |

Please provide a description below for any items where “No” has been indicated.

| Item Number | Risk Level (H)igh (M)edium(L)ow | Repeat Item Yes, No | Identified Hazard & Recommended Action | Assigned Individual | Action Taken | Completion Date |
|-------------|---------------------------------------|------------------------|---|---------------------|--------------|-----------------|
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| | | | | | | |

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Comments: _____

Supervisor: _____

Date: _____

Inspector: _____

Date: _____