

Maintenance Shop – Workplace Inspection Checklist

Date:		Inspected By:	
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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

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

Comments: _____

Supervisor: _____

Date: _____

Inspector: _____

Date: _____