

# Aquaculture Farm Health And Safety Inspection Checklist Template

 Show only Checklist

Display Style  
Default 

## Water Quality

Assessment of water parameters vital for aquatic life health.

**Dissolved Oxygen (mg/L)**

Enter a number...

**Temperature (°C)**

Enter a number...



### **pH Level**

Enter a number...

### **Salinity (ppt)**

Enter a number...

### **Water Clarity (Turbidity)**

- Excellent
- Good
- Fair
- Poor

### **Water Sample Collection Date**

Enter date...

### **Water Sample Collection Time**

Enter time...

### **Observations/Notes on Water Appearance or Odor**

Write something...

## **Facility Infrastructure**

Evaluation of tanks, ponds, raceways, and supporting structures.

### Tank Wall Thickness (mm)

Enter a number...

### Raceway Depth (meters)

Enter a number...

### Pond Liner Condition

- Excellent
- Good
- Fair
- Poor

### Support Structure Integrity

- Intact
- Minor Damage
- Significant Damage
- Requires Repair

### Last Structural Inspection Date

Enter date...

### Describe any observed structural concerns

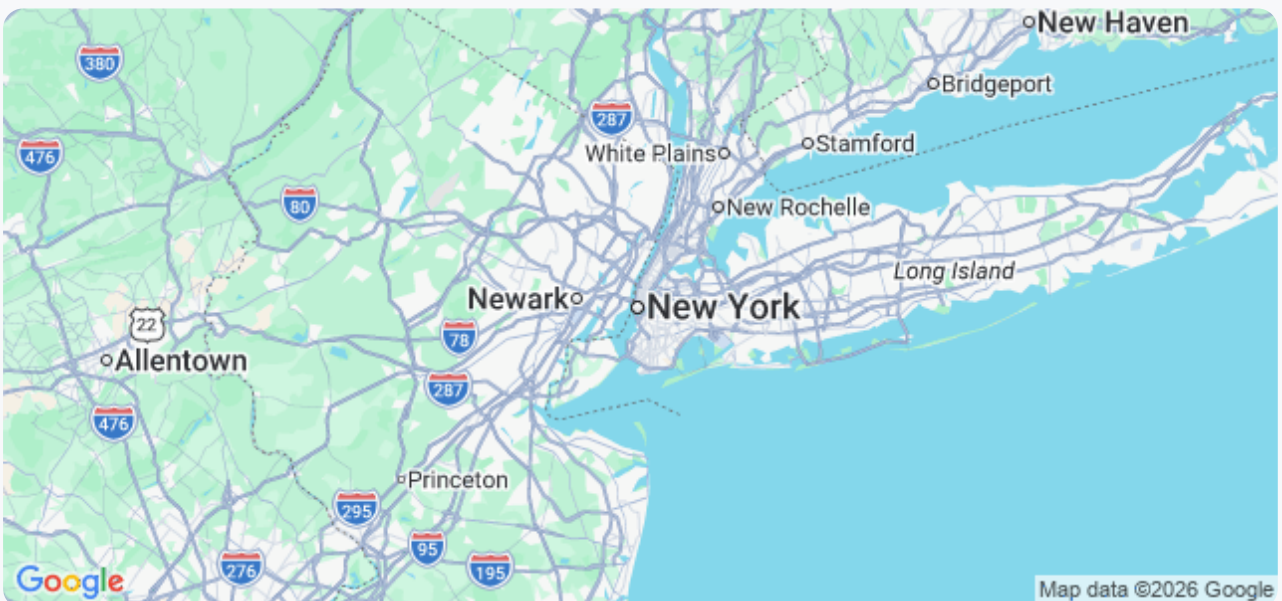
Write something...

### Upload photos of infrastructure (if applicable)

 Upload File

### GPS Coordinates of Main Infrastructure (e.g., Pond)

 Set My Current Location



# Biosecurity Protocols

Verification of measures to prevent disease introduction and spread.

## Visitor Log Maintained?

- Yes
- No
- N/A

## Disinfection Procedures Followed for?

- Boots
- Clothing
- Equipment
- Vehicles

## Foot Baths Present at Entry Points?

- Yes
- No
- N/A

## Date of Last Disinfectant Solution Change

### **Describe Any Observed Biosecurity Weaknesses**

Write something...

### **Photo Evidence of Foot Bath Solution**

 Upload File

## **Equipment Maintenance**

Inspection of pumps, filters, aerators, and other critical equipment.

### **Pump Flow Rate (Gallons/Minute)**

Enter a number...

### **Filter Pressure (PSI)**

Enter a number...

### **Last Aerator Maintenance Date**

Enter date...

### Time of Last Filter Backwash

### Condition of Air Stone (Select one)

- Excellent
- Good
- Fair
- Poor

### Issues Observed (Check all that apply)

- Leaks
- Excessive Noise
- Reduced Efficiency
- Vibration
- Corrosion

### Detailed Notes on Equipment Condition

### Upload Photo of Equipment (if needed)

 Upload File

# Feed Management

Review of feed storage, handling, and consumption practices.

## Feed Consumption (kg/day)

## Last Feed Delivery Date

## Feed Supplier

- Supplier A
- Supplier B
- Supplier C

## Feed Storage Temperature (°C)

### Signs of Feed Spoilage Observed?

- Mold
- Unusual Odor
- Pest Infestation
- None

### Notes on Feed Condition

Write something...

## Waste Management

Assessment of waste removal and disposal procedures.

### Volume of Waste Generated (Gallons/Day)

Enter a number...

### Waste Disposal Method

- Landfill
- Composting
- Recycling
- Other

### Details of Waste Handling Procedures

Write something...

### Date of Last Waste Disposal

Enter date...

### Types of Waste Generated

- Solid Waste
- Organic Waste
- Hazardous Waste
- Plastic Waste

### Permit Number (if applicable)

Write something...

## Employee Health and Safety

Evaluation of worker safety practices and personal protective equipment (PPE) usage.

### Hours Worked (Last Shift)

Enter a number...

### **PPE Usage (Eye Protection)**

- Always
- Sometimes
- Never

### **PPE Usage (Gloves)**

- Always
- Sometimes
- Never

### **Last First Aid Training Date**

Enter date...

### **Potential Hazards Observed**

- Slipping Hazards
- Chemical Exposure
- Noise Levels
- Equipment Malfunction
- Ergonomic Concerns

### **Description of any injuries or near misses**

Write something...

### **Employee Signature**

# Emergency Preparedness

Review of emergency response plans and equipment availability.

## Last Emergency Drill Date

Enter date...

## Scheduled Next Drill Time

Enter time...

## Number of Trained Emergency Responders

Enter a number...

## Emergency Contact Methods Verified (Check all that apply)

- Phone
- Email
- Radio
- PA System

## Brief Summary of Recent Emergency Drill Findings

Write something...

## Upload Emergency Response Plan Document

 Upload File

## Is Evacuation Route Clear and Accessible?

Yes

No

N/A

# Record Keeping

Verification of accurate and complete records related to health, safety, and environmental compliance.

## Last Record Review Date

Enter date...


## Number of Records Reviewed

Enter a number...

### Summary of Record Review Findings

Write something...

### Upload of Relevant Record Documents (e.g., water quality reports, mortality logs)

 Upload File

### Record Keeping System Used

- Paper-Based
- Spreadsheet (e.g., Excel)
- Dedicated Aquaculture Software

### Date of Last Audit of Record Keeping Practices

Enter date...

### Notes on Record Keeping Improvements Needed

Write something...

# Regulatory Compliance

Confirmation of adherence to relevant local, state, and federal regulations.

## Permit Expiration Dates Verified?

- Yes
- No
- N/A

## Last Inspection Date (Regulatory Agency)

Enter a number...

## Next Scheduled Inspection Date (Regulatory Agency)

Enter date...

## MSD (Material Safety Data Sheets) Availability

- Yes - Readily Accessible
- Yes - Available with Request
- No

## Specific Permits Required (List)

Write something...

### Regulatory Comments/Notes

Write something...

### Waste Discharge Permits Updated?

Yes

No

N/A