



# Automotive Service Bay Safety Checklist

## Pre-Shift Inspection

Check equipment and bay conditions before commencing work.

### Date of Inspection

### Inspection Start Time

### Bay Temperature (Celsius/Fahrenheit)

### Lighting Condition

- ☐ Adequate
- ☐ Dim
- ☐ Insufficient

### Floor Condition

- ☐ Clean & Dry
- ☐ Slightly Oily
- ☐ Wet/Slippery

### Check for Obstructions

- ☐ Walkways Clear
- ☐ Equipment Properly Stored
- ☐ Emergency Exits Accessible

### Notes on Bay Condition

Write something...

## Personal Protective Equipment (PPE)

Verify proper use and condition of required safety gear.

### Safety Glasses Worn?

- ☐ Yes
- ☐ No
- ☐ N/A

### Gloves Used (Type)?

- ☐ Nitrile
- ☐ Latex
- ☐ Cut Resistant
- ☐ None

### Condition of Safety Shoes (1-5, 1=Poor, 5=Excellent)

Enter a number...

### Hearing Protection Required?

- ☐ Yes
- ☐ No
- ☐ Sometimes

### Comments on PPE Condition or Usage

Write something...

### Employee Acknowledgement of PPE Check

## Vehicle Securing

Ensure vehicles are properly secured on lifts and stands.

### Lift Type

- ☐ Two-Post
- ☐ Four-Post
- ☐ Scissor Lift
- ☐ Other

### Number of Wheel Chocks Used

Enter a number...

### Number of Jack Stands Used (if applicable)

Enter a number...

### Vehicle Restraint Points Verified?

- ☐ Front
- ☐ Rear
- ☐ Both

### Chock Placement

- ☐ Front of Tires
- ☐ Rear of Tires
- ☐ Both

### Notes on Vehicle Condition Affecting Securing

Write something...

### Last Inspection Date of Lifting Points

Enter date...

## Lift & Equipment Maintenance

Check lift operation, safety features, and maintenance records.

### Last Lift Inspection Date

Enter date...

### Lift Capacity (lbs)

Enter a number...

### Hydraulic Fluid Level (inches)

Enter a number...

### Lift Operational Status

- ☐ Operational
- ☐ Needs Repair
- ☐ Out of Service

### Notes on Lift Operation/Concerns

Write something...

### Lift Inspection Report (if applicable)

 Upload File

### Time of Last Maintenance

Enter time...

### Safety Lock Engaged?

- ☐ Yes
- ☐ No
- ☐ N/A

### Cycle Counter Reading

Enter a number...

## Hazardous Materials Handling

Verify proper storage, labeling, and disposal procedures for chemicals and fluids.

### Waste Oil Container Lids Secure?

- ☐ Yes
- ☐ No
- ☐ N/A

### Solvent Storage Compliant?

- ☐ Yes
- ☐ No
- ☐ N/A

### Coolant Level (Gallons)

Enter a number...

### Last Hazardous Waste Disposal Date

Enter date...

### Any spills or leaks observed?

Write something...

### Hazardous Materials Present (Check all that apply)

- ☐ Brake Cleaner
- ☐ Antifreeze
- ☐ Penetrating Oil
- ☐ Lithium Grease
- ☐ Other

### SDS Sheets Verified and Current?

 Upload File

### Secondary Containment in Place?

- ☐ Yes
- ☐ No
- ☐ N/A

## Ventilation & Air Quality

Confirm adequate ventilation and exhaust systems are functioning.

### Exhaust Fan RPM (if applicable)

Enter a number...

### Exhaust System Operational?

☐ Yes

☐ No

☐ N/A

### CO2 Level (ppm) - Reading

Enter a number...

### Noise Level (dB) - Reading

Enter a number...

### Notes/Observations on Ventilation/Air Quality

Write something...

### Last Ventilation System Maintenance Date

Enter date...



### Filter Replacement Status?

- ☐ Up-to-Date
- ☐ Needs Replacement
- ☐ N/A

### Time of Air Quality Measurement

Enter time...

## Fire Safety

Check fire extinguishers and ensure clear escape routes.

### Last Fire Extinguisher Inspection Date

Enter date...

### Fire Extinguisher Type

- ☐ ABC
- ☐ BC
- ☐ CO2
- ☐ Water

### Fire Extinguisher PSI (Pressure)

Enter a number...

### Fire Alarm System Status

- ☐ Operational
- ☐ Needs Repair
- ☐ Testing

### Emergency Contact Person

Write something...

### Comments/Observations

Write something...

## Tool Safety

Inspect tools for damage and ensure proper usage.

### Tools Visually Inspected (Check all that apply)

- ☐ Wrenches
- ☐ Sockets
- ☐ Pliers
- ☐ Screwdrivers
- ☐ Impact Wrenches
- ☐ Specialized Tools

### Number of Damaged Tools Identified

Enter a number...

### Description of Damaged Tools & Actions Taken

Write something...

### Tool Calibration Status (if applicable)

- ☐ Up to Date
- ☐ Calibration Due
- ☐ Out of Calibration

### Last Tool Inspection Date

Enter date...

### Power Tool Cord Inspection Status

- ☐ Good Condition
- ☐ Frayed/Damaged
- ☐ Repair Needed

### Inspector Signature

## Housekeeping

Maintain a clean and organized workspace.

### Floor Debris Rating (1-5, 1=Clean, 5=Excessive)

Enter a number...

### Check all that apply: Areas cleaned today

- ☐ Floor
- ☐ Workbenches
- ☐ Cabinets
- ☐ Fluid Spills
- ☐ Parts Storage

### Notes on housekeeping issues or corrective actions taken

Write something...

### Last Deep Cleaning Date

Enter date...

### Waste Disposal Method

- ☐ Recycling
- ☐ Hazardous Waste
- ☐ General Waste

### Number of Fluid Spill Kits Verified

Enter a number...

## Communication & Signage

Verify proper signage and clear communication protocols.

**Emergency Contact List Posted?**

- ☐ Yes
- ☐ No
- ☐ N/A

**Safety Signage Present (e.g., Eye Protection, Hearing Protection)?**

- ☐ Yes
- ☐ No
- ☐ Needs Review

**Details of any safety communication updates provided today:**

Write something...

**Confined Space Warning Signs Posted (if applicable)?**

- ☐ Yes
- ☐ No
- ☐ N/A

**Date of last safety meeting/briefing:**

Enter date...

**Time of last safety meeting/briefing:**

Enter time...