

Automotive Workshop Health And Safety Checklist

 Show only Checklist

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General Workshop Conditions


Assessment of overall workshop cleanliness, organization, and structural integrity.

Temperature (Celsius)

Enter a number...

Noise Level (dB)

Enter a number...

Hi there, need help? 



Lighting Adequacy

- Sufficient
- Adequate
- Insufficient

Description of General Cleanliness

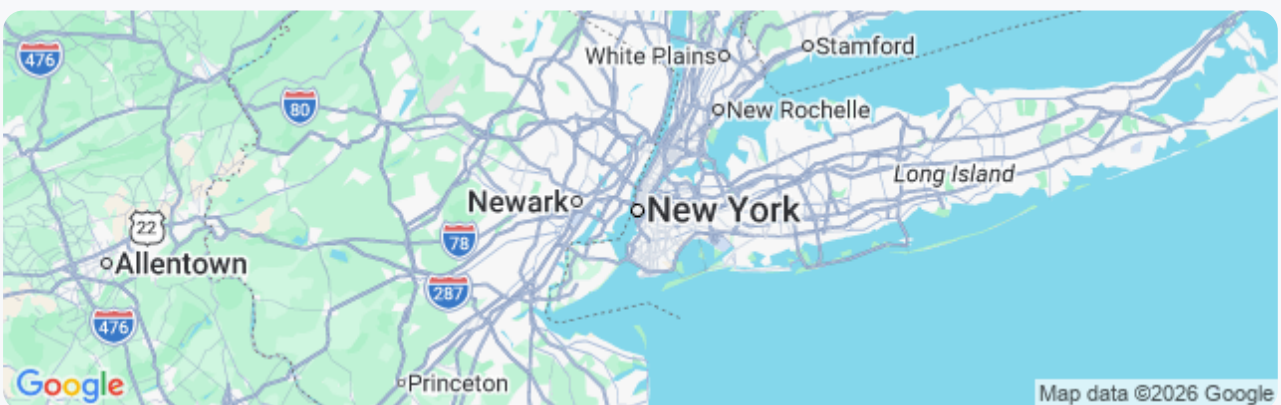
Write something...

Floor Condition

- Good
- Fair
- Poor

Area of Concern (if any)

 [Set My Current Location](#)



Hi there, need help?

Fire Safety Equipment

Inspection of fire extinguishers, fire alarms, and emergency exits.

Number of Fire Extinguishers Present

Fire Extinguisher Inspection Status (Last Inspection)

 Pass Fail N/A

Last Fire Extinguisher Inspection Date

Fire Alarm System Status

 Operational Malfunctioning Testing

Number of Clearly Marked Exit Routes

Emergency Lighting Functionality

 Functional Malfunctioning

Hi there, need help?

Personal Protective Equipment (PPE)

Verification of availability, usage, and condition of required PPE (gloves, eye protection, hearing protection, etc.).

Eye Protection Available?

- Yes
- No
- N/A

Quantity of Safety Gloves Available

Types of Gloves Provided?

- Nitrile
- Latex
- Leather
- Cut-Resistant

Hearing Protection Provided?

- Yes
- No
- N/A

Hi there, need help?

Upload Photo of PPE Storage Area

 Upload File

Foot Protection Compliant?

- Yes
- No
- N/A

Hazardous Materials Handling

Compliance with proper storage, labeling, and disposal procedures for chemicals, oils, and other hazardous substances.

Summary of Hazardous Materials Present

Write something...

Chemical Spill Kit Availability

- Available and Fully Stocked
- Available but Needs Replenishment
- Not Available

Hi there, need help?

Quantity of Oil/Solvent in Storage (Gallons)

Enter a number...

Proper Waste Disposal Procedures Followed?

- Oil
- Solvents
- Antifreeze
- Batteries
- Other

Last Chemical Inventory Date

Enter date...

MSDS/SDS Documentation Accessibility

- Readily Available (Physical or Digital)
- Available, but Requires Effort to Locate
- Not Available

Ventilation and Air Quality

Assessment of ventilation systems to ensure proper removal of fumes and contaminants.

CO2 Level (ppm)

Enter a number...

Hi there, need help?

Exhaust Fume Detection - Reading (ppm)

Enter a number...

Ventilation System Operational Status

- Operational
- Partially Operational
- Non-Operational

Description of any ventilation system issues

Write something...

Last Ventilation System Maintenance Date

Enter date...

Local Exhaust Ventilation (LEV) Effectiveness

- Effective
- Slightly Effective
- Ineffective

Hi there, need help?

Machine Guarding

Verification that all machinery has appropriate guarding to prevent injuries.

Presence of Guards on Power Presses

- Guards Present and Functional
- Guards Present but Malfunctioning
- Guards Absent

Condition of Conveyor System Guards

- Guards Secure and Intact
- Minor Damage - Repair Needed
- Significant Damage - Immediate Repair Required
- Guards Absent

Distance from Machine Edges (minimum)

Enter a number...

Machine Guarding Checks Performed (Select all that apply)

- Visual Inspection
- Functional Test
- Noise Level Check
- Documentation Review

Description of Any Observed Guarding Deficiencies

Write something...

Hi there, need help?

Electrical Safety

Inspection of electrical cords, outlets, and panels to identify hazards.

Voltage of Main Power Supply (V)

Condition of Power Cords

- Good
- Frayed
- Damaged
- Requires Replacement

Condition of Electrical Panels

- Clean and Accessible
- Dusty
- Obstructed
- Requires Inspection

Date of Last Electrical Inspection

Hi there, need help?

Details of Any Electrical Issues Found

Write something...

Grounding Properly Installed?

- Yes
- No
- Unsure

Lifting and Ergonomics

Evaluation of lifting practices and ergonomic workstations to minimize strain and injury.

Are mechanical lifting aids (e.g., hoists, ramps) readily available?

- Yes
- No
- N/A

Maximum weight lifted without assistance (kg/lbs)

Enter a number...

Hi there, need help?

Are employees trained on proper lifting techniques?

Yes

No

Training Scheduled

Describe any observed ergonomic concerns (e.g., awkward postures, repetitive motions)

Write something...

Are adjustable workstations available where needed?

Yes

No

Partially

Number of ergonomic assessments conducted in the last year

Enter a number...

Housekeeping

Assessment of floor conditions, debris removal, and general tidiness.

Floor Cleanliness Score (1-5, 5=Excellent)

Enter a number...

Hi there, need help?

Debris Observed (Check all that apply)

- Oil Spills
- Metal Shavings
- Parts/Components
- Paper/Cardboard
- None Observed

Describe any specific housekeeping concerns:

Write something...

Are walkways clear and unobstructed?

- Yes
- No

Photograph of housekeeping conditions (if necessary)

 Upload File

Emergency Procedures

Confirmation that emergency contact information is readily available and that evacuation plans are understood.

Emergency Contact List (Names & Numbers)

Write something...

Hi there, need help?

Date of Last Emergency Drill

Enter date...

Time of Last Emergency Drill (Start)

Enter time...

Brief Description of Drill Activities

Write something...

Emergency Evacuation Route Familiarity (Staff)

- Fully Familiar
- Partially Familiar
- Not Familiar

Estimated Evacuation Time (Minutes)

Enter a number...

Hi there, need help?

Any Issues or Observations During Last Drill

Write something...

Reviewer Signature

Hi there, need help?