

# Automotive Workshop Health And Safety 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...



### Lighting Adequacy

- Sufficient
- Adequate
- Insufficient

### Description of General Cleanliness

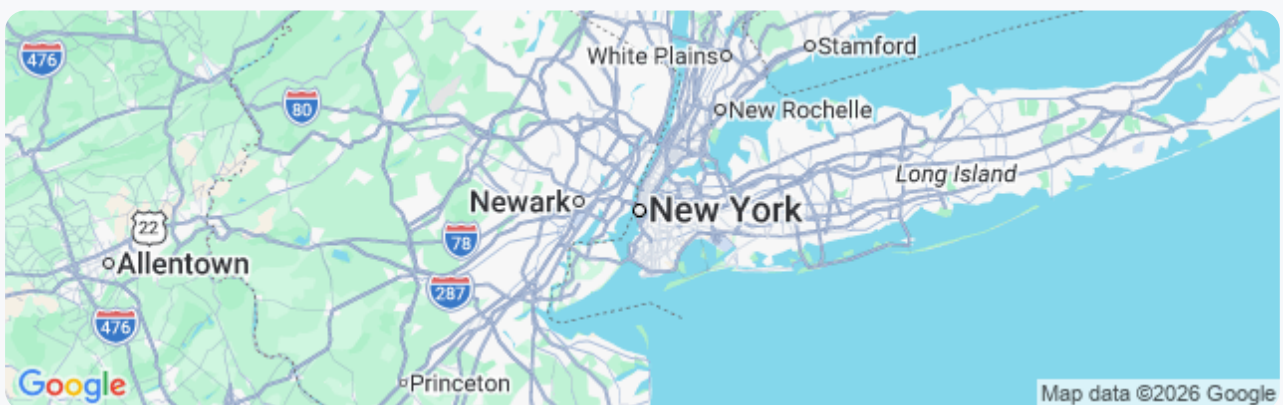
Write something...

### Floor Condition

- Good
- Fair
- Poor

### Area of Concern (if any)

 [Set My Current Location](#)



# 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

# 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

### 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

### 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...

### 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

# 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...

# 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

### 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...

**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...

### 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)

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## Emergency Procedures

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

### Emergency Contact List (Names & Numbers)

Write something...

### **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...

**Any Issues or Observations During Last Drill**

Write something...

**Reviewer Signature**

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