ChecklistGuro

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...

Lighting Adequacy

- [ ] Sufficient
- [ ] Adequate
- [ ] Insufficient

Description of General Cleanliness

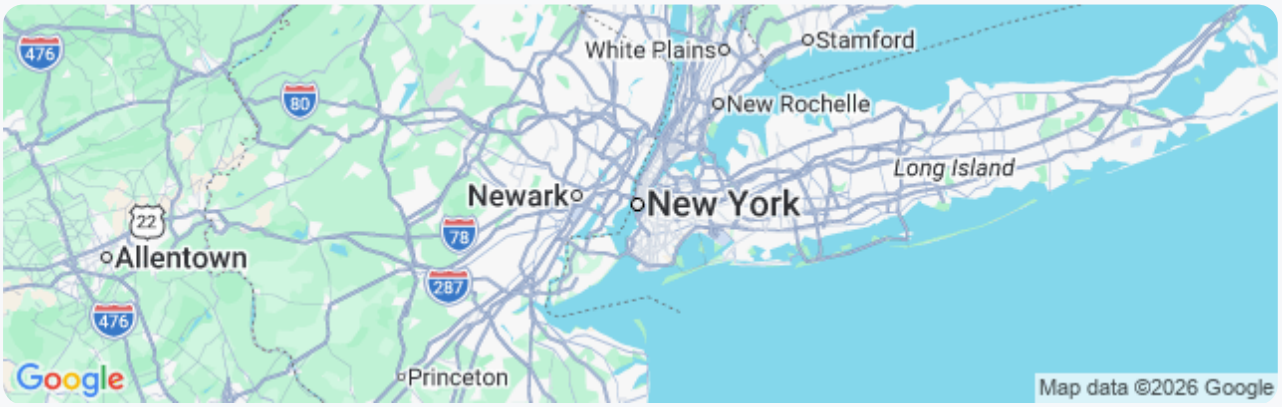
Write something...

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

Enter a number...

Fire Extinguisher Inspection Status (Last Inspection)

- [ ] Pass
- [ ] Fail
- [ ] N/A

Last Fire Extinguisher Inspection Date

Enter date...

Fire Alarm System Status

- [ ] Operational
- [ ] Malfunctioning
- [ ] Testing

Number of Clearly Marked Exit Routes

Enter a number...

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

Enter a number...

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)

Enter a number...

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

Enter date...

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)

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...

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