



# Automotive Workshop Health and Safety Checklist

## 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

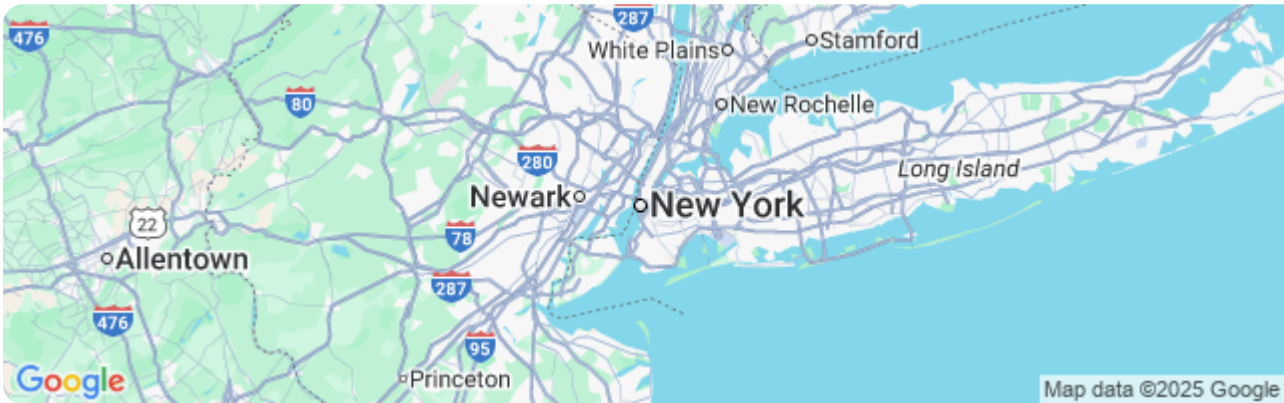
Write something...

### 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

### 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

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)

### Exhaust Fume Detection - Reading (ppm)

### Ventilation System Operational Status

- ☐ Operational
- ☐ Partially Operational
- ☐ Non-Operational

### Description of any ventilation system issues

### Last Ventilation System Maintenance 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)

### 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)

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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**