ChecklistGuro

OSHA Workplace Safety Inspection Checklist

General Walk-Through & Hazard Identification

Initial observation of the work environment to identify obvious hazards and assess overall safety practices.

Start Location of Walk-Through

⊙ Set My Current Location

General Weather Conditions During Inspection

Write something...

Observed General Housekeeping Issues?

☐ Debris/Trash Accumulation

☐ Poorly Organized Work Areas

☐ Spills/Leaks

☐ Blocked Aisles/Exits

☐ None Observed

Notes on Initial Observations - Any immediate safety concerns noted?

Write something...

Approximate Temperature (Fahrenheit)

Enter a number...

Date of Walk-Through

Enter date...

Were employees interacting with equipment during observation? (Yes/No)

Write something...

Describe any unusual noises or odors detected during the walkthrough

Write something...

Material Handling Equipment (MHE) - Forklifts, Pallet Jacks, etc.

Inspection of all powered and non-powered material handling equipment, including operator training and maintenance records.

Forklift Operator Certification Expiration Date

Enter a number...

Forklift Inspections Performed Daily?

☐ Yes

☐ No

☐ N/A

Describe any forklift maintenance performed in the last month.

Write something...

Which forklift safety training topics were covered in the last year?

☐ Pedestrian Safety

☐ Load Stability

☐ Ramp Procedures

☐ Fueling Procedures (if applicable)

☐ Battery Charging (if applicable)

Are seatbelts in use by forklift operators?

- ☐ Always
- ☐ Sometimes
- ☐ Never
- ☐ N/A

Upload forklift inspection checklists for review (last 3 months).

⬆ Upload File

Number of forklift incidents in the last 12 months

Enter a number...

Loading Dock Safety

Assessment of dock plates, edge protection, communication systems, and overall dock area safety.

Dock Plate Condition

- ☐ Excellent
- ☐ Good
- ☐ Fair
- ☐ Poor - Requires Repair/Replacement

Edge Protection Present?

- ☐ Yes
- ☐ No

Dock Plate Weight Capacity (lbs)

Enter a number...

Communication System Functionality

☐ Fully Functional

☐ Partially Functional

☐ Not Functional

Observations/Concerns Regarding Dock Safety

Write something...

Lighting Adequate?

☐ Yes

☐ No

Last Dock Plate Inspection Date

Enter date...

Storage & Stacking

Evaluation of racking, shelving, and stacked materials to prevent collapses and ensure stability.

Maximum Rack Height (Feet)

Enter a number...

Load Capacity Per Pallet Position (lbs)

Enter a number...

Rack Inspection Frequency

- ☐ Monthly
- ☐ Quarterly
- ☐ Semi-annually
- ☐ Annually

Rack Defects Observed (Check all that apply)

- ☐ Bent Uprights
- ☐ Damaged Beams
- ☐ Missing or Damaged Fasteners
- ☐ Damaged Pallet Supports
- ☐ Floor Damage
- ☐ Overloading
- ☐ None Observed

Detailed Description of any Rack Defects Found (if applicable)

Write something...

Date of Last Rack Inspection

Enter date...

Upload Photo Evidence of Rack Condition (if applicable)

⬆ Upload File

Type of Stacking Method Used

☐ First In, First Out (FIFO)

☐ Last In, First Out (LIFO)

☐ Random

☐ Other

Walking/Working Surfaces

Inspection of floors, ramps, stairs, and other surfaces for slip, trip, and fall hazards.

Floor Surface Condition Rating (1-5, 1=Excellent, 5=Hazardous)

Enter a number...

Are there visible cracks or unevenness in walking surfaces?

☐ Yes

☐ No

☐ N/A

Are slip-resistant mats or coatings used in high-risk areas (e.g., near loading docks)?

☐ Yes

☐ No

☐ N/A

Location of any areas with identified slip/trip hazards.

📍 Set My Current Location

Describe any identified slip, trip, or fall hazards and corrective actions needed.

Write something...

Are stairways well-lit and equipped with handrails?

☐ Yes

☐ No

☐ N/A

Height of any ramps (in inches)

Enter a number...

Are walkways clear of obstructions?

☐ Yes

☐ No

☐ Partially

Hazard Communication (HazCom)

Verification of proper labeling, SDS availability, and employee training on hazardous chemicals.

Number of SDSs Available for Review

Enter a number...

SDS Availability Method (Check all that apply)

☐ Physical Binders

☐ Electronic Database

☐ Cloud-Based System

☐ Other (Specify)

Describe Employee HazCom Training Program

Write something...

Date of Last HazCom Training

Enter date...

Are containers properly labeled? (Yes/No/NA)

☐ Yes

☐ No

☐ Not Applicable

Upload copy of HazCom training record

⬆ Upload File

Are new employees trained on HazCom before starting work? (Yes/No)

☐ Yes

☐ No

Name of Person Responsible for HazCom Program

Write something...

Personal Protective Equipment (PPE)

Assessment of PPE requirements, availability, proper use, and employee training.

What types of PPE are required for forklift operation?

☐ Safety Shoes

☐ High-Visibility Vest

☐ Gloves

☐ Eye Protection

☐ Hearing Protection

☐ Hard Hat

PPE Availability: Are all required PPE items readily available to employees?

☐ Yes

☐ No

☐ N/A

Number of employees trained on PPE usage in the last year:

Enter a number...

Date of last PPE training for employees:

Enter date...

Describe any observed instances of improper PPE usage:

Write something...

Upload a copy of the PPE training record(s):

⬆ Upload File

Is there a documented PPE program?

☐ Yes

☐ No

Electrical Safety

Inspection of electrical equipment, wiring, and grounding to prevent shock and fire hazards.

Number of visible damaged electrical cords or cables?

Enter a number...

Are GFCI outlets present and functioning properly near water sources?

- [ ] Yes, all GFCI outlets functioning
- [ ] No GFCI outlets present
- [ ] Some GFCI outlets not functioning

Are electrical panels clearly labeled and accessible?

- [ ] Yes, clearly labeled and accessible
- [ ] No, not clearly labeled
- [ ] Accessible, but not labeled

Describe any observed electrical hazards or deficiencies.

Write something...

Date of last electrical system inspection

Enter date...

Are extension cords being used as permanent wiring?

- [ ] No
- [ ] Yes, but limited use
- [ ] Yes, widespread use

Fire Safety

Evaluation of fire extinguishers, fire alarms, emergency exits, and fire prevention measures.

Number of Fire Extinguishers Available

Enter a number...

Fire Extinguisher Inspection Status

- [ ] Up to Date
- [ ] Out of Date
- [ ] Not Inspected

Fire Alarm System Status

- [ ] Functional
- [ ] Needs Repair
- [ ] Not Tested

Last Fire Alarm System Test Date

Enter date...

Emergency Exit Lighting Condition

- [ ] Functional
- [ ] Needs Repair
- [ ] Missing

Description of any fire hazards observed (e.g., blocked exits, improper storage)

Write something...

Fire Prevention Training Provided to Employees?

☐ Yes

☐ No

☐ Date Unknown

Last Fire Drill Date

Enter date...

Emergency Action Plan (EAP)

Verification of a documented EAP, employee training, and evacuation procedures.

Is a written Emergency Action Plan (EAP) available and up-to-date?

☐ Yes

☐ No

☐ Unsure

Briefly describe the evacuation routes outlined in the EAP.

Write something...

What types of emergencies does the EAP address?

- ☐ Fire
- ☐ Medical Emergency
- ☐ Severe Weather
- ☐ Hazardous Material Spill
- ☐ Active Shooter
- ☐ Other (Specify in LONG_TEXT)

Date of last EAP training/review.

Enter date...

Typical time for evacuation drills.

Are employees trained on the EAP procedures?

- ☐ Yes
- ☐ No
- ☐ Partial/Some Employees

Describe the communication methods used during an emergency (e.g., alarms, verbal announcements).

Write something...

Upload a copy of the current Emergency Action Plan (EAP).

⬆ Upload File

Confined Space Entry (If Applicable)

Assessment of confined space identification, permits, and safety procedures (if confined spaces are present).

Are confined spaces present within the logistics facility?

☐ Yes

☐ No

Description of Confined Spaces Identified (if 'Yes' above)

Write something...

Is a Confined Space Entry Permit Required?

☐ Yes

☐ No

Copy of Confined Space Entry Permit Program (if applicable)

⬆ Upload File

Summary of Employee Training on Confined Space Entry Procedures

Write something...

Date of Last Confined Space Entry Training

Enter date...

Number of Employees Trained in Confined Space Entry Procedures

Enter a number...

Are Atmospheric Monitoring Procedures in Place?

☐ Yes

☐ No

Description of Atmospheric Monitoring Equipment & Procedures

Write something...

Lockout/Tagout (LOTO)

Evaluation of LOTO procedures for equipment maintenance and servicing.

Is there a written Lockout/Tagout (LOTO) program?

☐ Yes

☐ No

☐ N/A (No Equipment Requiring LOTO)

Are employees trained on the LOTO program?

☐ Yes

☐ No

☐ Training Records Unavailable

Date of Last LOTO Training

Enter date...

Briefly describe the process for identifying equipment requiring LOTO.

Write something...

Which of the following LOTO devices are used?

- [ ] Hasps
- [ ] Lockout Boxes
- [ ] Tag Disconnects
- [ ] Circuit Breaker Locks
- [ ] Valve Locks
- [ ] Other (Specify in Long Text)

If 'Other' was selected above, specify the other LOTO devices used.

Write something...

Are authorized employees clearly identified?

- [ ] Yes
- [ ] No
- [ ] Unclear Identification Process

Number of employees trained on LOTO in the last 12 months

Enter a number...

Recordkeeping & Documentation

Review of training records, incident reports, and equipment maintenance logs.

Last Safety Training Review Date

Enter date...

Number of Recordable Injuries in Past 12 Months

Enter a number...

Summary of Recent Safety Incident Investigations

Write something...

Copy of Safety Training Records (e.g., Forklift Certification)

⬆ Upload File

OSHA 10-Hour or 30-Hour Training Completion Status

☐ Completed

☐ In Progress

☐ Not Completed

Date of Last Formal Safety Audit

Enter date...

Briefly describe the corrective actions taken from the previous safety audit

Write something...

Number of employees trained in hazard communication

Enter a number...