

General Industry Self Inspection Guide

Date Completed: _____ Completed By: _____ Department: _____

Category	Y	N	NA	Comments/Corrective Actions/Date Completed
<p>POSTINGS & RECORDKEEPING</p> <ul style="list-style-type: none"> -OSHA 300 summary posted Feb 1 – April 30 / electronically reported (if required) -safety signage posted -safety based incentive program in place -postings & documents compliant with local / state / federal requirements -permits / certificates / training files up to date <p>OSHA Standard: 29 CFR 190</p>				
<p>GENERAL SAFETY PROCEDURES</p> <ul style="list-style-type: none"> -safety committee meetings conducted: date of meeting ___ / ___ / ___ -formal safety policy implemented -documented employee training -formal accident investigation process / early return to work program implemented -ergonomic practices / equipment in place -work areas overall clean & organized -work areas free of hazards: excessive cords, sharp objects, excessive noise, poor air quality / circulation, temperature extremes <p>OSHA Standard: 29 CFR 1910 General Duty Clause / OSHA Standard: 29 CFR 1910 Subpart G</p>				
<p>WALKING SURFACES/STAIRS</p> <ul style="list-style-type: none"> -inspection completed: date ___ / ___ / ___ -open edges guarded -handrails in place -overall good condition (no cracks, holes, uneven surfaces, free of debris / slippery or wet conditions) -nonslip coating / materials in place -flow of traffic marked -pits / holes protected <p>OSHA Standard: 29 CFR 1910 Subpart D</p>				
<p>ELEVATED AREAS/MEZZANINE</p> <ul style="list-style-type: none"> -materials secure / no excessive storage -open edges protected -safely accessible <p>OSHA Standard: 29 CFR 1910 Subpart D</p>				
<p>LADDERS</p> <ul style="list-style-type: none"> -training completed: date ___ / ___ / ___ -securely stored & inspected prior to use -meet industry standards / job requirements <p>OSHA Standard: 29 CFR 1910 Subpart D</p>				

<p>FIRE PROTECTION & EMERGENCY PLANNING</p> <ul style="list-style-type: none"> -smoke detection and/or fire alarms installed / tested: date ___/___/___ -sprinkler system inspections / testing completed: date(s) ___/___/___ -sprinkler heads unobstructed & protected (if at lower levels) -appropriate fire extinguishers accessible / not expired -fire extinguisher training completed: date ___/___/___ -emergency / evacuation training completed: date ___/___/___ -paths of egress identified / unobstructed <p>OSHA Standard: 29 CFR 1910 Subpart E / OSHA Standard: 29 CFR 1910 Subpart L</p>			
<p>HAZARDOUS MATERIALS</p> <ul style="list-style-type: none"> -compressed gas: cylinders marked, securely stored, valves closed during transport -flammable liquids: stored in approved containers and/or cabinets & away from ignition sources, labeled -spray finishing: filters clean / regularly changed, explosion-proof lighting installed, properly ventilated, sprinkler-protected booth, sprinkler heads protected from overspray <p>OSHA Standard: 29 CFR 1910 Subpart H / OSHA Standard: 29 CFR 1910 Subpart M</p>			
<p>PERSONAL PROTECTIVE EQUIPMENT</p> <ul style="list-style-type: none"> -hazard assessment completed: date ___/___/___ -training completed: date ___/___/___ -documented cleaning / sanitation schedule -securely stored -fit testing completed (when required): date ___/___/___ <p>OSHA Standard: 29 CFR 1910 Subpart I</p>			
<p>CONFINED SPACE</p> <ul style="list-style-type: none"> -hazard assessment completed: date ___/___/___ -training completed: date ___/___/___ -atmospheric testing completed (if required): date ___/___/___ -personal protective equipment available <p>OSHA Standard: 29 CFR 1910 Subpart J</p>			
<p>LOCKOUT/TAGOUT</p> <ul style="list-style-type: none"> -training completed: date ___/___/___ -individual key locks assigned / tags available -sources of mechanical / residual power identified -alternate procedure established if LOTO is not possible <p>OSHA Standard: 29 CFR 1910 Subpart J</p>			
<p>MEDICAL & FIRST AID</p> <ul style="list-style-type: none"> -medical facility info posted -first aid station / supplies available (not expired) -first responder training completed: date ___/___/___ -AED training completed: date ___/___/___ -bloodborne pathogen program in place <p>OSHA Standard: 29 CFR 1910 Subpart K / OSHA Standard: 29 CFR 1910 Subpart Z</p>			

<p>HOIST/AUXILLIARY EQUIPMENT</p> <ul style="list-style-type: none"> -training completed: date __/__/__ -chain & hook inspection completed: date __/__/__ -load capacity marked -clear path of transport designated <p>OSHA Standard: 29 CFR 1910 Subpart N</p>				
<p>FORKLIFT</p> <ul style="list-style-type: none"> -training completed: date __/__/__ -power source hazards addressed: propane storage / battery charging stations -pathways marked / clearance maintained -alarms / lights operable -seat belts in good condition & being used <p>OSHA Standard: 29 CFR 1910 Subpart N</p>				
<p>MACHINE GUARDING</p> <ul style="list-style-type: none"> -training completed: date __/__/__ -point of ops / nip points / rotating parts / flying chips / sparks protected -guards secured during operation -contact switch operational <p>OSHA Standard: 29 CFR 1910 Subpart O</p>				
<p>HAND & PORTABLE TOOLS/EQUIPMENT</p> <ul style="list-style-type: none"> -training completed: date __/__/__ -securely stored -meet industry standards / job requirements -properly grounded (electrical) -guarding in place <p>OSHA Standard: 29 CFR 1910 Subpart P</p>				
<p>WELDING/CUTTING/BRAZING</p> <ul style="list-style-type: none"> -training completed: date __/__/__ -cylinders marked / securely stored -backflash valve in place -hot work program in place -personal protective equipment available <p>OSHA Standard: 29 CFR 1910 Subpart Q</p>				
<p>ELECTRICAL</p> <ul style="list-style-type: none"> -cords in good condition -permanent wiring installed / extension cords used only on a temporary basis -ground fault circuit interrupters installed (when necessary) <p>OSHA Standard: 29 CFR 1910 Subpart S</p>				
<p>HAZARD COMMUNICATION</p> <ul style="list-style-type: none"> -training completed: date __/__/__ -program updated per standard requirements -Safety Data Sheets accessible to employees -personal protective equipment available -containers labeled <p>OSHA Standard: 29 CFR 1910 Subpart Z</p>				

*NOTE: This checklist is not all inclusive and does not guarantee compliance with OSHA or local/state/federal regulations. Refer to the cited standards for OSHA's compliance requirements.

References

- Occupational Safety & Health Administration – Recordkeeping: <https://www.osha.gov/laws-regs/regulations/standardnumber/1904>
- Occupational Safety & Health Administration – General Industry: <https://www.osha.gov/laws-regs/regulations/standardnumber/1910>

