

SELF-AUDIT CHECKLIST

Body Shop

Location: _____ Date: _____

Conducted By: _____ Dept: _____

GENERAL

(check off findings)

	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Compl. Date</u>
1. Are employees prohibited from eating in the Body Shop?	()	()	()	()
2. Are fridges, microwaves, toasters, etc. prohibited in areas with chemicals?	()	()	()	()
3. Are milk crates prohibited from being used as step stools and seats.	()	()	()	()
4. Is a 15-minute continuous eyewash station installed, operational, identified, sanitary, and free of obstructions, and tested on a monthly basis?	()	()	()	()
5. Are the air compressor and furnace inspected? (tel. 271-2585)	()	()	()	()
6. Are all Federal and State posters located in a conspicuous location?	()	()	()	()

WALKWAYS AND WORKING SURFACES

(check off findings)

	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Compl. Date</u>
7. Are floor drain grates in good condition free of gaps and cracks and level with the floor?	()	()	()	()
8. Are floors clean, dry, and free of slip and fall hazards?	()	()	()	()
9. Is every open-sided floor or mezzanine greater than four feet above ground level equipped with a standard guardrail on each exposed side, except the entrance?	()	()	()	()
10. Are toeboards installed around the edges of permanent floor openings or platforms that employees may pass under?	()	()	()	()
11. Does every stairway having four or more risers have a handrail?	()	()	()	()
12. Are ladders sturdy, free of defects, equipped with safety feet, and secured when stored?	()	()	()	()
13. Are scaffolding wheels locked when in use?	()	()	()	()

SPRAY BOOTH/MIXING ROOM

(check off findings)

	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Compl. Date</u>
14. Are spray painting operations done in spray rooms or booths equipped with an appropriate exhaust system?	()	()	()	()
15. When mechanical ventilation is provided during spraying operations, is it so arranged that it will not circulate the contaminated air?	()	()	()	()

- 16. Is the spray booth completely ventilated before using the drying apparatus? () () () ()
- 17. Is the spray area at least 20 feet from flames, sparks, electrical motors, and other ignition sources? () () () ()
- 18. Are portable lamps used to illuminate spray areas suitable for use in a hazardous location? () () () ()
- 19. Are spray booths constructed of metal, masonry, or other substantial non-combustible materials? () () () ()
- 20. Are hazardous waste labels posted on all necessary containers? () () () ()
- 21. Are flammable solvents in excess of five gallons bonded and grounded? () () () ()
- 22. Are **No Smoking** signs posted in areas, paint rooms, paint booths, and paint storage areas? () () () ()
- 23. Are fire control sprinkler heads protected from spray coatings? () () () ()

HAZARDOUS MATERIAL

(check off findings)

- | | <u>Yes</u> | <u>No</u> | <u>N/A</u> | <u>Compl. Date</u> |
|---|------------|-----------|------------|--------------------|
| 24. Are all containers used for storage and handling of flammable/combustible Liquids, approved and consisting of no more than 5 gallon capacity, a flash arresting screen, spring-closing lid, spout cover, and designed so that it will safely relieve internal pressure when subject to fire exposure? | () | () | () | () |
| 25. Are all portable chemical containers labeled with the name of the product and its physical and health hazards? | () | () | () | () |
| 26. Are flammable liquids in excess of a one-day supply (max. 25 gallons) stored in a fire resistive enclosure that is labeled flammable? | () | () | () | () |
| 27. Are all small quantities of flammable liquids stored in approved DOT or UL approved containers? | () | () | () | () |

PERSONAL PROTECTIVE EQUIPMENT

(check off findings)

- | | <u>Yes</u> | <u>No</u> | <u>N/A</u> | <u>Compl. Date</u> |
|---|------------|-----------|------------|--------------------|
| 28. Is there a footwear policy in the body shop? | () | () | () | () |
| 29. Is there a PPE/Eye Protection policy? | () | () | () | () |
| 30. Are employees required to wear eye protection whenever in the body shop? | () | () | () | () |
| 31. If no, are signs posted in areas of high hazard probability? | () | () | () | () |
| 32. If necessary, due to job hazards, are the following provided? | | | | |
| a. Goggles/Glasses/Faceshields | () | () | () | () |
| b. Approved Respirators | () | () | () | () |
| c. Shaded goggles for welding or cutting | () | () | () | () |
| d. Hearing protection | () | () | () | () |
| e. Safety gloves (disposable, chemical resistant, leather) | () | () | () | () |
| 33. Are employees trained in the proper use of PPE? | () | () | () | () |
| 34. Are respirators regularly inspected, maintained, and stored in a sanitary manner? | () | () | () | () |

- 35. Do all employees have a medical evaluation reviewed by a physician before required to wear respirators in the workplace? () () () ()
- 36. Are all employees who wear respirators clean-shaven? () () () ()
- 37. Is Fit Testing conducted before using a respirator for the first time, and then annually? () () () ()

WELDING AND CUTTING

(check off findings)

- | | <u>Yes</u> | <u>No</u> | <u>N/A</u> | <u>Compl. Date</u> |
|--|------------|-----------|------------|--------------------|
| 38. Are stored oxygen and acetylene cylinders separated by 20 feet? | () | () | () | () |
| 39. Are cylinders secured in an upright position? | () | () | () | () |
| 40. Are valve stems capped on all stored cylinders when not in use? | () | () | () | () |
| 41. Do persons using welding equipment wear correct PPE? | () | () | () | () |
| 42. Are screens used when other employees may be exposed to a welding flash? | () | () | () | () |
| 43. Are back-flow and flashback valves equipped on the oxy-fuel gas system? | () | () | () | () |

ELECTRICAL

(check off findings)

- | | <u>Yes</u> | <u>No</u> | <u>N/A</u> | <u>Compl. Date</u> |
|--|------------|-----------|------------|--------------------|
| 44. Are all electrical cords free from defects i.e., exposed wires, broken grounds? | () | () | () | () |
| 45. Are all electrical cords double insulated? | () | () | () | () |
| 46. Are circuit breaker panels marked with max voltage? | () | () | () | () |
| 47. Are circuit breakers kept clear of obstructions with at least a 3 foot radius? | () | () | () | () |
| 48. Are knockouts properly capped at all electrical boxes? | () | () | () | () |
| 49. Are explosion-proof circuits used exclusively in mixing and spray painting operations? | () | () | () | () |

POWER TOOLS AND EQUIPMENT

(check off findings)

- | | <u>Yes</u> | <u>No</u> | <u>N/A</u> | <u>Compl. Date</u> |
|---|------------|-----------|------------|--------------------|
| 50. Is compressed air pressure regulated to ensure max PSI for air tools is not exceeded? | () | () | () | () |
| 51. Is the use shop air prohibited for cleaning clothes? | () | () | () | () |
| 52. Are bench grinders secured, equipped with eye/tongue guards and a tool rest? | () | () | () | () |
| 53. Are air hoses used for pneumatic tools free of defects? | () | () | () | () |
| 54. Are all rotating pulleys, belts, fans, and wheels, etc., within seven feet properly guarded? | () | () | () | () |
| 55. Are air grinding/cutting wheels rated at or over the max RPM for the tool they are being used on? | () | () | () | () |

MEDICAL AND EMERGENCY

(check off findings)

	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Compl. Date</u>
56. Are any employees trained in First Aid/CPR?	()	()	()	()
57. Are first Aid supplies available including:				
a. Assorted bandages/gauze	()	()	()	()
b. Rubber gloves	()	()	()	()
c. CPR micro shield	()	()	()	()
d. Hydrogen peroxide	()	()	()	()
e. First Aid book	()	()	()	()

FIRE PROTECTION/LIFE SAFETY

(check off findings)

	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Compl. Date</u>
58. Are portable fire extinguishers:				
a. Fully charged, mounted, identified, and accessible?	()	()	()	()
b. Of proper type for the hazard i.e., A – for normal combustibles; B – for flammable liquids; and C – for electrical fires?	()	()	()	()
c. Inspected and serviced at least annually?	()	()	()	()
d. Mounted within 50 feet of one another?	()	()	()	()
59. Are exits and their paths marked, unobstructed, and doors unlocked?	()	()	()	()
60. Are all exits posted “ EXIT ” with fluorescent six-inch lettered signs?	()	()	()	()
61. Are all emergency lights functioning and tested regularly?	()	()	()	()

ADMINISTRATIVE

(check off findings)

	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Compl. Date</u>
62. Does the dealership have a Safety Committee if over 15 employees?	()	()	()	()
63. Is there a Written Safety Program?	()	()	()	()
64. Have you issued a safety policy statement to employees?	()	()	()	()
65. Does the safety committee meet on a regular basis (at least quarterly)?	()	()	()	()
66. Are minutes kept, posted, and distributed to all management?	()	()	()	()
67. Does management follow up on suggestions offered by the Safety Committee?	()	()	()	()

SAFETY TRAINING/PROGRAMS

(check off findings)

	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Compl. Date</u>
68. Are there written programs and/or trainings completed for:				
a. Hazard Communication	()	()	()	()
b. Fire Extinguishers	()	()	()	()
c. Emergency Evacuation	()	()	()	()
d. Bloodborne Pathogens	()	()	()	()
e. Personal Protective Equipment	()	()	()	()
f. Respiratory Protection	()	()	()	()
g. Forklift Operations	()	()	()	()

- h. Auto Lift Safety () () () ()
- i. Oxyacetylene Torch Operations () () () ()
- j. Ergonomic Back Injury Prevention () () () ()

<i>NOTES:</i>

RESULTS OF INSPECTION

Total from YES Column: _____
 Total from NO Column: _____
 Percentage of Compliance (Y/N): _____

Person(s) conducting inspection: _____ Date: _____
(Signature)

Safety Committee Chair: _____ Date: _____
(Signature)

Dealer/Owner: _____ Date: _____
(Signature)