

SELF-AUDIT CHECKLIST

Service Department

Location: _____ Date: _____

Conducted By: _____ Dept: _____

GENERAL

(check off findings)

	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Compl. Date</u>
1. Is proper footwear worn in the service department?	()	()	()	()
2. Are smoking rules posted where there is a serious fire hazard?	()	()	()	()
3. Are oily rags stored in a closed metal container and emptied regularly?	()	()	()	()
4. Are milk crates prohibited from being used as step stools or seats	()	()	()	()
5. Is a CO exhaust ventilation system in place and operational at all times?	()	()	()	()
6. Are employees prohibited from eating in the service department?	()	()	()	()
7. Are fridges, microwaves, toasters, etc. prohibited in areas with chemicals?	()	()	()	()
8. Are restrooms and eating areas maintained in a clean, orderly, and sanitary condition?	()	()	()	()
9. Is a 15-minute continuous flow eyewash station installed, operational, identified, sanitary, and free of obstructions?	()	()	()	()
10. Is the air compressor inspected? (271-2585)	()	()	()	()
11. Are all Federal and State posters up to date and 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>
12. Are floors clean, dry, and free of slip and fall hazards?	()	()	()	()
13. Are floor drainage grates in place, level, and without gaps?	()	()	()	()
14. 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?	()	()	()	()
15. Does every stairway having four or more risers have a handrail?	()	()	()	()
16. Are toe boards installed around the edges of permanent floor openings or platforms that employees may pass under?	()	()	()	()
17. Are all floor-mounted lifts and exhaust system covers in place?	()	()	()	()
18. Are ladders sturdy, free of defects, equipped with safety feet, and secured when stored?	()	()	()	()

AUTOMOTIVE LIFTS

(check off findings)

	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Compl. Date</u>
19. Are all records of inspections, maintenance, training readily accessible?	()	()	()	()
20. Are lifts inspected annually by a certified lift company?	()	()	()	()
21. Are lift locks in place and operating properly?	()	()	()	()
22. Are lift pads present and in good condition?	()	()	()	()
23. Are tires chocked when working on large trucks?	()	()	()	()
24. Are jack and stabilizing stands used to support vehicles?	()	()	()	()
25. Are lift manufacturer supplied materials displayed conspicuously?	()	()	()	()

HAZARDOUS MATERIAL

(check off findings)

	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Compl. Date</u>
26. Are employees prohibited from storing open containers of waste oil in the workplace?	()	()	()	()
27. Are all portable chemical containers labeled with the name of the product and in accordance with OSHA GHS?	()	()	()	()
28. Are bulk storage containers labeled with the contents e.g., used oil for recycle, waste antifreeze for recycle?	()	()	()	()
29. Are chemical-resistant gloves located at, and worn when using the parts washer?	()	()	()	()
30. Does the battery charging area have chemical-resistant gloves and goggles present, as well as a containment area for filling them?	()	()	()	()
31. Are gasoline buggies properly labeled “ flammable ” and equipped with a ground strap?	()	()	()	()

ENVIRONMENTAL

(check off findings)

	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Compl. Date</u>
32. Are all used oil roll-arounds labeled as “ used oil for recycle ”?	()	()	()	()
33. Are all used oil tanks/drums labeled as “ used oil for recycle ”?	()	()	()	()
34. Are all tanks, drums, and catch pails kept closed unless actively filling?	()	()	()	()
35. Are all pails of used oil filters labeled as “ used oil filters for recycle ”?	()	()	()	()
36. Are all tanks and drums of waste anti-freeze labeled as universal waste with its contents and accumulation start date?	()	()	()	()
37. Are all tanks and drums of waste anti-freeze kept closed unless actively filling?	()	()	()	()
38. Are all universal wastes (bulbs and lamps, CRT’s) properly stored in containers so they do not enter the environment	()	()	()	()
39. Are all spent batteries promptly moved to a battery storage containment area in the event of a spill, leakage, or release of the contents?	()	()	()	()

PERSONAL PROTECTIVE EQUIPMENT

(check off findings)

	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Compl. Date</u>
40. Is there a footwear policy in the service department?	()	()	()	()
41. Is there a PPE/Eye Protection policy?	()	()	()	()
42. Are employees required to wear eye protection whenever in the service department?	()	()	()	()
43. If no, are there task specific requirements and signs posted in areas of high hazard probability?	()	()	()	()
44. If necessary, due to job hazards, are the following provided?				
a. Goggles	()	()	()	()
b. Shaded goggles for welding or cutting	()	()	()	()
c. Hearing protection	()	()	()	()
d. Safety gloves (disposable, chemical resistant, leather)	()	()	()	()
45. Are employees trained in the proper use of PPE?	()	()	()	()

WELDING AND CUTTING

(check off findings)

	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Compl. Date</u>
46. Are stored oxygen and acetylene cylinders separated by 20 feet?	()	()	()	()
47. Are cylinders secured in an upright position?	()	()	()	()
48. Are valve stems capped when not in use?		()	()	()
49. Do persons using welding equipment wear correct PPE?	()	()	()	()
50. Are screens used when other employees may be exposed to a welding flash?	()	()	()	()
51. Are back-flow and flashback valves equipped on the oxy-fuel gas system?	()	()	()	()
52. Are the lines bled after each use?	()	()	()	()

ELECTRICAL

(check off findings)

	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Compl. Date</u>
53. Are all outlets in Recon operating on ground fault circuit interrupters (GFCI's)?	()	()	()	()
54. Are all electrical cords free from defects i.e., exposed wires, broken grounds?	()	()	()	()
55. Are all electrical cords double insulated?	()	()	()	()
56. Are circuit breaker panels completely posted and marked?	()	()	()	()
57. Are circuit breakers kept clear of obstructions with at least a 3 foot radius?	()	()	()	()
58. Are knockouts properly capped at all electrical boxes?	()	()	()	()
59. Are all permanent fixtures hardwired?	()	()	()	()

POWER TOOLS AND EQUIPMENT

(check off findings)

	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Compl. Date</u>
60. Is compressed air pressure regulated to ensure max PSI for air tools is not exceeded?	()	()	()	()
61. Is the use of shop air prohibited for cleaning clothes?	()	()	()	()

- | | | | | |
|---|-----|-----|-----|-----|
| 62. Are bench grinders secured, equipped with eye/tongue guards and a tool rest? | () | () | () | () |
| 63. Is the bench grinder stone free of debris, grit, and any defects? | () | () | () | () |
| 64. Are soft metals prohibited from being used on the bench grinder? | () | () | () | () |
| 65. Are air hoses used for pneumatic tools free of defects? | () | () | () | () |
| 66. Are all rotating pulleys, belts, fans, and wheels, etc. (e.g. Compressor),
within seven feet properly guarded? | () | () | () | () |
| 67. Are air grinding/cutting wheels rated at or over the max RPM for the tool
they are being used on? | () | () | () | () |
| 68. Are the following mechanical lifting devices provided for heavy loads: | | | | |
| A. Transmission jacks | () | () | () | () |
| B. Engine hoists | () | () | () | () |
| C. Engine stands | () | () | () | () |
| D. Floor cranes | () | () | () | () |
| E. Car pushers | () | () | () | () |

MEDICAL AND EMERGENCY

(check off findings)

- | | <u>Yes</u> | <u>No</u> | <u>N/A</u> | <u>Compl. Date</u> |
|--|------------|-----------|------------|--------------------|
| 69. Are any employees trained in First Aid/CPR? | () | () | () | () |
| 70. Is a list of the trained employees posted by the first aid kit & AED? | () | () | () | () |
| 71. Are first Aid supplies available including: | | | | |
| a. Assorted bandages/gauze | () | () | () | () |
| b. Medical gloves | () | () | () | () |
| c. Hydrogen peroxide | () | () | () | () |
| d. Alcohol wipes | () | () | () | () |
| e. Antiseptic ointment | () | () | () | () |
| f. Tweezers | () | () | () | () |
| g. Cold compress | () | () | () | () |
| h. Scissors | () | () | () | () |
| i. Emergency blanket | () | () | () | () |
| j. First Aid book | () | () | () | () |
| 72. Is there a Blood borne pathogen kit available? | () | () | () | () |
| 73. Is the AED up to date including: | | | | |
| a. Batteries in good condition | () | () | () | () |
| b. Pads within their expiration date | () | () | () | () |
| 74. Has emergency evacuation training been performed? | () | () | () | () |
| 75. Are emergency services phone numbers posted throughout the facility? | () | () | () | () |
| 76. Is there an Emergency Action Plan in place including procedures for
lockdowns, secure campus, inclement weather, hazardous waste spills, etc? | () | () | () | () |

FIRE PROTECTION/LIFE SAFETY

(check off findings)

	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Compl. Date</u>
77. 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; C – for electrical fires; and D – for metal fires?	()	()	()	()
c. Inspected and serviced at least annually?	()	()	()	()
d. Mounted within 50 feet of one another?	()	()	()	()
78. Are exits and their paths marked, unobstructed, and doors unlocked?	()	()	()	()
79. Are all exits posted “ EXIT ” with fluorescent six-inch lettered signs?	()	()	()	()
80. 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>
81. Does the dealership have a Safety Committee if over 15 employees?	()	()	()	()
82. Is there a Written Safety Program?	()	()	()	()
83. Does the safety committee meet on a regular basis (at least quarterly)?	()	()	()	()
84. Are minutes kept, posted, and distributed to all management?	()	()	()	()
85. 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>
86. 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. Forklift Operations	()	()	()	()
g. Auto Lift Safety	()	()	()	()
h. Oxyacetylene Torch Operations	()	()	()	()
i. Ergonomic Back Injury Prevention	()	()	()	()
j. Respirator Safety (if applicable)	()	()	()	()
k. Universal Waste (Hazardous Waste)	()	()	()	()

<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)