

## SAFETY REVIEW

The safety and well-being of every participant is critically important. Complete this checklist with ALL participants and review any other relevant safety and emergency policies and procedures specific to your workplace.

		Yes	No	N/A
1	<b>CLEANLINESS:</b> Are work areas clean? Is trash removed regularly? Is combustible trash/material in approved containers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	<b>FLOORS/AISLES:</b> Are floors and other surfaces smooth? Are aisles clear of hazards that may cause falls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	<b>STAIRS/RAMPS:</b> Is sufficient lighting present and functional? Are handrails installed and properly positioned? Are ramps/inclines equipped with non-slip surfaces?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Are rungs free of cracks or breaks? Are hinges working properly? Are safety feet/braces in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	<b>STORAGE:</b> Is there sufficient space to minimize clutter? Do corners have unobstructed views? Are products stacked in an orderly and stable fashion?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	<b>MACHINES/EQUIPMENT:</b> Are standard safety guards or guides provided and in working order? Are machines/equipment in safe operating condition and maintained consistent with manufacturers requirements? Are warning signs regarding unauthorized uses attached to machines/equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	<b>MATERIALS HANDLING:</b> Is material handling equipment provided, used and maintained according to manufacturers' instruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	<b>HAND TOOLS:</b> Are hand tools in safe condition, free of excessive wear and tear, and well maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9	<b>ELECTRICAL:</b> Are machines and power equipment properly grounded and using power cords in safe operating condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	<b>LIGHTING:</b> Is there sufficient lighting present and functional in work areas? Is emergency lighting in place, functioning and regularly tested?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	<b>PERSONAL PROTECTIVE EQUIPMENT:</b> Is "PPE" provided and used whenever and wherever necessary and appropriate? Is PPE in good working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12	<b>FIRST AID:</b> Are individuals trained in first aid techniques clearly identified and known by all? Are facilities/safe areas provided to enable effective rendering of first aid should it become necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	<b>FIRE EXTINGUISHERS:</b> Are extinguishers present, readily accessible and clearly marked? Are they in working order and carrying current services tags?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	<b>EXITS:</b> Are exits clearly marked and accessible? Are evacuation routes posted for all to see/read?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	<b>BOILERS/PRESSURE VESSELS:</b> Are certificates of inspection (as required) present and current? Are safety devices in working order and tested regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	<b>EMPLOYEE TRAINING:</b> Are all employees trained in proper lifting techniques, use of equipment, and how to deal with hazardous materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	<b>GENERAL:</b> Are records kept on inspection reports by applicable regulatory agencies? Do files contain recommendations and implementation of corrective actions as ordered by such agencies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<div style="border-top: 1px solid black; margin-top: 0; padding-top: 5px;"> <span style="font-size: 1.2em;">Signature – Worksite Supervisor</span> </div>				