



# Self-Inspection Program

All workplaces regardless of size need to identify hazards in their workplace. An effective safety audit will ask a series of questions designed to identify potential safety hazards.

A Safety Audit Program can help. The City of (CITY NAME) has adopted a questionnaire that will aid employees in identifying hazards that may be present in departments throughout the city.

This program is an excellent beginning as well as an ongoing tool for The City of (CITY NAME) to help identify any safety hazards that may exist in the workplace.

A safety audit is a tool to help employers and employees identify possible safety and health hazards in their workplace and how to address those hazards.

If you do not have experience and knowledge of occupational safety and health, then this program can alert you to many common hazards that might be present in your workplace. It draws conclusions from what you tell it about the work practices, materials and equipment used in your workplace.

What is the purpose of a walk-through survey?

The purpose of a walk-through survey is to identify the particular hazards in your workplace. Some of these may be obvious, but an onsite inspection should still be performed. Work practices, job procedures, equipment, workplace layout, and individual factors may play a deciding role in the type of controls recommended for a certain job.

Recognizing potential hazards should include reviewing the manufacturing or other processes, maintaining an inventory of physical and chemical agents encountered routinely or periodically, examining all the different job activities of a work area, and studying the existing control measures. Every effort should be made to control all hazards, where possible, at the source.

Particular attention should be paid to job requirements that may have important consequences for the PPE selected because some types of hazards require complicated PPE solutions. For example, working with chlorine requires respiratory and eye protection because chlorine irritates both the respiratory system and the mucous membranes of the eyes. It is important to continually review Safety Data Sheets (SDS's) as part of the inspection, as they indicate the types of hazards associated with specific materials.

The City of (CITY NAME) has developed a Self-Inspection Checklist designed to identify your potential safety hazards. It is the responsibility of each Department Supervisor to ensure that a Safety Audit/Self inspection Checklist is completed each month. The following pages show the Self Inspection Form that is to be utilized by each Department. This form may be customized to meet the needs of each individual department within The City of (CITY NAME).



# Self Inspection Checklist

Date \_\_\_\_\_ Inspected by \_\_\_\_\_

Department Inspected \_\_\_\_\_

Circle Month

J	F	M	A	M	J	J	A	S	O	N	D
---	---	---	---	---	---	---	---	---	---	---	---

**Housekeeping**

Yes      No      N/A

Are the aisles clear and at least three feet wide? ?      ?

Corrective Action/Date:

Are floors free of oil, grease, liquids, broken and uneven surfaces or nails or sharp objects? ?      ?

Corrective Action/Date:

Are no-smoking policies obeyed? ?      ?

Corrective Action/Date:

Is all trash placed in proper containers? ?      ?

Corrective Action/Date:

Are materials stored so they don't stick out and can't fall? ?      ?

Corrective Action/Date:

Are stairs in good condition and well lit? ?      ?      ?

Corrective Action/Date

**Machinery and equipment**

Are machines clean and well lubricated ?      ?      ?

Corrective Action/Date

Are machine guards in place and in use? ?      ?      ?

Corrective Action/Date

Are electrical cords unfrayed? ?      ?

Corrective Action/Date

Do electrical plugs and their outlets match? ?      ?

Corrective Action/Date

Is ventilation operating properly? ?      ?      ?

Corrective Action/Date

Is lighting adequate for close work and properly protected under 7'? ?      ?

Corrective Action/Date



**Machinery and equipment**

	Yes	No	N/A
Is proper lockout/tagout followed for equipment maintenance and repair?	<input type="checkbox"/>	<input type="checkbox"/>	
Corrective Action/Date:			

Are ladders in good condition and right for the job?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrective Action/Date:			

**Hazardous substances:**

Do all containers have complete, legible labels?	<input type="checkbox"/>	<input type="checkbox"/>	
Corrective Action/Date:			

Are MSDSs available for all hazardous substances used?	<input type="checkbox"/>	<input type="checkbox"/>	
Corrective Action/Date:			

Are liquids in closed and proper containers?	<input type="checkbox"/>	<input type="checkbox"/>	
Corrective Action/Date:			

Are absorbent spill cleanup materials available?	<input type="checkbox"/>	<input type="checkbox"/>	
Corrective Action/Date:			

Are food, beverages, etc., absent from work area?	<input type="checkbox"/>	<input type="checkbox"/>	
Corrective Action/Date:			

**Personal protective clothing and equipment**

Is PPE readily available to protect against area hazards?	<input type="checkbox"/>	<input type="checkbox"/>	
Corrective Action/Date:			

Is PPE in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	
Corrective Action/Date:			

Are all workers using appropriate PPE?	<input type="checkbox"/>	<input type="checkbox"/>	
Corrective Action/Date:			

**Emergency protection**

Are properly inspected fire extinguishers readily available and mounted?	<input type="checkbox"/>	<input type="checkbox"/>	
Corrective Action/Date:			

Is the alarm system working?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrective Action/Date:			

Are fire exits unobstructed and identified?	<input type="checkbox"/>	<input type="checkbox"/>	
Corrective Action/Date:			

Are non-exit doors identified?	<input type="checkbox"/>	<input type="checkbox"/>	
Corrective Action/Date:			

Are sprinklers unblocked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrective Action/Date:			



**Emergency protection**

	Yes	No	N/A
Is an evacuation route posted?	<input type="checkbox"/>	<input type="checkbox"/>	
Corrective Action/Date:			

Are first aid supplies readily available?	<input type="checkbox"/>	<input type="checkbox"/>	
Corrective Action/Date:			

**Safety and Health Practices**

Do people wash thoroughly after working with hazardous substances?	<input type="checkbox"/>	<input type="checkbox"/>	
Corrective Action/Date:			

Is PPE properly removed and decontaminated?	<input type="checkbox"/>	<input type="checkbox"/>	
Corrective Action/Date:			

Are only qualified employees performing electrical work?	<input type="checkbox"/>	<input type="checkbox"/>	
Corrective Action/Date:			

Are operators and pedestrians following forklift safety rules?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrective Action/Date			

Are safe lifting and carrying techniques used?	<input type="checkbox"/>	<input type="checkbox"/>	
Corrective Action/Date			

Is all trash disposed of properly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrective Action/Date			

Are all employees protected from falls greater than 6'?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrective Action/Date			

Are safe trenching practices used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Corrective Action/Date			

**Additional Comments:**

---

---

---

---

---

---

---

---

---

---