

Garage and Shop

SAFETY CHECKLIST

Location _____ Name _____ Signature _____ Date _____

Personal Protective Equipment

DESCRIPTION	YES	NO	N/A
Safety glasses and/or goggles available and being used?			
Protective eye wear use is specified in writing?			
Is noise protection used when loud work is done?			
Hand protection used/worn as required?			
Foot protection worn as required?			
Welding helmet, gloves, apron, and curtain available?			
Respirator or proper ventilation available?			
Supplies on hand for incidental chemical spills?			

Emergency/OSHA Related Items

DESCRIPTION	YES	NO	N/A
Emergency phone numbers and evacuation map posted?			
Emergency eyewash and/or shower units accessible?			
First aid kit and BBP kit available at work site?			
First aid trained competent person available?			
Fire extinguishers readily available (not blocked)?			
Fire extinguishers inspected monthly/yearly as needed?			
OSHA poster mounted in prominent location?			
Safety bulletin board contains up to date information?			

Electrical Safety Issues

DESCRIPTION	YES	NO	N/A
GFCI's used for all portable electrical hand tools?			
Extension cords rated for hard or extra hard usage?			
Certified or listed equipment is used per manufacturer's instructions?			
Electrical panels are labeled appropriately?			
Electrical panel knockouts are in place?			

Light bulbs for illumination protected from breakage?			
Strain relief integrity for cords and plugs in tact?			
For extension cords; hard usage cord includes three wire cord marked = S, ST, SO, STO, SJ, SJO, SJT or SJTO			
Electrical cords inspected & have all prongs in tact?			
Strain relief in tact for all flexible cords & plug fittings?			
Is pressure washer grounded per NEC requirements?			
Electric power tools are double insulated or grounded?			

General Shop Safety & Health Issues

DESCRIPTION	YES	NO	N/A
General housekeeping is neat and orderly?			
Lockout/Tagout is being used for appropriate tasks?			
Do all areas have adequate illumination?			
Are new employees trained on safety procedures?			
Job safety analysis or safe work procedures in writing?			
At a minimum, monthly safety inspections are done?			
Near-miss/close call reporting system is in place?			

Hazard Communication

DESCRIPTION	YES	NO	N/A
SDS openly available to all employees?			
SDS inventory contains all items in the garage/shop?			
All hazardous containers labeled appropriately?			
Flammable liquids are in metal safety cans?			
Flammable liquids storage containers labeled properly?			
Are covered metal containers used for oily rags?			
Hazardous liquids stored below eye level?			

Hot Work / Welding Safety

DESCRIPTION	YES	NO	N/A
Compressed gas cylinders stored secured upright with caps?			
Hot work permits used for grinding, cutting, welding?			
Oxygen/acetylene torch units have flash back arrestors?			
Grinders (portable and stationary) have guards in place?			
Stationary grinding wheel tool rest is 1/8 inch or less?			
Stationary grinding wheel tongue guard is 1/4 inch or less?			
Grinders are inspected, ring tested and free of defects?			

Fall Protection

DESCRIPTION	YES	NO	N/A
Wall openings and floor holes are covered or guarded?			
100% fall protection in place above 4 feet in height?			
Employees operating lifts are trained on the equipment?			
Ladders are safe and inspected as appropriate?			
Extension and straight ladders extend 3 feet beyond landing?			
Step ladder or commercial step stool used for access?			
Guard rails exist for platforms and scaffolding?			
Step ladders are only used in open position?			

Tool Safety

DESCRIPTION	YES	NO	N/A
Are portable jacks inspected according to manufacturer requirements?			
Are safety jacks used while working on vehicles?			
Are portable power tools provided with guarding?			
Portable circular saws equipped with protective guards?			
Unsafe hand tools are prohibited?			
Impact tools, hammers kept free of splinters/mushrooms?			
Hoists are inspected monthly and documented?			
Hoists are inspected annually by outside service?			
Impact air tools have safety clips or retainers on them?			
Compressed air used for cleaning limited to 30 psi ?			

Corrective Action Plan

ACTION ITEM	PERSON(S) RESPONSIBLE	TO BE DONE BY	STATUS*

*Status column should be marked = either listed as “open”, “in process, or “closed”