



All Departments

SAFETY CHECKLIST

Name _____ Department _____ Date _____

DESCRIPTION	YES	NO	N/A
Ventilation and illumination adequate in all areas.			
Aisles and passageways clear and unobstructed.			
Temporarily obstructed passageways clearly identified and barricaded.			
All spillages and breakages immediately cleaned up.			
Electric cords and phone cables secured to prevent tripping hazards.			
Floors in good condition.			
Floors made slip resistant where necessary.			
Storage and equipment rooms clean and orderly.			
Stairways equipped with standard handrails.			
Employees given proper instruction on use of equipment, tools, and machinery.			
Protective equipment, devices, and clothing used as required.			
Electric tools and machinery properly grounded.			
All waste materials deposited in proper containers.			
Waste receptacles emptied before completely full.			
“Authorized personnel only” rule enforced in designated areas.			
Fire extinguishers of proper size and type for each location are properly charged.			
Instruction given on what to do in case of fires or other emergencies.			
No smoking rule enforced in restricted areas.			
Fire escapes and exits adequately marked and kept clear.			