General Safety Inspection

Company Name: _____ Facility Address: _____

Manager/Supervisor: _____ Date/Time: _____ _____

Inspector(s): _____

Yes	No	NA	Corr Date	Area Inspected
				1. OSHA posters displayed in prominent location?
				2. Safety signs/warnings posted where appropriate?
				3. Emergency telephone numbers posted where they can be found readily?
				4. First aid kit available and adequately stocked?
				5. Substance abuse policy in-place?
				6. Summary of Occupational Injuries and Illnesses posted?
				7. Emergency evacuation traffic routes identified?
				8. All work areas clean and orderly?
				9. Combustible scrap, debris and waste stored safely and removed from work areas promptly?
				10. Adequate toilets and washing facilities provided?
				11. Toilets and wash areas clean and sanitary?
				12. Work areas adequately illuminated?
				Recordkeeping
				1. OSHA logs maintained as required?
				2. Medical records and exposure records maintained as required?
				3. Training records maintained in accordance with OSHA requirements?
				4. Employee records being maintained for required time frame?
				5. Operating permits and records up-to-date?
				6. Procedures in place to maintain records and logs?

				a. Safety inspections b. Safety meeting minutes c. Accident investigations d. Emergency response drills