

## SUPERVISOR WEEKLY SAFETY INSPECTION

Supervisor \_\_\_\_\_

Date \_\_\_\_\_

Area Inspected \_\_\_\_\_

For items checked "NO", Fill out a Maintenance Work Order. Mark "N/A" for items not applicable to your area		
<b>Fire Protection</b>	Yes	No
Fire extinguishers inspected, charged, accessible (3 ft clearance)		
Combustible material removed, stored properly. Flammable material in approved areas		
Exit routes clear & EXIT or NO EXIT signs posted (lighted & visible)		
Evacuation routes are posted		
Storage separation from Walls & Ceiling (18" minimum for sprinklered areas)		
<b>Electrical Safety</b>		
Power panels, controls, receptacles & wiring covered. No missing, lose or broken parts		
Electric power cords are not frayed or broken All plugs have 3 prongs		
No extension cords through walls, doors, ceiling, windows, under mats or rugs		
Electric panels are marked to indicate Service & Voltage - 3 foot clearance each side		
<b>Trip-Slip-Fall Hazards</b>		
Drain covers & grates are in good repair and installed		
Walkways are clear of material, cords		
Guardrails, steps are secured. Ladders are in good repair, no missing, lose parts		
Adequate lighting in all areas, including exterior night lighting		
<b>Personal Protection</b>		
Machine guards in place		
Emergency Eye Wash Stations capped, functional, accessible		
Personal Protective Equipment being used		
Good body mechanics (lifting, pushing pulling, range of motion, no twisting)		
Lockout - Tagout program properly used		
<b>Chemical Safety</b>		
All containers are properly labeled with specific hazards and are closed/sealed		
Only the minimum amount needed is in the work area, all others are properly stored		
<b>Forklifts &amp; Pallet Jacks</b>		
All operators have current licenses		
All equipment functions properly - brakes, horn, controls, backup alarm		
Forklift seat belts used		
Traffic routes established and marked		

Route to:

Department Superintendent \_\_\_\_\_

Safety Office: \_\_\_\_\_