1. Take pictures of inspected area(s) (especially identified hazards). Create an electronic folder for inspection pictures, include the date of the inspection in the title of the files, Example: **Folder Name**: *Inspections 2019,* **File Name**: *Warehouse July 1 2019.*
2. [x]  Check off hazard items that need attention/corrective action [x]  **.**
3. If no hazards are found check off the “***No Hazards found in this Section/Area/Location”*** at the end of the inspection report and date & sign.
4. Note Initial Hazard Rating **1 = Low/2 =Medium/3 = High.**
5. Check/Circle/Underline/Highlight specific items identifying hazards found.
6. Insert detailed description in “**Report Findings**” Form at the end of this check off list.

|  |  |
| --- | --- |
|  **Location (Address):** | Company or site address |
| **Picture #** | **Item #** | **Area:** | **Initial Hazard Rating** |
|  |  | [ ]  **Warehouse** [ ] **, Office(s),** [x]  **Yard,** [ ]  **Shop** [ ]  **Workstations** [ ]  **Parking Lot**  **Other:** [ ] [ ] [ ]  |  |
|  |  | **Section:** | **Notes:** | **Hazards Found** | 1,2,3 |
|  | 1 | **Floors, Walkways & Stairs** |  |[ ]   |
|  | 2 | **Exits & Doorways** |  | [ ]  |  |
|  | 3 | **Emergency Equipment** |  | [ ]  |  |
|  | 4 | **Lighting**  |  | [ ]  |  |
|  | 5 | **Electrical** |  | [ ]  |  |
|  | 6 | **Shelving/Storage/Cabinets/Cupboards** |  | [ ]  |  |
|  | 7 | **Equipment & Tools**  |  | [ ]  |  |
|  | 8 | **Hoisting Equipment** |  | [ ]  |  |
|  | 9 | **Guarding/Lockout/Tagout** |  | [ ]  |  |
|  | 10 | **Furniture** |  | [ ]  |  |
|  | 11 | **Ergonomics** |  | [ ]  |  |
|  | 12 | **Housekeeping** |  | [ ]  |  |
|  | 13 | **Hygiene** |  | [ ]  |  |
|  | 14  | **Personal Protective Equipment (PPE)** |  | [ ]  |  |
|  | 15 | **Hazardous Substances** |  | [ ]  |  |
|  | 16 | **Building Structures**  |  | [ ]  |  |
|  | 17 | **First Aid**  |  | [ ]  |  |
|  | 18 | **Certifications** |  | [ ]  |  |
|  | 19 | **Vehicles**  |  | [ ]  |  |
|  | 20 | **Mobile Equipment** |  | [ ]  |  |
|  | 21 | **Safe Work Practices**  |  | [ ]  |  |
|  | 22 | **Other** |  | [ ]  |  |
|  | 23 |  |  | [ ]  |  |

|  |  |  |
| --- | --- | --- |
| ***No Hazards found in this Section/Area/Location*** | [ ]  |  |
| Inspected by: | Date:  | Time: |
| *Name* | Signature | *Name* | Signature |
| *Name* | Signature | *Name* | Signature |

**Report Findings**

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| # | Issues/Hazards Observed | Hazard Rating | Repeat (Y/N) | Assigned to | Due | Action | Comp. Date | Authority Signature |
| 1 |  |  |  |  |  |  |  |  |
| 2 |  |  |  |  |  |  |  |  |
| 3 |  |  |  |  |  |  |  |  |
| 4 |  |  |  |  |  |  |  |  |
| 5 |  |  |  |  |  |  |  |  |
| 6 |  |  |  |  |  |  |  |  |
| 7 |  |  |  |  |  |  |  |  |

|  |  |  |
| --- | --- | --- |
| Inspected by: | Date:  | Time: |
| *Name* | Signature | *Name* | Signature |
| *Name* | Signature | *Name* | Signature |