

## Industrial / Vocational Shop Areas SAFETY AND HEALTH CHECKLIST

**Note: Consult with instructor or other professional in area as required**

Name of School: \_\_\_\_\_

Inspection Team: \_\_\_\_\_

Date Inspected: \_\_\_\_\_

**Scale:**     **S** (SATISFACTORY)            **N** (NOT SATISFACTORY)            **N/A** (NOT APPLICABLE)

**Guidelines to follow:**

- |  |   |   |     |
|--|---|---|-----|
| 1. Ceiling (fixtures, plaster, etc.) in good repair?.....  | S | N | N/A |
| 2. No objects hanging from light fixtures or ceiling?.....   | S | N | N/A |
| 3. General lighting functioning?.....  | S | N | N/A |
| 4. Emergency fire exit route clearly posted?.....  | S | N | N/A |
| 6. Covers present on breaker panels?.....  | S | N | N/A |
| 7. Breaker panels locked?.....   | S | N | N/A |
| 8. Safety shower visible, accessible and functional?.....  | S | N | N/A |
| 9. Papers on walls restricted to bulletin boards?.....   | S | N | N/A |
| 10. Combustibles not being kept near radiator or other heat sources?.....  | S | N | N/A |
| 11. No extension cords used as fixed/permanent wiring?.....  | S | N | N/A |
| 12. Aprons present for welding?.....   | S | N | N/A |
| 13. Kill switch (power cutoff) present for electrical power?.....  | S | N | N/A |
| 14. General cleanliness satisfactory?.....   | S | N | N/A |
| 15. All materials labeled and stored properly as per WHMIS requirements?.....  | S | N | N/A |
| 16. A current (within last 3 years) MSDS (Material Safety Data Sheet)<br>for each chemical present and accessible?.....                                      | S | N | N/A |
| 17. Inventory current for all areas (kept in MSDS binder)?.....  | S | N | N/A |
| 18. Is local exhaust used when welding or cutting galvanized or other hazardous<br>materials (e.g. lead, zinc, aluminum, mercury, cadmium) functioning?..... | S | N | N/A |
| 19. Do tanks have flashback arrestors at the valve?.....   | S | N | N/A |

- 20. Compressed gas cylinders properly stored, secured and labeled?..... S N N/A
- 21. Local exhaust present (e.g. dust collector, exhaust, etc.)?..... S N N/A
- 22. First Aid Kits present, accessible and properly stocked?..... S N N/A
- 23. Suspended ceiling tiles are in place?..... S N N/A

**Comments or Concerns:** (Use this area to indicate specific room numbers, areas, etc. that may require attention)

**WPS&H Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Principal/Building Manager:** \_\_\_\_\_ **Date:** \_\_\_\_\_