



SAFETY POLICY AND PROCEDURE MANUAL

NUMBER 6.0 – SAFETY AND HOUSEKEEPING INSPECTION

Number: 6.0

Issued: 5/2018

Revised: 1/2023

Page 1 of 2

1.0 **PURPOSE:**

To establish a formal system to routinely self-inspect each Signature facility in an effort to detect unsafe and/or hazardous conditions, ensure OSHA compliance, and to promote safe and healthful work habits.

2.0 **POLICY:**

Each Signature facility must perform a safety self-inspection every month. Any deficiency found in the monthly inspection must be corrected as soon as possible.

3.0 **RESPONSIBILITIES:**

- A. It is the responsibility of the **Facility Leader** to ensure compliance with this procedure in its entirety.
- B. It is the responsibility of all **Employees** to follow the requirements of this procedure.

4.0 **PROCEDURE:**

- A. Each facility is to perform a formal safety inspection every month. Such inspection is to be performed by the Safety Committee members and engage additional employees from each department.
- B. Inspections are performed to identify specific unsafe conditions which may cause accidents, and to report these findings. Objectives of performing inspections are:
 - a. To reveal specific accident producing hazards
 - b. To analyze new, seasonal, or occasional operations for the purpose of eliminating hazards
 - c. To support and supplement the Signature safety program
- C. The "Safety and Housekeeping Inspection Form" (see attached) must be used by the Safety Committee each month to conduct the formal safety inspection.
- D. The completed Safety and Housekeeping inspection form should be presented to the Facility Leader along with recommendations for corrective action(s).
- E. The observations noted on the Safety and Housekeeping Inspection Form should be addressed by the Facility Leader with the plant employees during the Monthly Communications Meeting.
- F. All safety deficiencies found during audits and inspections should be corrected as soon as possible. Any issue identified as "Safety", the corrective actions must start within one week of being identified. Documentation of corrections should be made on the audit or inspection sheet.
- G. All completed "Safety and Housekeeping Inspection Forms" should be kept in a safety notebook or electronic folder at the facility for a minimum of 24 months.
- H. Employees failing to comply with this procedure will be disciplined in accordance with normal progressive disciplinary procedures for the facility.



SAFETY POLICY AND PROCEDURE MANUAL

NUMBER 6.0 – SAFETY AND HOUSEKEEPING INSPECTION

Number: 6.0

Issued: 5/2018

Revised: 1/2023

Page 10 of 2

5.0 ATTACHMENT / FORMS:

A. Safety and Housekeeping Inspection Form

6.0 PROCEDURE HISTORY

Original Issue - 5/2018

Revised - 10/2021

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SAFETY POLICY AND PROCEDURE MANUAL

NUMBER 6.0 – SAFETY AND HOUSEKEEPING INSPECTION

ATTACHMENT A – SAFETY AND HOUSEKEEPING INSPECTION FORM

Number: 6.0

Issued: 5/2018

Revised: 1/2023

Page 1 of 9

FACILITY _____ MONTH _____ YEAR _____

On this Safety and Housekeeping Inspection Form a “Yes” response indicates compliance or a safe status. A “No” response indicates noncompliance and need for corrective action.

A. GENERAL

- | | |
|---|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 1. Are emergency evacuation routes identified and posted? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 2. Is the OSHA poster prominently displayed where all employees will see it? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 3. Are emergency telephone numbers posted at each telephone? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 4. Is there a safety committee in place at the facility? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 5. Are combustible waste and debris removed from work areas promptly? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 6. Are warnings posted for employees to see? |

B. OSHA RECORD KEEPING

- | | |
|---|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 1. Are workplace injuries and illness records being kept on the OSHA 300 log? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 2. Is an annual summary of the OSHA 300 log posted from 2/1 to 4/30 of each year? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 3. Are required training records maintained? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 4. Are operating permits and records up-to-date? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 5. Are procedures in place to maintain records and logs of safety inspections, safety meeting minutes, accident investigations, and emergency response drills? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 6. Are employee's certifications/licenses up-to-date? |

C. TRAINING

- | | |
|---|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 1. Is safety training provided and documented for all employees? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 2. Are adequate training resources available? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 3. Do all employees receive refresher training at least once per year? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 4. Have all employees been trained in proper procedures for reporting unsafe conditions, defective equipment, and unsafe acts? |

D. MEDICAL SERVICES/FIRST AID

- | | |
|---|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 1. Are approved first-aid kits available and stocked adequately, accessible and not expired? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 2. Is a bloodborne pathogen plan in place with supplies and accessible? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 3. Are emergency eyewash stations available in areas where chemicals are used? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 4. Are trauma kits available and within a response time of less than two minutes? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 5. Have eyewash stations been checked and maintained in the last 30 days? |

E. FIRE PROTECTION

- | | |
|---|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 1. Are fire extinguishers inspected monthly and results noted on the inspection tag? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 2. Are fire extinguishers mounted in readily accessible locations with signage above? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 3. Are fire extinguishers provided in proper numbers/types according to local code? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 4. Are fire alarm systems and fire suppression systems tested at least annually? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 5. Are employees periodically instructed in the use of fire protection procedures and evacuation? |



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Number: 6.0

Issued: 5/2018

Revised: 1/2023

Page 2 of 9

F. WORK AREAS

☐ Yes ☐ No ☐ N/A

☐ Yes ☐ No ☐ N/A

☐ Yes ☐ No ☐ N/A

☐ Yes ☐ No ☐ N/A

1. Are work areas clean, orderly and safe?
2. Are workers aware of the hazards involved in their job?
3. Are appropriate caution labels and signs used to warn employees of hazardous substances and is PPE available in those areas?
4. Is current JHA posted and signed?

G. WALKWAYS

☐ Yes ☐ No ☐ N/A

☐ Yes ☐ No ☐ N/A

☐ Yes ☐ No ☐ N/A

☐ Yes ☐ No ☐ N/A

☐ Yes ☐ No ☐ N/A

☐ Yes ☐ No ☐ N/A

☐ Yes ☐ No ☐ N/A

☐ Yes ☐ No ☐ N/A

☐ Yes ☐ No ☐ N/A

☐ Yes ☐ No ☐ N/A

☐ Yes ☐ No ☐ N/A

1. Are work areas free of slip and fall hazards?
2. Are the floors in work areas dry and free of oil?
3. Are aisles and fork truck lanes properly marked?
4. Are slip resistant mats used in wet areas?
5. Are uneven floor elevations marked?
6. Are floor openings guarded and marked?
7. Are warning signs posted and clearly visible?
8. Are pedestrians and other traffic protected from open trenches?
9. Are employees protected from high traffic areas?
10. Are standard guardrails provided for walkway surfaces elevated more than 30 inches above any adjacent floor or ground?
11. Are bridges provided over conveyors and similar hazards?

H. NOISE

☐ Yes ☐ No ☐ N/A

☐ Yes ☐ No ☐ N/A

☐ Yes ☐ No ☐ N/A

☐ Yes ☐ No ☐ N/A

☐ Yes ☐ No ☐ N/A

1. Are noise levels in work areas within acceptable levels (below TWA of 85dBA)?
2. Is an ongoing preventive health program in place to educate employees in safe levels of noise exposures, effects of noise on personal health, and the use of PPE?
3. Is approved hearing protective equipment available to every employee?
4. Are employees who use ear protectors properly trained and fitted?
5. Have hearing tests been performed within the past 12 months?

I. EXITS

☐ Yes ☐ No ☐ N/A

☐ Yes ☐ No ☐ N/A

☐ Yes ☐ No ☐ N/A

☐ Yes ☐ No ☐ N/A

☐ Yes ☐ No ☐ N/A

☐ Yes ☐ No ☐ N/A

☐ Yes ☐ No ☐ N/A

1. Are all exits marked and illuminated by a reliable source of light?
2. Are all doors or passageways that are not exits appropriately marked?
3. Is lettering on "Exit" signs at least 5 inches high and ½ inch wide?
4. Are all exits free of obstructions?
5. Are there enough exits to permit prompt emergency escape?
6. Do exit doors open outward away from the direction of exit without requiring the use of a key or any special knowledge or effort?
7. Are exit doors that open onto a street, alley, or parking area provided with adequate barriers and warnings to prevent employees from stepping into traffic?

NUMBER 6.0 – SAFETY AND HOUSEKEEPING INSPECTION**ATTACHMENT A – SAFETY AND HOUSEKEEPING INSPECTION FORM**

Number: 6.0

Issued: 5/2018

Revised: 1/2023

Page 3 of 9

J. STAIRWAYS

- | | |
|---|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 1. Are standard stair rails or handrails installed on all stairways with four or more risers? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 2. Are stairways at least 22 inches wide? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 3. Do steps have a slip-resistant surface? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 4. Are handrails located 30 to 34 inches above the leading edge of stair treads? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 5. Are appropriate signs posted to show the load capacity of any elevated surface? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 6. Are standard guardrails provided on surfaces elevated more than 30 inches above the floor or ground? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 7. Are four-inch toe boards provided on elevated surfaces that expose personnel or machinery to falling objects? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 8. Is there a permanent means of access and egress to elevated areas? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 9. Are stairs checked to ensure handrails are stable, there are no loose screws, bolts, cracks or weld failures? |

K. FLOOR and WALL OPENINGS

- | | |
|---|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 1. Are floor openings guarded by a cover, a guardrail, or the equivalent on all sides? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 2. Are toe boards installed around edges of permanent floor openings? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 3. Are dock door safety barriers present and in working condition? |

L. LADDERS

- | | |
|---|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 1. Are ladders inspected and kept in good condition, free of grease and oil? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 2. Are ladders and ladder rungs equipped with nonslip feet? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 3. Are employees trained in the proper use of ladders? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 4. Are broken or faulty ladders removed from service? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 5. Are ladders stored properly (chained up, protected from falling)? |

M. PERSONAL PROTECTIVE EQUIPMENT

- | | |
|---|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 1. Are protective goggles or face shields provided and worn where there is a danger of flying particles and/or corrosive materials? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 2. Are approved safety glasses worn in all areas? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 3. Are safety shoes used by all employees? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 4. Are slip-on safety shoes provided for vendors or visitors? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 5. Is PPE maintained in a sanitary condition and kept ready for use? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 6. Are eyewash stations available within a work area where employees are exposed to chemicals or corrosive materials? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 7. Are employees trained in the use, maintenance, limitations, and inspection of PPE? |

N. COMPRESSORS AND COMPRESSED AIR

- | | |
|---|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 1. Are compressors equipped with pressure relief valves and pressure gauges? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 2. Are air filters inspected regularly? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 3. Are compressor safety devices checked frequently? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 4. Are signs posted warning of automatic starting procedures for compressors? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 5. Are all belt drive systems totally enclosed? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 6. Is it strictly prohibited to direct a compressed air flow toward a person? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 7. Are applicable permits current and on file with local city and government (EPA) and up to date? (Example: boiler, pressure vessel test, wastewater, etc.) |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 8. Are all air guns supplied with a 30-psi port? |

NUMBER 6.0 – SAFETY AND HOUSEKEEPING INSPECTION**ATTACHMENT A – SAFETY AND HOUSEKEEPING INSPECTION FORM**

Number: 6.0

Issued: 5/2018

Revised: 1/2023

Page 4 of 9

O. COMPRESSED GAS CYLINDERS

- | | |
|---|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 1. Are cylinders clearly marked to identify their contents? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 2. Are compressed gas cylinders stored in areas protected from external heat sources? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 3. Are cylinders stored or located in areas where they will not be damaged? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 4. Are cylinders stored or located in areas where they will not be tampered with? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 5. Are cylinders stored or transported in a way that will prevent them from tipping, falling, or rolling? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 6. Are valve protector caps placed on cylinders that are not in use or not connected for use? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 7. Are cylinders stored at least 20 feet from highly combustible materials? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 8. Are in-service cylinders supported to prevent tipping? |

P. CRANES

- | | |
|---|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 1. Is each overhead crane equipped with a limit device to stop the hook travel at its highest and lowest point of safe travel? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 2. Is the rated load of each crane legibly marked and visible to its operator? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 3. Are stops provided at the safe limits of travel for cranes? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 4. Are crane and crane pendants plainly marked to indicate the direction of travel or motion? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 5. Are operators instructed to avoid carrying loads over people? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 6. Are cranes and load-bearing structures load tested and certified annually? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 7. Are pelican hooks equipped with a spring-loaded safety clip to prevent accidental load release? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 8. Are all crane areas identified as a hard hat area? |

Q. POWERED INDUSTRIAL TRUCK/FORKLIFTS

- | | |
|---|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 1. Are only trained personnel allowed to use powered industrial trucks? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 2. Are required powered industrial truck operating rules posted and enforced? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 3. Do powered industrial trucks have a warning horn or other audible device that can be clearly heard above the normal noise in areas where it is operated? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 4. Are daily inspections of each powered industrial truck documented? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 5. Does the parking brake on each powered industrial truck effectively prevent the vehicle from moving when it is unattended? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 6. Do powered industrial trucks have an audible device that is heard when the unit is in reverse? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 7. Do powered industrial trucks have fire extinguishers? |

NUMBER 6.0 – SAFETY AND HOUSEKEEPING INSPECTION**ATTACHMENT A – SAFETY AND HOUSEKEEPING INSPECTION FORM**

Number: 6.0

Issued: 5/2018

Revised: 1/2023

Page 5 of 9

R. PORTABLE POWER TOOLS AND EQUIPMENT

- | | |
|---|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 1. Are grinders, saws, and similar equipment provided with appropriate safety guards? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 2. Are power tools used with the correct shield, guard, or attachment according to the manufacturer's recommendations? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 3. Are all saws (portable, circular, chop, etc.) equipped with suitable guards above and below the base shoe? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 4. Are all saw guards checked to ensure that they are proper condition and that they are not leaving the blade unguarded? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 5. Are rotating or moving parts of equipment guarded to eliminate the possibility of physical contact? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 6. Are all cord-connected, electrically operated tools and equipment properly grounded or double insulated? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 7. Are effective guards in place over belts, pulleys, chains, and sprockets? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 8. Are bearings in good condition? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 9. Are all cooling/ventilation fans provided with full guards or screens having openings of ½ inch or less and permanently mounted at least seven feet from the ground? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 10. Are pneumatic or hydraulic hoses on power tools checked regularly for damage and wear? |

S. HANDTOOLS AND HAND-HELD EQUIPMENT

- | | |
|---|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 1. Are all tools and equipment kept in good condition? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 2. Are broken handles on hammers, axes, and similar equipment replaced promptly? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 3. Are worn or bent wrenches replaced when needed? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 4. Are the appropriate handles used on files and similar tools? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 5. Are employees made aware of the hazards caused by using faulty tools or by using them improperly? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 6. Are appropriate safety glasses, face shields, etc., when tools or equipment that might produce airborne particles or subject to breakage used? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 7. Are tool handles securely attached? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 8. Are cutting edges on tools kept sharp to prevent skipping or binding? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 9. Are tools stored in a dry and secure location? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 10. Are all handheld knives holstered or retracted when not in use? |

T. ABRASIVE WHEEL EQUIPMENT GRINDERS

- | | |
|---|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 1. Is a work rest used and positioned within 1/8 inch from the wheel? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 2. Do side guards cover the spindle, nut, flange, and 75% of the wheel diameter? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 3. Are goggles and face shields always worn when grinding? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 4. Is the maximum RPM rating of each abrasive wheel compatible with the RPM rating of the motor? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 5. Are fixed or permanently mounted grinders connected to their electrical supply with metallic conduit or other permanent method? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 6. Does each grinder have its own on/off switch? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 7. Is each grinder properly grounded? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 8. Is the area around grinders kept clean? |

NUMBER 6.0 – SAFETY AND HOUSEKEEPING INSPECTION**ATTACHMENT A – SAFETY AND HOUSEKEEPING INSPECTION FORM**

Number: 6.0

Issued: 5/2018

Revised: 1/2023

Page 6 of 9

U. MACHINE GUARDING

- | | |
|---|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 1. Is a training program in place to train employees in safe machine operation? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 2. Is adequate supervision provided to ensure that employees are following safe procedures? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 3. Is there a regular machine safety inspection program? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 4. Are safeguards in place (not removed, bypassed, or tampered with)? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 5. Is machinery kept clean and in good working condition? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 6. Are all moving chains and gears properly guarded? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 7. Is sufficient clearance provided around and between machines to allow for safe operation, servicing, material handling, and waste removal? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 8. Are equipment and machinery properly secured to prevent tipping or other hazardous movement? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 9. Is there a power shutoff switch within reach of the operator's position? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 10. If there is more than one operator, are separate controls provided? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 11. Is there a lockout/tagout program in place? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 12. Are non-current-carrying metal parts of electrically operated machines bonded or grounded? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 13. Are foot-operated switches guarded or arranged to prevent accidental actuation? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 14. Are manually operated control valves and switches clearly identified and readily accessible? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 15. Are guards in place that meet at least the minimum OSHA requirements to protect employees from nip points, rotating parts, flying chips, and sparks? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 16. Are machine guards secure and arranged so that they do not create a hazard? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 17. If special tools are used for placing or removing material, do they protect the operator's hand(s)? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 18. Do arbors and mandrels have firm and secure bearings and are they free from play? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 19. Are machines prevented from starting automatically when power is restored after a power failure or shutdown? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 20. If machinery is cleaned with compressed air, is the air pressure controlled and are PPE and other safeguards used to protect operators and other workers from injury? |

V. ELECTRICAL WIRING, FIXTURES, AND CONTROLS

- | | |
|---|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 1. Are all electrical cords strung so they do not hang on pipes, nails, hooks, etc? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 2. Is all conduit, cable, etc., properly attached to all supports and tightly connected to junction and outlet boxes. |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 3. Are rubber cords kept free of oil, grease, and chemicals? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 4. Are portable electric tools and appliances grounded or double insulated? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 5. Are all ground connections clean and tight? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 6. Are fuses and circuit breakers of the right type and size for the load on each circuit? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 7. Are switches mounted in tightly closed metal boxes? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 8. Are all electrical switches marked to show their purpose? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 9. Are all motors clean and kept free of excessive grease and oil? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 10. Are all motors properly maintained and provided with adequate over current protection? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 11. Are electrical cords free from damage and wear (fraying, etc.)? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 12. Do extension cords have a grounding conductor? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 13. Are multiple plug adapters prohibited? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 14. Are unused openings (including conduit knockouts) in electrical enclosures and fittings protected with appropriate covers, plugs, or plates? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 15. Is each motor disconnecting switch or circuit breaker located within sight of the motor control device? |



SAFETY POLICY AND PROCEDURE MANUAL

NUMBER 6.0 – SAFETY AND HOUSEKEEPING INSPECTION

ATTACHMENT A – SAFETY AND HOUSEKEEPING INSPECTION FORM

Number: 6.0

Issued: 5/2018

Revised: 1/2023

Page 7 of 9

W. WELDING, CUTTING, AND BRAZING

- | | |
|---|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 1. Are only authorized and trained individuals permitted to use welding, and/or cutting equipment? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 2. Does each operator have a copy of and follow appropriate operating instructions? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 3. Are compressed gas cylinders examined regularly for defects or signs of deep rusting and/or leakage? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 4. Are precautions taken to prevent mixture of oxygen and flammable gases other than at a burner or in standard torch? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 5. Are only approved apparatus used (torches, regulators, pressure-reducing valves, acetylene generators, manifolds)? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 6. Are cylinders kept away from heat sources? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 7. Are cylinders kept away from elevators, stairs, or gangways? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 8. Is required PPE used properly and inspected on a regular basis? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 9. Has an inspection been made to ensure adequate ventilation where welding or cutting is conducted? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 10. Are hot work area permits issued for specific welding, cutting and brazing work? |

X. LOCKOUT/TAGOUT PROCEDURES

- | | |
|---|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 1. Is a machine specific lockout/tagout available for each specific equipment? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 2. Are all energy sources being de-energized, disengaged, blocked, or locked-out during cleaning, servicing, adjusting, or setting-up operations? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 3. When electrical control circuits cannot be disconnected, are the appropriate electrical enclosures identified? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 4. Are the lockouts of control circuits in lieu of locking out main power disconnects prohibited? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 5. Are all equipment control valve handles provided with a means for lockout? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 6. Do standard lockout procedures require that stored energy be released or blocked? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 7. Are appropriate employees provided with individually keyed safety locks? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 8. Are employees required to keep personal control of their key(s) while their safety locks are in use? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 9. Are only those employees who are exposed to a particular hazard be the only ones to place or remove the safety lock? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 10. Are all employees verify equipment lockout by attempting a start-up after making sure no one is exposed? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 11. Are employees instructed to always push the control circuit stop button prior to re-energizing the main power switch? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 12. Is it possible to identify any or all employees working on locked-out equipment by their locks or accompanying tags? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 13. If equipment lines cannot be shut down, locked, or tagged out, is a safe procedure established and rigidly followed? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 14. Are all electrical boxes placed easily assessable for lockout/tagout? |

Y. CONFINED SPACES

- | | |
|---|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 1. Are all confined spaces identified at the facility? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 2. Are confined spaces thoroughly emptied of corrosive or hazardous substances before entry? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 3. Are all lines to a confined space containing hazardous substances locked and tagged out before entry? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 4. Is adequate ventilation provided prior to a confined space entry? |

NUMBER 6.0 – SAFETY AND HOUSEKEEPING INSPECTION**ATTACHMENT A – SAFETY AND HOUSEKEEPING INSPECTION FORM**

Number: 6.0

Issued: 5/2018

Revised: 1/2023

Page 8 of 9

Y. CONFINED SPACES (CONTINUED)

- | | |
|---|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 5. Are appropriate atmospheric test performed prior to confined space entry? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 6. Is the atmosphere inside the confined space frequently tested or continuously monitored during work? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 7. Are atmospheric tests done at all levels, from top to bottom? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 8. Is adequate illumination provided in confined spaces? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 9. Is a safety observer assigned outside of the confined space? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 10. Is the safety observer appropriately trained and equipped to handle emergencies? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 11. Is approved respiratory equipment required if the atmosphere inside the confined space cannot be made acceptable? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 12. Is portable electrical equipment used inside confined spaces either grounded or insulated or equipped with ground fault protection? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 13. Does the safety observer have the authorization to shut down a job if needed? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 14. Are entry permits for confined space documented? |

Z. FLAMMABLE AND COMBUSTIBLE MATERIALS

- | | |
|---|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 1. Are combustible materials stored in covered metal receptacles and removed from work areas daily? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 2. Are approved containers used for the storage and handling of flammable and combustible liquids? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 3. Are flammable liquids kept in closed containers when not in use? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 4. Do storage rooms have adequate ventilation and explosion-proof lights? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 5. Are no smoking signs posted on liquid petroleum gas tanks and in areas where flammable or combustible materials are used and stored? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 6. Are fuel gas cylinders separated by distance or fire-resistant barriers, etc., while in storage? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 7. Are spills of flammable and combustible liquids promptly cleaned up and properly disposed of? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 8. Are all bulk drums and flammable liquids grounded? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 9. Are appropriate fire extinguishers mounted within 75 feet of the outside areas containing flammable liquids, and within 10 feet of any inside storage area for such materials? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 10. Are not more than 120 gallons of Class I, Class II, and Class III liquids stored in a storage cabinet? |

AA. HAZARDOUS CHEMICALS

- | | |
|---|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 1. Are employees trained in the safe use of hazardous chemicals and materials? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 2. Are employees knowledgeable of potential workplace chemical hazards? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 3. Are eyewash stations provided in areas where chemicals are handled? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 4. Are containers labeled? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 5. Are employees required to use personal protective clothing and equipment when handling chemicals? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 6. Are flammable and toxic chemicals kept in closed containers when not in use? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 7. Are adequate means readily available for containing spills or overflows properly and safely? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 8. Are respirators stored in a convenient, clean, and sanitary location? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 9. Are employees prohibited from eating in areas where hazardous chemicals are present? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 10. Are respirators regularly inspected, cleaned, sanitized, and maintained? |



SAFETY POLICY AND PROCEDURE MANUAL

NUMBER 6.0 – SAFETY AND HOUSEKEEPING INSPECTION

ATTACHMENT A – SAFETY AND HOUSEKEEPING INSPECTION FORM

Number: 6.0

Issued: 5/2018

Revised: 1/2023

Page 9 of 9

BB. HAZARDOUS SUBSTANCES COMMUNICATION

- | | |
|---|--|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 1. Is a list of the hazardous substances used in your workplace maintained? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 2. Is there a current written exposure control plan in place for occupational exposure to bloodborne pathogens and other potentially infectious materials? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 3. Is there a written hazard communication program in place that deals with Safety Data Sheets (SDSs), labeling, and employee training? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 4. Are containers for hazardous substances (i.e., vats, bottles, storage tanks, etc.) labeled to identify the products they contain and to warn of any potential hazard (communication of specific health or physical hazards)? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 5. Are SDSs readily available for each hazardous substance used? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 6. Are employees trained to 1) recognize tasks that might result in occupational exposure; 2) use work practice, engineering controls, and PPE and know their limitations; 3) obtain information on the types, selection, use, location, removal, handling, decontamination, and disposal of PPE; and 4) carry out an emergency response plan? |

CC. MATERIAL HANDLING

- | | |
|---|---|
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 1. Is there safe aisle and doorway clearance for equipment? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 2. Are aisles properly marked and cleared? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 3. Are motorized vehicles and mechanized equipment inspected daily or at least prior to use? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 4. Are vehicles shutoff and braked prior to loading or unloading? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 5. Are containers of combustibles or flammable materials always separated by dunnage sufficient to provide stability when being stacked or while being moved? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 6. Are dock boards (bridge plates) used when loading or unloading operations are taking place between vehicles and docks? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 7. Are trucks and trailers secured from movement during loading and unloading operations? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 8. Are dock plates and loading ramps constructed and maintained with sufficient strength to support loading? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 9. Are hand trucks maintained in a safe operating condition? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 10. Are all racks in good condition and load rating marked on each? |
| <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A | 11. Are all building columns in good condition with protective barriers around them? |

THE ABOVE FACILITY INSPECTION WAS PERFORMED ON: _____.

THE RESULTS OF THIS FACILITY INSPECTION WERE REVIEWED WITH THE FACILITY LEADER ON: _____.

THE FACILITY INSPECTION WAS PERFORMED BY:

(Name+Signature+Date)
