

# OSHA Self-Inspection

Company Name

Date of Inspection

Inspector

## INSTRUCTIONS

This checklist is designed to conduct a self-inspection of your workplace to identify potential hazards and ensure compliance with Occupational Safety and Health Administration (OSHA) regulations. Carefully review each item and mark the corresponding checkbox to indicate compliance or note any observations and areas for improvement. Use the "Notes/Observations" section to provide additional details, corrective actions, and any required follow-up.

## 1. GENERAL SAFE

Adequate signage is displayed for safety procedures and hazards.

Yes  No  NA

Safety manuals and guidelines are accessible to all employees.

Yes  No  NA

Emergency contact information is prominently posted.

Yes  No  NA

First aid kits and emergency response equipment are readily available.

Yes  No  NA

Observations/Notes:

[Insert OSHA self-inspection observations and corrective actions, if any]

## 2. PERSONAL PROTECTIVE EQUIPMENT (PPE)

Employees wear the required PPE for their job tasks.

Yes  No  NA

PPE is in good condition and properly fitted for each employee.

Yes  No  NA

Additional specialized PPE (e.g., fall protection, respiratory protection) is provided where needed.

Yes  No  NA

Adequate supplies of PPE are available for all employees.

Yes  No  NA

Observations/Notes:

[Insert OSHA self-inspection observations and corrective actions, if any]

## 3. HAZARD COMMUNICATION

Chemicals are properly labeled, stored, and handled.

Yes  No  NA

Material Safety Data Sheets (MSDS) are accessible to employees.

Yes  No  NA

Employees are trained on the hazards and safe handling of chemicals.

Yes  No  NA

Spill kits and emergency response procedures are in place.

Yes  No  NA

Observations/Notes:

[Insert OSHA self-inspection observations and corrective actions, if any]

#### 4. FIRE SAFETY

Fire extinguishers are present, visible, and not obstructed.  Yes  No  NA

Emergency exits are clearly marked and free from obstructions.  Yes  No  NA

Fire alarms and sprinkler systems are functional and tested regularly.  Yes  No  NA

Employees are trained in fire evacuation procedures.  Yes  No  NA

Observations/Notes:

[Insert OSHA self-inspection observations and corrective actions, if any]

#### 5. ELECTRICAL SAFETY

Electrical installations comply with safety regulations and codes.  Yes  No  NA

Electrical panels and circuits are properly labeled and accessible.  Yes  No  NA

Power cords and plugs are in good condition, without fraying.  Yes  No  NA

Ground fault circuit interrupters (GFCIs) are installed where required.  Yes  No  NA

Observations/Notes:

[Insert OSHA self-inspection observations and corrective actions, if any]

#### 6. MACHINE AND EQUIPMENT SAFETY

Equipment is guarded and has safety interlocks in place.  Yes  No  NA

Emergency stop buttons are clearly marked and easily accessible.  Yes  No  NA

Lockout/Tagout procedures are followed during maintenance.  Yes  No  NA

Employees use the correct tools and follow safe operating procedures.  Yes  No  NA

Observations/Notes:

[Insert OSHA self-inspection observations and corrective actions, if any]

#### 7. LIFTING AND MATERIAL HANDLING

Safe lifting and material handling practices are observed.  Yes  No  NA

Mechanical lifting equipment is inspected and certified.  Yes  No  NA

Workers are trained in material handling safety techniques.  Yes  No  NA

Heavy materials are securely stacked and stored to prevent collapse.  Yes  No  NA

Observations/Notes:

[Insert OSHA self-inspection observations and corrective actions, if any]

## 8. WALKING AND WORKING SURFACES

Walking surfaces are free from slip, trip, and fall hazards.  Yes  No  NA

Stairways and ramps are in good condition and properly maintained.  Yes  No  NA

Guardrails and handrails are in place where required.  Yes  No  NA

Floors are kept clean and dry, and spills are promptly cleaned up.  Yes  No  NA

Observations/Notes:

[Insert OSHA self-inspection observations and corrective actions, if any]

## 9. CONFINED SPACES

Confined spaces are identified and appropriately labeled.  Yes  No  NA

Confined space entry procedures are followed when applicable.  Yes  No  NA

Atmospheric testing is conducted before entering confined spaces.  Yes  No  NA

Proper permits are obtained for confined space entry.  Yes  No  NA

Observations/Notes:

[Insert OSHA self-inspection observations and corrective actions, if any]

## 10. EMERGENCY PREPAREDNESS

Emergency response plans are posted, and employees are familiar with them.  Yes  No  NA

Evacuation routes and assembly points are clearly marked.  Yes  No  NA

First aid kits and medical emergency procedures are accessible.  Yes  No  NA

Employees are trained in emergency response and evacuation procedures.  Yes  No  NA

Observations/Notes:

[Insert OSHA self-inspection observations and corrective actions, if any]

## NOTES/OBSERVATIONS

[Insert any additional notes or OSHA self-inspection observations made during the inspection]

**STATEMENT OF COMMITMENT**

I hereby certify that I have conducted the above OSHA self-inspection and commit to addressing any identified hazards and areas for improvement promptly.

Observer's Name :

Date :

Signature :

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**APPROVED BY**

Name :

Date :

Signature :