

OSHA General Industry Safety Inspection

Workplace Name/Location

Date of Inspection

Inspector's Name

INSTRUCTIONS:

This checklist is designed to conduct a comprehensive safety inspection of the general industry workplace to identify potential hazards and ensure compliance with 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.

GENERAL SAFETY

Housekeeping: Inspect for cleanliness and clutter-free work areas. Yes No NA

Emergency Exits: Ensure emergency exits are accessible and unblocked. Yes No NA

Safety Signage: Verify the presence and visibility of safety signs and warnings. Yes No NA

Fire Extinguishers: Check fire extinguishers for accessibility and inspection tags. Yes No NA

Observations / Notes /
Corrective actions, if any:

ELECTRICAL SAFETY

Electrical Wiring: Inspect electrical wiring for damages or exposed wires. Yes No NA

Electrical Panels: Ensure electrical panels are properly labeled and accessible. Yes No NA

Ground Fault Circuit Interrupters (GFCIs): Check for the presence of GFCIs in wet areas. Yes No NA

Extension Cords: Verify proper use and condition of extension cords. Yes No NA

Observations / Notes /
Corrective actions, if any:

MACHINE GUARDING

Machine Guards: Inspect machinery for proper guarding and safety features. Yes No NA

Lockout/Tagout: Verify compliance with lockout/tagout procedures during maintenance. Yes No NA

Point of Operation Guards: Ensure point of operation guards are in place. Yes No NA

Observations / Notes /
Corrective actions, if any:

HAZARD COMMUNICATION

Safety Data Sheets (SDS): Ensure SDS are readily accessible to employees. Yes No NA

Chemical Labels: Verify that chemical containers are properly labeled. Yes No NA

Hazardous Material Storage: Inspect storage areas for proper handling of hazardous materials. Yes No NA

Observations / Notes /
Corrective actions, if any:

ELECTRICAL SAFETYPERSONAL PROTECTIVE EQUIPMENT (PPE)

PPE Assessment: Check if workers are provided with appropriate PPE. Yes No NA

PPE Use: Ensure workers are using the required PPE for their tasks. Yes No NA

PPE Condition: Verify the condition and fit of PPE. Yes No NA

Observations / Notes /
Corrective actions, if any:

WALKING AND WORKING SURFACES

Slip, Trip, and Fall Hazards: Inspect for potential slip, trip, and fall hazards. Yes No NA

Stairs and Handrails: Ensure stairs and handrails are in good condition. Yes No NA

Floor Openings: Check floor openings are properly covered or guarded. Yes No NA

Observations / Notes /
Corrective actions, if any:

FIRE SAFETY

Fire Alarms: Test fire alarms for proper functionality. Yes No NA

Fire Drills: Verify that fire drills are conducted regularly. Yes No NA

Fire Exits: Ensure clear access to fire exits and escape routes. Yes No NA

Observations / Notes /
Corrective actions, if any:

MATERIAL HANDLING

Manual Lifting: Check for proper lifting techniques and training.

Yes No NA

Material Storage: Inspect material storage for stability and safe stacking.

Yes No NA

Forklifts and Equipment: Verify that equipment is in safe operating condition.

Yes No NA

Observations / Notes /
Corrective actions, if any:

FIRST AID AND EMERGENCY PREPAREDNESS

First Aid Kits: Verify the presence and completeness of first aid kits.

Yes No NA

First Aid Training: Check if workers are trained in first aid and emergency procedures.

Yes No NA

Emergency Contacts: Ensure emergency contact information is posted and up-to-date.

Yes No NA

Observations / Notes /
Corrective actions, if any:

ADDITIONAL NOTES/OBSERVATIONS

[Insert any additional notes or general industry safety inspection observations made during the inspection]

STATEMENT OF INSPECTION

I hereby certify that I have conducted the above OSHA general industry safety inspection and that the workplace has been thoroughly inspected for potential hazards and safety compliance. Any identified issues have been documented, and necessary corrective actions have been recommended.

Inspector's Name :

Signature :

Date :

APPROVED BY

Name :

Signature :

Date :

Inspection template by:



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