

OSHA Hazard Communication Inspection

Workplace Name/Location

Date of Inspection

Inspector Name

INSTRUCTIONS:

This checklist is designed to ensure compliance with OSHA's Hazard Communication Standard (HCS) to protect workers from hazardous chemicals. 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.

HAZARD COMMUNICATION PROGRAM

Written Program: Verify the presence and availability of a written hazard communication program.

Yes

No

NA

Program Updates: Check if the program is updated to include all hazardous chemicals used in the workplace.

Yes

No

NA

Training Requirements: Ensure that employees are trained on the hazard communication program and chemical hazards.

Yes

No

NA

Observations / Notes /
Corrective actions, if any:

SAFETY DATA SHEETS (SDS)

Availability: Verify that SDS are readily accessible to all employees.

Yes

No

NA

SDS Organization: Ensure SDS are properly organized and accessible in the workplace.

Yes

No

NA

Electronic Access: If SDS are accessed electronically, ensure employees know how to access them.

Yes

No

NA

Observations / Notes /
Corrective actions, if any:

CHEMICAL LABELS

Container Labels: Check if all chemical containers are properly labeled with hazard information.

Yes

No

NA

Product Identifier: Verify that the product identifier is present on each label.

Yes

No

NA

Pictograms: Ensure that appropriate pictograms are displayed on the labels.

Yes

No

NA

Observations / Notes /
Corrective actions, if any:

HAZARDOUS CHEMICAL INVENTORY

- Chemical Inventory: Review the inventory of hazardous chemicals used in the workplace. Yes No NA
- Complete List: Verify that the list includes all hazardous chemicals, both in use and in storage. Yes No NA
- Up-to-date Information: Ensure the inventory is updated whenever new hazardous chemicals are introduced. Yes No NA

Observations / Notes /
Corrective actions, if any:

EMPLOYEE TRAINING

- Training Records: Review training records to ensure all employees have received proper hazard communication training. Yes No NA
- Frequency: Check if training is provided initially and whenever new hazards are introduced. Yes No NA
- Understanding: Verify that employees understand the hazards and safe handling practices of chemicals. Yes No NA

Observations / Notes /
Corrective actions, if any:

HAZARDOUS CHEMICAL STORAGE

- Proper Storage: Ensure that hazardous chemicals are stored in appropriate containers and locations. Yes No NA
- Segregation: Verify that incompatible chemicals are properly separated. Yes No NA
- Flammable Storage: Check if flammable chemicals are stored in approved flammable storage cabinets. Yes No NA

Observations / Notes /
Corrective actions, if any:

EMPLOYEE ACCESS TO INFORMATION

- Right to Know: Ensure employees are informed of their right to access hazard information. Yes No NA
- Training on Access: Verify that employees know how to access SDS and other hazard information. Yes No NA
- Language Accessibility: If needed, provide SDS and hazard information in languages understood by employees. Yes No NA

Observations / Notes /
Corrective actions, if any:

SECONDARY CONTAINERS

Labeling: Verify that secondary containers are properly labeled with hazard information.

Yes No NA

Transferring Chemicals: Ensure that chemicals are transferred only to labeled secondary containers.

Yes No NA

Timely Labeling: Check that secondary containers are labeled immediately after filling.

Yes No NA

Observations / Notes /
Corrective actions, if any:

ADDITIONAL NOTES/OBSERVATIONS

[Insert any additional notes or hazard communication checklist observations made during the inspection]

STATEMENT OF INSPECTION

I hereby certify that I have conducted the above OSHA hazard communication checklist inspection and that the workplace is in compliance with OSHA's Hazard Communication Standard. Any identified issues have been documented, and necessary corrective actions have been recommended.

Inspector's Name :

Signature :

Date :

APPROVED BY

Name :

Signature :

Date :