

The following checklist is a guide. It may be used in its entirety or be modified to the specific user's needs by adding or subtracting items from the checklist. For questions concerning any item, contact the Office of Environmental Health and Safety.

(12) ENVIRONMENTAL CONTROLS (Industrial Setting, Work Shops)

Name: _____ Date : _____

Location of Inspection: _____

1. Are all work areas properly illuminated?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
2. Are employees instructed in proper first aid and other emergency procedures?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
3. Are hazardous substances identified which may cause harm by inhalation, ingestion, skin absorption or contact?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
4. Are employees aware of the hazards involved with the various chemicals they may be exposed to in their work environment, such as ammonia, chlorine, epoxies, caustics?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
5. Is employee exposure to chemicals in the workplace kept within acceptable levels?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
6. Can a less harmful method or product be used?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
7. Is the work area's ventilation system appropriate for the work being performed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
8. Are spray painting operations done in spray rooms or booths equipped with an appropriate exhaust system?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____

<p>9. Is employee exposure to welding fumes controlled by ventilation, use of respirators, exposure time, or other means?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____ _____</p>
<p>10. Are welders and other workers nearby provided with flash shields during welding operations?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____ _____</p>
<p>11. If forklifts and other vehicles are used in buildings or other enclosed areas, are the carbon monoxide levels kept below maximum acceptable concentration?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____ _____</p>
<p>12. Has there been a determination that noise levels in the facilities are within acceptable levels?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____ _____</p>
<p>13. Are steps being taken to use engineering controls to reduce excessive noise levels?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____ _____</p>
<p>14. Are proper precautions being taken when handling asbestos and other fibrous materials?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____ _____</p>
<p>15. Are caution labels and signs used to warn of asbestos?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____ _____</p>
<p>16. Are wet methods used, when practicable, to prevent the emission of airborne asbestos fibers, silica dust and similar hazardous material?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____ _____</p>

<p>17. Is vacuuming with appropriate equipment used whenever possible rather than blowing or sweeping dust?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____ _____</p>
<p>18. Are grinders, saws, and other machines that produce respirable dusts vented to an industrial collector or central exhaust system? Are all local exhaust ventilation systems designed and operating properly such as airflow and volume necessary for the application? Are the ducts free of obstructions or the belts slipping?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____ _____ _____</p>
<p>19. Are there written standard operating procedures for the selection and use of respirators where needed?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____ _____</p>
<p>20. Are restrooms and washrooms kept clean and sanitary?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____</p>
<p>21. Is all water provided for drinking, washing, and cooking potable?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____</p>
<p>22. Are all outlets for water not suitable for drinking clearly identified?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____</p>
<p>23. Are employees' physical capacities assessed before being assigned to jobs requiring heavy work?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____ _____</p>
<p>24. Are employees instructed in the proper manner of lifting heavy objects?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____</p>

<p>25. Where heat is a problem, have all fixed work areas been provided with spot cooling or air conditioning?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____ _____</p>
<p>26. Are employees screened before assignment to areas of high heat to determine if their health condition might make them more susceptible to having an adverse reaction?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____ _____</p>
<p>27. Are employees working on streets and roadways where they are exposed to the hazards of traffic, required to wear bright colored (traffic orange) warning vest?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____ _____</p>
<p>28. Are exhaust stacks and air intakes located that contaminated air will not be recirculated within a building or other enclosed area?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____ _____</p>
<p>29. Is equipment producing ultra-violet radiation properly shielded?</p>	<p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>Comments: _____ _____</p>