

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.

(21) GENERAL WORK ENVIRONMENT

Name: _____ Date : _____

Location of Inspection: _____

1. Are all worksites clean and orderly?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
2. Are work surfaces kept dry or appropriate means taken to assure the surfaces are slip-resistant?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
3. Are all spilled materials or liquids cleaned up immediately?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
4. Are combustible scrap, debris and waste stored safely and removed from the worksite promptly?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
5. Is accumulated combustible dust routinely removed from elevated surfaces, including the overhead structure of buildings?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
6. Is combustible dust cleaned up with a vacuum system to prevent the dust going into suspension?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
7. Are covered metal waste cans used for oily and paint-soaked waste?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
8. Is all oil and gas fired devices equipped with flame failure controls that will prevent flow of fuel if pilots or main burners are not working?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____

9. Are paint spray booths, dip tanks and the like cleaned regularly?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
10. Are the minimum numbers of toilets and washing facilities provided?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
11. Are all toilets and washing facilities clean and sanitary?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
12. Are all work areas adequately illuminated?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
13. Are pits and floor openings covered or otherwise guarded?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____