

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.

(22) HAND TOOLS & EQUIPMENT

Name: _____ Date : _____

Location of Inspection: _____

1. Are all tools and equipment (both, company and employee-owned) used by employees at their workplace in good condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____ _____
2. Are hand tools such as chisels, punches, which develop mushroomed heads during use, reconditioned or replaced as necessary?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____ _____
3. Are broken or fractured handles on hammers, axes and similar equipment replaced promptly?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
4. Are worn or bent wrenches replaced regularly?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
5. Are appropriate handles used on files and similar tools?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
6. Are employees made aware of the hazards caused by faulty or improperly used hand tools?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
7. Are appropriate safety glasses, face shields, and similar equipment used while using hand tools or equipment that might produce flying materials or be subject to breakage?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____ _____

8. Are jacks checked periodically to assure they are in good operating condition?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
9. Are tool handles wedged tightly in the head of all tools?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
10. Are tool cutting edges kept sharp so the tool will move smoothly without binding or skipping?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____ _____
11. Are tools stored in dry, secure location where they won't be tampered with?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____
12. Is eye and face protection used when driving hardened or tempered spuds or nails?	Yes <input type="checkbox"/> No <input type="checkbox"/>	Comments: _____ _____