

MONTHLY FACILITY INSPECTION CHECKLIST

Worker name:				Date:						
Worker Signature:				Location:						
Management Review Signature:				Date:						
Shop Interior		STATUS			Machines / Equipment			STATUS		
		OK	NO	N/A				OK	NO	N/A
1. Overhead lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		33	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2. Ceiling fans	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		34	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
3. Ventilation units / Exhaust units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		35	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
4. Heating Units	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		36	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
5. Natural Gas Supply Lines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		37	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
6. Emergency lights	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		38	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
7. Exit Lights / Signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		39	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
8. Electrical Panels & Transformers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		40	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
9. Overhead doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Documentation			OK	NO	N/A
10. Man Doors / Windows / Walkways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		41. Monthly Fires Extinguisher Inspections Completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
11. Shop (floor, walls & ceiling)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		42. PME Pre-Use Inspection Completed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
12. Stairwells, Mezzanines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		43. FLHA Completed Daily or as per Task	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
13. Material storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		44	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
14. Equipment storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Office Interior			OK	NO	N/A
15. Hand Held Power Tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		45. Man Doors / Windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
16. Stationary Power Tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		46. Overhead lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
17. Air Compressor / Air Lines / Pneumatic tools	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		47. Emergency Lights / Exit sign lighting	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
18. Water Heater, Lines, Spigots, Hoses	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		48. Office equipment (chairs, table, desks, electronics)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
19. Signage (warning, equipment identification)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		49. Offices / Boardroom / Staffroom	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
20. Washrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		50. First Aid Station / Supplies / Eyewash station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
21. Eyewash stations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		51. Washrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
22. First Aid Supplies / Station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		Exterior of Building & Yard			OK	NO	N/A
23. Personal Protective Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		52. Vehicle Access / Egress / Parking / Ele. Plugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
24. Chemical Storage / Spill Kit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		53. Exterior of building condition (damage)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
25. Flammable Products / Liquid storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		54. Pedestrian Access / Egress (walkways)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
26. Compressed Gas Cylinders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		55. Security (fence, lights, cameras)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
27. WHMIS Labels / Signs / MSDS	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		56. Overhead obstructions (ice or snow build up on roof)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
28. Drainage sumps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		57. Equipment storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
29. Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		58. Material storage / Housekeeping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
30. Lockers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		59. Compressed Gas Cylinder Storage Area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
31. Cords	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		60. Air Handling or Exhaust units (ground level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
32. Fire Suppression (sprinklers & pull stations)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		61. Muster Point Identified & Signed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Other Hazards Identified										
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Please Write a comment for each identified deficiency listed above:										