

SHIPYARD HAZARDS INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

General Site Conditions

- Yes No — Work areas are clean, organized, and free of trip hazards
- Yes No — Proper signage is posted for restricted and hazardous zones
- Yes No — Adequate lighting is present in all work areas

Electrical Safety

- Yes No — Cords and cables are properly routed and undamaged
- Yes No — Ground fault circuit interrupters (GFCIs) are in place and functional
- Yes No — Lockout/tagout procedures are observed and documented

Confined Spaces

- Yes No — Entry permits are completed before confined space entry
- Yes No — Gas testing is conducted and logged
- Yes No — Ventilation systems are operating and monitored

Hot Work and Welding

- Yes No — Fire watch is in place during and after hot work
- Yes No — PPE is worn and fire extinguishers are accessible
- Yes No — Welding equipment is inspected and grounded properly

Fall Protection

- Yes No — Guardrails, harnesses, and anchors are used where required
- Yes No — Openings and elevated areas are secured
- Yes No — Ladders and scaffolds are stable and in good condition

Chemical and Hazardous Material Handling

- Yes No — Materials are labeled, stored, and handled properly
- Yes No — Safety Data Sheets (SDS) are available and accessible
- Yes No — Spill containment measures are in place

Machinery and Tools

- Yes No — All tools are inspected before use and maintained regularly
- Yes No — Machine guards are in place and functional
- Yes No — Operators are trained and authorized for equipment use

Emergency Procedures

Yes No — First aid kits and eye wash stations are stocked and accessible

Yes No — Emergency exits are marked and unobstructed

Yes No — Incident reporting procedures are understood and followed

FINAL NOTES

Inspector Comments:

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

I confirm this inspection was completed accurately

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