

OSHA COMPLIANCE INSPECTION CHECKLIST

GENERAL INFORMATION

Name: _____

Date: _____

Location: _____

Workplace Safety

☐ Yes ☐ No — Walkways are clear of obstructions

☐ Yes ☐ No — Floor surfaces are free of slip hazards

☐ Yes ☐ No — Machinery guards are in place and functional

☐ Yes ☐ No — Emergency stop devices are accessible

Hazard Communication

☐ Yes ☐ No — Safety data sheets are up to date and accessible

☐ Yes ☐ No — Labels on chemicals are legible and correct

☐ Yes ☐ No — Employees have received hazard training

☐ Yes ☐ No — Proper storage containers are used

Personal Protective Equipment

☐ Yes ☐ No — PPE is provided and in good condition

☐ Yes ☐ No — Employees wear required PPE for tasks

☐ Yes ☐ No — PPE inspection records are maintained

☐ Yes ☐ No — Replacement PPE is available when needed

Emergency Preparedness

☐ Yes ☐ No — Exit routes are clearly marked and unobstructed

☐ Yes ☐ No — Fire extinguishers are inspected and charged

☐ Yes ☐ No — Emergency alarms are functional

☐ Yes ☐ No — Evacuation drills are conducted regularly

FINAL NOTES

Inspector Comments:

Inspector Name: _____

Inspector Email: _____

Inspection Date: _____

☐ I confirm this inspection was completed accurately