

# *Workplace Audit Checklist*

**Transit Industrial  
Safety Management**



***Transit Industrial Safety Management***

**SAFETY & HEALTH PROGRAM**

- |  | <b>YES</b>               | <b>NO</b>                |
|--|--------------------------|--------------------------|
| 1. Do you have an active safety and health program in operation that deals with general safety and health program elements as well as management of hazards specific to your worksite?               | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Is one person clearly responsible for the overall activities of the safety and health program?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have a safety committee or group made up of management and labor representatives that meets regularly and reports in writing on its activities?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Do you have a working procedure for handling in-house employee complaints regarding safety and health?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you keeping your employees advised of the successful effort and accomplishments you and/or your safety committee have made in assuring they will have a workplace that is safe and healthful? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you considered incentives for employees or workgroups who have excelled in reducing workplace injuries/illnesses?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Are all required training plans in place?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Are all standard operating procedures in place and available to employees?  | <input type="checkbox"/> | <input type="checkbox"/> |

**PERSONAL PROTECTIVE EQUIPMENT**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 9. Are employers assessing the workplace to determine if hazards that require the use of personal protective equipment (for example, head, eye, face, hand, or foot protection) are present or are likely to be present? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. If hazards or the likelihood of hazards are found, are employers selecting and having affected employees use properly fitted personal protective equipment suitable for protection from these hazards?               | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Has the employee been trained on PPE procedures, that is, what ppe is necessary for a job task, when they need it, and how to properly adjust it?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. Are protective goggles or face shields provided and worn where there is any danger of flying particles or corrosive materials?   | <input type="checkbox"/> | <input type="checkbox"/> |

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	<b>YES</b>	<b>NO</b>
13. Are approved safety glasses required to be worn at all times in areas where there is a risk of eye injuries such as punctures, abrasions, contusions or burns?	<input type="checkbox"/>	<input type="checkbox"/>
14. Are employees who need corrective lenses (glasses or contacts) in working environments having harmful exposures, required to wear only approved safety glasses, protective goggles, or use other medically approved precautionary procedures?	<input type="checkbox"/>	<input type="checkbox"/>
15. Are protective gloves, aprons, shields, or other means provided and required where employees could be cut or where there is reasonably anticipated exposure to corrosive liquids, chemicals, blood, or other potentially infectious materials? See 29 CFR 1910.1030(b) for the definition of “other potentially infectious materials.”	<input type="checkbox"/>	<input type="checkbox"/>
16. Are hard hats provided and worn where danger of falling objects exists?	<input type="checkbox"/>	<input type="checkbox"/>
17. Are hard hats inspected periodically for damage to the shell and suspension system?	<input type="checkbox"/>	<input type="checkbox"/>
18. Is appropriate foot protection required where there is the risk of foot injuries from hot, corrosive, or poisonous substances, falling objects, crushing or penetrating actions?	<input type="checkbox"/>	<input type="checkbox"/>
19. Are approved respirators provided for regular or emergency use where needed?	<input type="checkbox"/>	<input type="checkbox"/>
20. Is all protective equipment maintained in a sanitary condition and ready for use?	<input type="checkbox"/>	<input type="checkbox"/>
21. Do you have eye wash facilities and a quick drench shower within the work area where employees are exposed to injurious corrosive materials? Where special equipment is needed for electrical workers, is it available?	<input type="checkbox"/>	<input type="checkbox"/>
22. Where food or beverages are consumed on the premises, are they consumed in areas where there is no exposure to toxic material, blood, or other potentially infectious materials?	<input type="checkbox"/>	<input type="checkbox"/>
23. Is protection against the effects of occupational noise exposure provided when sound levels exceed those of the OSHA noise standard?	<input type="checkbox"/>	<input type="checkbox"/>
24. Are adequate work procedures, protective clothing and equipment provided and used when cleaning up spilled toxic or otherwise hazardous materials or liquids?	<input type="checkbox"/>	<input type="checkbox"/>
25. Are there appropriate procedures in place for disposing of or decontaminating personal protective equipment contaminated with, or reasonably anticipated to be contaminated with, blood or other potentially infectious materials?	<input type="checkbox"/>	<input type="checkbox"/>

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**FLAMMABLE & COMBUSTIBLE MATERIALS**

	<b>YES</b>	<b>NO</b>
26. Are combustible scrap, debris, and waste materials (oily rags, etc.) stored in covered metal receptacles and removed from the worksite promptly?	<input type="checkbox"/>	<input type="checkbox"/>
27. Is proper storage practiced to minimize the risk of fire including spontaneous combustion?	<input type="checkbox"/>	<input type="checkbox"/>
28. Are approved containers and tanks used for the storage and handling of flammable and combustible liquids?	<input type="checkbox"/>	<input type="checkbox"/>
29. Are all connections on drums and combustible liquid piping, vapor and liquid tight?	<input type="checkbox"/>	<input type="checkbox"/>
30. Are all flammable liquids kept in closed containers when not in use (for example, parts cleaning tanks, pans, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
31. Are bulk drums of flammable liquids grounded and bonded to containers during dispensing?	<input type="checkbox"/>	<input type="checkbox"/>
32. Do storage rooms for flammable and combustible liquids have explosion-proof lights?	<input type="checkbox"/>	<input type="checkbox"/>
33. Do storage rooms for flammable and combustible liquids have mechanical or gravity ventilation?	<input type="checkbox"/>	<input type="checkbox"/>
34. Is liquefied petroleum gas stored, handled, and used in accordance with safe practices and standards?	<input type="checkbox"/>	<input type="checkbox"/>
35. Are "NO SMOKING" signs posted on liquefied petroleum gas tanks?	<input type="checkbox"/>	<input type="checkbox"/>
36. Are liquefied petroleum storage tanks guarded to prevent damage from vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
37. Are all solvent wastes and flammable liquids kept in fire-resistant, covered containers until they are removed from the worksite?	<input type="checkbox"/>	<input type="checkbox"/>
38. Is vacuuming used whenever possible rather than blowing or sweeping combustible dust? Are firm separators placed between containers of combustibles or flammables, when stacked one upon another, to assure their support and stability?	<input type="checkbox"/>	<input type="checkbox"/>

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	YES	NO
39. Are fuel gas cylinders and oxygen cylinders separated by distance, and fire-resistant barriers, while in storage?	<input type="checkbox"/>	<input type="checkbox"/>
40. Are fire extinguishers selected and provided for the types of materials in areas where they are to be used?	<input type="checkbox"/>	<input type="checkbox"/>
a. Class A Ordinary combustible material fires.	<input type="checkbox"/>	<input type="checkbox"/>
b. Class B Flammable liquid, gas or grease fires.	<input type="checkbox"/>	<input type="checkbox"/>
c. Class C Energized-electrical equipment fires.	<input type="checkbox"/>	<input type="checkbox"/>
41. Are appropriate fire extinguishers mounted within 75 feet of outside areas containing flammable liquids, and within 10 feet of any inside storage area for such materials?	<input type="checkbox"/>	<input type="checkbox"/>
42. Are extinguishers free from obstructions or blockage?	<input type="checkbox"/>	<input type="checkbox"/>
43. Are all extinguishers serviced, maintained and tagged at intervals not to exceed one year and maintained monthly?	<input type="checkbox"/>	<input type="checkbox"/>
44. Are all extinguishers fully charged and in their designated places?		
45. Where sprinkler systems are permanently installed, are the nozzle heads so directed or arranged that water will not be sprayed into operating electrical switch boards and equipment?	<input type="checkbox"/>	<input type="checkbox"/>
46. Are "NO SMOKING" signs posted where appropriate in areas where flammable or combustible materials are used or stored?	<input type="checkbox"/>	<input type="checkbox"/>
47. Are safety cans used for dispensing flammable or combustible liquids at a point of use?	<input type="checkbox"/>	<input type="checkbox"/>
48. Are all spills of flammable or combustible liquids cleaned up promptly?	<input type="checkbox"/>	<input type="checkbox"/>
49. Are storage tanks adequately vented to prevent the development of excessive vacuum or pressure as a result of filling, emptying, or atmosphere temperature changes?	<input type="checkbox"/>	<input type="checkbox"/>

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- |  | YES                      | NO                       |
|--|--------------------------|--------------------------|
| 50. Are storage tanks equipped with emergency venting that will relieve excessive internal pressure caused by fire exposure? | <input type="checkbox"/> | <input type="checkbox"/> |
| 51. Are "NO SMOKING" rules enforced in areas involving storage and use of hazardous materials?                               | <input type="checkbox"/> | <input type="checkbox"/> |

**HAND AND PORTABLE POWERED TOOLS**

**Hand Tools and Equipment**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 52. Are all tools and equipment (both company and employee owned) used by employees at their workplace in good condition?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 53. Are hand tools such as chisels and punches, which develop mushroomed heads during use, reconditioned or replaced as necessary?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 54. Are broken or fractured handles on hammers, axes and similar equipment replaced promptly?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 55. Are worn or bent wrenches replaced regularly?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 56. Are appropriate handles used on files and similar tools?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 57. Are employees made aware of the hazards caused by faulty or improperly used hand tools?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 58. Are appropriate safety glasses, face shields, etc. used while using hand tools or equipment which might produce flying materials or be subject to breakage? | <input type="checkbox"/> | <input type="checkbox"/> |
| 59. Are jacks checked periodically to ensure they are in good operating condition?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 60. Are tool handles wedged tightly in the head of all tools?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 61. Are tool cutting edges kept sharp so the tool will move smoothly without binding or skipping?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 62. Are tools stored in dry, secure locations where they won't be tampered with?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 63. Is eye and face protection used when driving hardened or tempered spuds or nails?   | <input type="checkbox"/> | <input type="checkbox"/> |

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**Portable (Power Operated) Tools and Equipment**

	<b>YES</b>	<b>NO</b>
64. Are grinders, saws and similar equipment provided with appropriate safety guards?	<input type="checkbox"/>	<input type="checkbox"/>
65. Are power tools used with the correct shield, guard, or attachment, recommended by the manufacturer?	<input type="checkbox"/>	<input type="checkbox"/>
66. Are portable circular saws equipped with guards above and below the base shoe? Are circular saw guards checked to assure they are not wedged up, thus leaving the lower portion of the blade unguarded?	<input type="checkbox"/>	<input type="checkbox"/>
67. Are rotating or moving parts of equipment guarded to prevent physical contact?	<input type="checkbox"/>	<input type="checkbox"/>
68. Are all cord-connected, electrically operated tools and equipment effectively grounded or of the approved double insulated type?	<input type="checkbox"/>	<input type="checkbox"/>
69. Are effective guards in place over belts, pulleys, chains, sprockets, on equipment such as concrete mixers, and air compressors?	<input type="checkbox"/>	<input type="checkbox"/>
70. Are portable fans provided with full guards or screens having openings ½ inch or less?	<input type="checkbox"/>	<input type="checkbox"/>
71. Is hoisting equipment available and used for lifting heavy objects, and are hoist ratings and characteristics appropriate for the task?	<input type="checkbox"/>	<input type="checkbox"/>
72. Are ground-fault circuit interrupters provided on all temporary electrical 15 and 20 ampere circuits, used during periods of construction?	<input type="checkbox"/>	<input type="checkbox"/>
73. Are pneumatic and hydraulic hoses on power operated tools checked regularly for deterioration or damage?	<input type="checkbox"/>	<input type="checkbox"/>

**LOCKOUT/TAGOUT PROCEDURES**

74. Is all machinery or equipment capable of movement, required to be de-energized or disengaged and locked-out during cleaning, servicing, adjusting or setting up operations, whenever required?	<input type="checkbox"/>	<input type="checkbox"/>
75. Where the power disconnecting means for equipment does not also disconnect the electrical control circuit:		
a) Are the appropriate electrical enclosures identified?	<input type="checkbox"/>	<input type="checkbox"/>

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	YES	NO
b) Is means provided to assure the control circuit can also be disconnected and locked-out?	<input type="checkbox"/>	<input type="checkbox"/>
76. Is the locking-out of control circuits in lieu of locking-out main power disconnects prohibited?	<input type="checkbox"/>	<input type="checkbox"/>
77. Are all equipment control valve handles provided with a means for locking-out?	<input type="checkbox"/>	<input type="checkbox"/>
78. Does the lockout procedure require that stored energy (mechanical, hydraulic, air, etc.) be released or blocked before equipment is locked-out for repairs?	<input type="checkbox"/>	<input type="checkbox"/>
79. Are appropriate employees provided with individually keyed personal safety locks?	<input type="checkbox"/>	<input type="checkbox"/>
80. Are employees required to keep personal control of their key(s) while they have safety locks in use?	<input type="checkbox"/>	<input type="checkbox"/>
81. Is it required that only the employee exposed to the hazard, place or remove the safety lock?	<input type="checkbox"/>	<input type="checkbox"/>
82. Is it required that employees check the safety of the lockout by attempting a start-up after making sure no one is exposed?	<input type="checkbox"/>	<input type="checkbox"/>
83. Are employees instructed to always push the control circuit stop button immediately after checking the safety of the lockout?	<input type="checkbox"/>	<input type="checkbox"/>
84. Is there a means provided to identify any or all employees who are working on locked-out equipment by their locks or accompanying tags?	<input type="checkbox"/>	<input type="checkbox"/>
85. Are a sufficient number of accident preventive signs or tags and safety padlocks provided for any reasonably foreseeable repair emergency?	<input type="checkbox"/>	<input type="checkbox"/>
86. When machine operations, configuration or size requires the operator to leave his or her control station to install tools or perform other operations, and that part of the machine could move if accidentally activated, is such element required to be separately locked or blocked out?	<input type="checkbox"/>	<input type="checkbox"/>
87. In the event that equipment or lines cannot be shut down, locked-out and tagged, is a safe job procedure established and rigidly followed?	<input type="checkbox"/>	<input type="checkbox"/>

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**CONFINED SPACES**

	<b>YES</b>	<b>NO</b>
88. Are confined spaces thoroughly emptied of any corrosive or hazardous substances, such as acids or caustics, before entry?	<input type="checkbox"/>	<input type="checkbox"/>
89. Are all lines to a confined space, containing inert, toxic, flammable, or corrosive materials valved off and blanked or disconnected and separated before entry?	<input type="checkbox"/>	<input type="checkbox"/>
90. Are all impellers, agitators, or other moving parts and equipment inside confined spaces locked-out if they present a hazard?	<input type="checkbox"/>	<input type="checkbox"/>
91. Is either natural or mechanical ventilation provided prior to confined space entry?	<input type="checkbox"/>	<input type="checkbox"/>
92. Are appropriate atmospheric tests performed to check for oxygen deficiency, toxic substances and explosive concentrations in the confined space before entry?	<input type="checkbox"/>	<input type="checkbox"/>
93. Is adequate illumination provided for the work to be performed in the confined space?	<input type="checkbox"/>	<input type="checkbox"/>
94. Is the atmosphere inside the confined space frequently tested or continuously monitored during conduct of work? Is there an assigned safety standby employee outside of the confined space. When required, whose sole responsibility is to watch the work in progress, sound an alarm if necessary, and render assistance?	<input type="checkbox"/>	<input type="checkbox"/>
95. Is the standby employee appropriately trained and equipped to handle an emergency?	<input type="checkbox"/>	<input type="checkbox"/>
96. Is the standby employee or other employees prohibited from entering the confined space without lifelines and respiratory equipment if there is any question as to the cause of an emergency?	<input type="checkbox"/>	<input type="checkbox"/>
97. Is approved respiratory equipment required if the atmosphere inside the confined space cannot be made acceptable	<input type="checkbox"/>	<input type="checkbox"/>
98. Is all portable electrical equipment used inside confined spaces either grounded and insulated, or equipped with ground fault protection?	<input type="checkbox"/>	<input type="checkbox"/>
99. Before gas welding or burning is started in a confined space, are hoses checked for leaks, compressed gas bottles forbidden inside of the confined space, torches lighted only outside of the confined area and the confined area tested for an explosive atmosphere each time before a lighted torch is to be taken into the confined space?	<input type="checkbox"/>	<input type="checkbox"/>

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- |   | <b>YES</b>               | <b>NO</b>                |
|---|--------------------------|--------------------------|
| 100. If employees will be using oxygen-consuming equipment-such as salamanders,torches, and furnaces, in a confined space-is sufficient air provided to assure combustion without reducing the oxygen concentration of the atmosphere below 19.5 percent by volume? | <input type="checkbox"/> | <input type="checkbox"/> |
| 101. Whenever combustion-type equipment is used in a confined space, are provisions made to ensure the exhaust gases are vented outside of the enclosure?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 102. Is each confined space checked for decaying vegetation or animal matter which may produce methane?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 103. Is the confined space checked for possible industrial waste which could contain toxic properties?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 104. If the confined space is below the ground and near areas where motor vehicles will be operating, is it possible for vehicle exhaust or carbon monoxide to enter the space?   | <input type="checkbox"/> | <input type="checkbox"/> |

**ELECTRICAL**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 105. Do you specify compliance with OSHA for all contract electrical work?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 106. Are all employees required to report as soon as practicable any obvious hazard to life or property observed in connection with electrical equipment or lines?               | <input type="checkbox"/> | <input type="checkbox"/> |
| 107. Are employees instructed to make preliminary inspections and/or appropriate tests to determine what conditions exist before starting work on electrical equipment or lines? | <input type="checkbox"/> | <input type="checkbox"/> |
| 108. When electrical equipment or lines are to be serviced, maintained or adjusted, are necessary switches opened, locked-out and tagged whenever possible?                      | <input type="checkbox"/> | <input type="checkbox"/> |
| 109. Are portable electrical tools and equipment grounded or of the double insulated type?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 110. Are electrical appliances such as vacuum cleaners, polishers, and vending machines grounded?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 111. Do extension cords being used have a grounding conductor?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 112. Are multiple plug adaptors prohibited?  | <input type="checkbox"/> | <input type="checkbox"/> |

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	<b>YES</b>	<b>NO</b>
113. Are ground-fault circuit interrupters installed on each temporary 15 or 20 ampere, 120 volt AC circuit at locations where construction, demolition, modifications, alterations or excavations are being performed?	<input type="checkbox"/>	<input type="checkbox"/>
114. Are all temporary circuits protected by suitable disconnecting switches or plug connectors at the junction with permanent wiring?	<input type="checkbox"/>	<input type="checkbox"/>
115. Do you have electrical installations in hazardous dust or vapor areas? If so, do they meet the National Electrical Code (NEC) for hazardous locations?	<input type="checkbox"/>	<input type="checkbox"/>
116. Is exposed wiring and cords with frayed or deteriorated insulation repaired or replaced promptly?	<input type="checkbox"/>	<input type="checkbox"/>
117. Are flexible cords and cables free of splices or taps?	<input type="checkbox"/>	<input type="checkbox"/>
118. Are clamps or other securing means provided on flexible cords or cables at plugs, receptacles, tools, equipment, etc., and is the cord jacket securely held in place?	<input type="checkbox"/>	<input type="checkbox"/>
119. Are all cord, cable and raceway connections intact and secure?	<input type="checkbox"/>	<input type="checkbox"/>
120. In wet or damp locations, are electrical tools and equipment appropriate for the use or location or otherwise protected?	<input type="checkbox"/>	<input type="checkbox"/>
121. Is the location of electrical power lines and cables (overhead, underground, underfloor, other side of walls) determined before digging, drilling or similar work is begun?	<input type="checkbox"/>	<input type="checkbox"/>
122. Are metal measuring tapes, ropes, handlines or similar devices with metallic thread woven into the fabric prohibited where they could come in contact with energized parts of equipment or circuit conductors?	<input type="checkbox"/>	<input type="checkbox"/>
123. Is the use of metal ladders prohibited in areas where the ladder or the person using the ladder could come in contact with energized parts of equipment, fixtures or circuit conductors?	<input type="checkbox"/>	<input type="checkbox"/>
124. Are all disconnecting switches and circuit breakers labeled to indicate their use or equipment served?	<input type="checkbox"/>	<input type="checkbox"/>
125. Are disconnecting means always opened before fuses are replaced?	<input type="checkbox"/>	<input type="checkbox"/>
126. Do all interior wiring systems include provisions for grounding metal parts of electrical raceways, equipment and enclosures?	<input type="checkbox"/>	<input type="checkbox"/>

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	YES	NO
127. Are all electrical raceways and enclosures securely fastened in place?	<input type="checkbox"/>	<input type="checkbox"/>
128. Are all energized parts of electrical circuits and equipment guarded against accidental contact by approved cabinets or enclosures?	<input type="checkbox"/>	<input type="checkbox"/>
129. Is sufficient access and working space provided and maintained about all electrical equipment to permit ready and safe operations and maintenance?	<input type="checkbox"/>	<input type="checkbox"/>
130. Are all unused openings (including conduit knockouts) in electrical enclosures and fittings closed with appropriate covers, plugs or plates?	<input type="checkbox"/>	<input type="checkbox"/>
131. Are electrical enclosures such as switches, receptacles, and junction boxes, provided with tight fitting covers or plates?	<input type="checkbox"/>	<input type="checkbox"/>
132. Are disconnecting switches for electrical motors in excess of two horsepower, capable of opening the circuit when the motor is in a stalled condition, without exploding? (Switches must be horsepower rated equal to or in excess of the motor hp rating.) Is low voltage protection provided in the control device of motors driving machines or equipment which could cause probable injury from inadvertent starting?	<input type="checkbox"/>	<input type="checkbox"/>
133. Is each motor disconnecting switch or circuit breaker located within sight of the motor control device?	<input type="checkbox"/>	<input type="checkbox"/>
134. Is each motor located within sight of its controller or the controller disconnecting means capable of being locked in the open position or is a separate disconnecting means installed in the circuit within sight of the motor?	<input type="checkbox"/>	<input type="checkbox"/>
135. Is the controller for each motor in excess of two horsepower, rated in horsepower equal to or in excess of the rating of the motor it serves?	<input type="checkbox"/>	<input type="checkbox"/>
136. Are employees who regularly work on or around energized electrical equipment or lines instructed in the cardiopulmonary resuscitation (CPR) methods?	<input type="checkbox"/>	<input type="checkbox"/>
137. Are employees prohibited from working alone on energized lines or equipment over 600 volts?	<input type="checkbox"/>	<input type="checkbox"/>

**WALKING-WORKING SURFACES**

**General Work Environment**

138. Is a documented, functioning housekeeping program in place?	<input type="checkbox"/>	<input type="checkbox"/>
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	YES	NO
139. Are all worksites clean, sanitary, and orderly?	<input type="checkbox"/>	<input type="checkbox"/>
140. Are work surfaces kept dry or is appropriate means taken to assure the surfaces are slip-resistant?	<input type="checkbox"/>	<input type="checkbox"/>
141. Are all spilled hazardous materials or liquids, including blood and other potentially infectious materials, cleaned up immediately and according to proper procedures?	<input type="checkbox"/>	<input type="checkbox"/>
142. Is combustible scrap, debris and waste stored safely and removed from the worksite properly?	<input type="checkbox"/>	<input type="checkbox"/>
143. Is all regulated waste, as defined in the OSHA bloodborne pathogens standard (1910.1030), discarded according to federal, state, and local regulations?	<input type="checkbox"/>	<input type="checkbox"/>
144. Are accumulations of combustible dust routinely removed from elevated surfaces including the overhead structure of buildings, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
145. Is combustible dust cleaned up with a vacuum system to prevent the dust from going into suspension?	<input type="checkbox"/>	<input type="checkbox"/>
146. Is metallic or conductive dust prevented from entering or accumulating on or around electrical enclosures or equipment?	<input type="checkbox"/>	<input type="checkbox"/>
147. Are covered metal waste cans used for oily and paint-soaked waste?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Walkways</b>		
148. Are aisles and passageways kept clear?	<input type="checkbox"/>	<input type="checkbox"/>
149. Are aisles and walkways marked as appropriate?	<input type="checkbox"/>	<input type="checkbox"/>
150. Are wet surfaces covered with non-slip materials?	<input type="checkbox"/>	<input type="checkbox"/>
151. Are holes in the floor, sidewalk or other walking surface repaired properly, covered or otherwise made safe?	<input type="checkbox"/>	<input type="checkbox"/>
152. Is there safe clearance for walking in aisles where motorized or mechanical handling equipment is operating?	<input type="checkbox"/>	<input type="checkbox"/>
153. Are materials or equipment stored in such a way that sharp projectives will not interfere with the walkway?	<input type="checkbox"/>	<input type="checkbox"/>

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	YES	NO
154. Are spilled materials cleaned up immediately?	<input type="checkbox"/>	<input type="checkbox"/>
155. Are changes of direction or elevation readily identifiable?	<input type="checkbox"/>	<input type="checkbox"/>
156. Are aisles or walkways that pass near moving or operating machinery, welding operations or similar operations arranged so employees will not be subjected to potential hazards?	<input type="checkbox"/>	<input type="checkbox"/>
157. Is adequate headroom provided for the entire length of any aisle or walkway?	<input type="checkbox"/>	<input type="checkbox"/>
158. Are standard guardrails provided wherever aisle or walkway surfaces are elevated more than 30 inches above any adjacent floor or the ground?	<input type="checkbox"/>	<input type="checkbox"/>
159. Are bridges provided over conveyors and similar hazards?	<input type="checkbox"/>	<input type="checkbox"/>
<b>Floor and Wall Openings</b>		
160. Are floor openings guarded by a cover, a guardrail, or equivalent on all sides (except at entrance to stairways or ladders)?	<input type="checkbox"/>	<input type="checkbox"/>
161. Are toeboards installed around the edges of permanent floor openings (where persons may pass below the opening)?	<input type="checkbox"/>	<input type="checkbox"/>
162. Are skylight screens of such construction and mounting that they will withstand a load of at least 200 pounds?	<input type="checkbox"/>	<input type="checkbox"/>
163. Is the glass in the windows, doors, glass walls, etc., which are subject to human impact, of sufficient thickness and type for the condition of use?	<input type="checkbox"/>	<input type="checkbox"/>
164. Are grates or similar type covers over floor openings such as floor drains of such design that foot traffic or rolling equipment will not be affected by the grate spacing?	<input type="checkbox"/>	<input type="checkbox"/>
165. Are unused portions of service pits and pits not actually in use either covered or protected by guardrails or equivalent?	<input type="checkbox"/>	<input type="checkbox"/>
166. Are manhole covers, trench covers and similar covers, plus their supports designed to carry a truck rear axle load of at least 20,000 pounds when located in roadways and subject to vehicle traffic?	<input type="checkbox"/>	<input type="checkbox"/>
167. Are floor or wall openings in fire resistive construction provided with doors or covers compatible with the fire rating of the structure and provided with a self-closing feature when appropriate?	<input type="checkbox"/>	<input type="checkbox"/>

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**Stairs and Stairways**

	<b>YES</b>	<b>NO</b>
168. Are standard stair rails or handrails on all stairways having four or more risers?	<input type="checkbox"/>	<input type="checkbox"/>
169. Are all stairways at least 22 inches wide?	<input type="checkbox"/>	<input type="checkbox"/>
170. Do stairs have landing platforms not less than 30 inches in the direction of travel and extend 22 inches in width at every 12 feet or less of vertical rise?	<input type="checkbox"/>	<input type="checkbox"/>
171. Do stairs angle no more than 50 and no less than 30 degrees?	<input type="checkbox"/>	<input type="checkbox"/>
172. Are step risers on stairs uniform from top to bottom?	<input type="checkbox"/>	<input type="checkbox"/>
173. Are steps on stairs and stairways designed or provided with a surface that renders them slip resistant?	<input type="checkbox"/>	<input type="checkbox"/>
174. Are stairway handrails located between 30 and 34 inches above the leading edge of stair treads?	<input type="checkbox"/>	<input type="checkbox"/>
175. Do stairway handrails have at least 3 inches of clearance between the handrails and the wall or surface they are mounted on?	<input type="checkbox"/>	<input type="checkbox"/>
176. Where doors or gates open directly on a stairway, is there a platform provided so the swing of the door does not reduce the width of the platform to less than 21 inches?	<input type="checkbox"/>	<input type="checkbox"/>
177. Where stairs or stairways exit directly into any area where vehicles may be operated, are adequate barriers and warnings provided to prevent employees stepping into the path of traffic?	<input type="checkbox"/>	<input type="checkbox"/>
178. Do stairway landings have a dimension measured in the direction of travel, at least equal to the width of the stairway?	<input type="checkbox"/>	<input type="checkbox"/>

**Elevated Surfaces**

179. Are signs posted, when appropriate, showing the elevated surface load capacity?	<input type="checkbox"/>	<input type="checkbox"/>
180. Are surfaces elevated more than 30 inches above the floor or ground provided with standard guardrails?	<input type="checkbox"/>	<input type="checkbox"/>
181. Are all elevated surfaces (beneath which people or machinery could be exposed to falling objects) provided with standard 4-inch toeboards?	<input type="checkbox"/>	<input type="checkbox"/>

*Workplace Audit Checklist*

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- |   | YES                      | NO                       |
|---|--------------------------|--------------------------|
| 182. Is a permanent means of access and egress provided to elevated storage and work surfaces?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 183. Is required headroom provided where necessary?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 184. Is material on elevated surfaces piled, stacked or racked in a manner to prevent it from tipping, falling, collapsing, rolling or spreading? | <input type="checkbox"/> | <input type="checkbox"/> |
| 185. Are dock boards or bridge plates used when transferring materials between docks and trucks or rail cars?                                     | <input type="checkbox"/> | <input type="checkbox"/> |

**HAZARD COMMUNICATION**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 186. Is there a list of hazardous substances used in your workplace?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 187. Is there a written hazard communication program dealing with Material Safety Data Sheets (MSDS), labeling, and employee training?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 188. Is each container for a hazardous substance (i.e., vats, bottles, storage tanks, etc.) labeled with product identity and a hazard warning (communication of the specific health hazards and physical hazards)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 189. Is there a Material Safety Data Sheet readily available for each hazardous substance used?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 190. Is there an employee training program for hazardous substances?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 191. Does this program include:   |                          |                          |
| a) An explanation of what an MSDS is and how to use and obtain one?   | <input type="checkbox"/> | <input type="checkbox"/> |
| b) MSDS contents for each hazardous substance or class of substances?   | <input type="checkbox"/> | <input type="checkbox"/> |
| c) Explanation of "Right to Know?"  | <input type="checkbox"/> | <input type="checkbox"/> |
| 192. Identification of where an employee can see the employers written hazard communication program and where hazardous substances are present in their work areas?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 193. The physical and health hazards of substances in the work area, and specific protective measures to be used?   | <input type="checkbox"/> | <input type="checkbox"/> |

*Workplace Audit Checklist*

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- |  | <b>YES</b>               | <b>NO</b>                |
|--|--------------------------|--------------------------|
| 194. Details of the hazard communication program, including how to use the labeling system and MSDS's? | <input type="checkbox"/> | <input type="checkbox"/> |

**Bloodborne Pathogens**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 195. Are employees trained in how to recognize tasks that might result in occupational exposure?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 196. Are employees trained in how to use work practice and engineering controls and personal protective equipment and to know their limitations?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 197. Do employees know how to obtain information on the types selection, proper use, location, removal handling, decontamination, and disposal of personal protective equipment? | <input type="checkbox"/> | <input type="checkbox"/> |

**Emergency Management Plan**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 198. Do employees know who to contact and what to do in an emergency? | <input type="checkbox"/> | <input type="checkbox"/> |
|---|--------------------------|--------------------------|

**RECORDKEEPING**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 199. Is an active OSHA 200 log (or equivalent) available for review?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 200. Does the OSHA 200 log (or equivalent) reflect separately the injury and illness experience of that establishment? | <input type="checkbox"/> | <input type="checkbox"/> |
| 201. Is the OSHA 200 log (or equivalent) current (within 45 days of the review)?                                       | <input type="checkbox"/> | <input type="checkbox"/> |
| 202. Is the OSHA 200 log (or equivalent) posted on an annual basis (no later than 1 February)?                         | <input type="checkbox"/> | <input type="checkbox"/> |
| 203. Is the OSHA 200 log (or equivalent) posted for a minimum of 30 days?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 204. Has the facility ever participated in the OSHA BLS survey?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 205. How long are the OSHA 200 logs (or equivalent) maintained on site (OSHA recommends a minimum of five years)?      | <input type="checkbox"/> | <input type="checkbox"/> |

**ACCIDENT INVESTIGATION**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 206. Are fact-finding techniques employed when conducting accident investigations? | <input type="checkbox"/> | <input type="checkbox"/> |
|--|--------------------------|--------------------------|

*Workplace Audit Checklist*

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	<b>YES</b>	<b>NO</b>
207. Have the unsafe acts or unsafe conditions leading directly to the accident been identified?	<input type="checkbox"/>	<input type="checkbox"/>
208. Have the indirect causes leading indirectly to the accident been identified (management policies, management decisions, environmental factors personal)?	<input type="checkbox"/>	<input type="checkbox"/>
209. Have both the direct and indirect costs of the accident been identified?	<input type="checkbox"/>	<input type="checkbox"/>
210. Has the accident investigation team been adequately trained?	<input type="checkbox"/>	<input type="checkbox"/>
211. What training has the accident investigation team received?	<input type="checkbox"/>	<input type="checkbox"/>
212. Is an investigative procedure plan in place?	<input type="checkbox"/>	<input type="checkbox"/>
213. Within the investigative procedures plan is it clearly identified who will perform the on-site investigation, secure the scene, photograph the scene, gather input (interviews) from witnesses, as well as document environmental conditions?	<input type="checkbox"/>	<input type="checkbox"/>
214. Are the appropriate personnel trained in proper interviewing techniques?	<input type="checkbox"/>	<input type="checkbox"/>
215. Are consulting Accident Investigators / Accident Reconstructionists available if needed?	<input type="checkbox"/>	<input type="checkbox"/>
216. Is a formal "Report of Investigation" procedure available?	<input type="checkbox"/>	<input type="checkbox"/>

**MEANS OF EGRESS**

217. Are all passageways clean, clear, in good repair and with no obstructions that could create a hazard?	<input type="checkbox"/>	<input type="checkbox"/>
218. Are permanent aisles and passageways properly marked?	<input type="checkbox"/>	<input type="checkbox"/>
219. Are all passageways, storerooms and service rooms clean and orderly?	<input type="checkbox"/>	<input type="checkbox"/>
220. Are all workroom floors maintained in a clean and dry (so far as possible) condition?	<input type="checkbox"/>	<input type="checkbox"/>
221. Are covers and/or guardrails provided to protect personnel from open pits, tanks or vats?	<input type="checkbox"/>	<input type="checkbox"/>
222. Are permanent handrails installed on all fixed stairs?	<input type="checkbox"/>	<input type="checkbox"/>

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*Workplace Audit Checklist*

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- |   | <b>YES</b>               | <b>NO</b>                |
|---|--------------------------|--------------------------|
| 223. Does the facility have an emergency egress plan? | <input type="checkbox"/> | <input type="checkbox"/> |
| 224. Are all emergency exits properly marked?         | <input type="checkbox"/> | <input type="checkbox"/> |

**MACHINE GUARDING**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 225. Does the facility have a machine-safeguarding program?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 226. Are all major moving parts on fixed machinery guarded?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 227. Are machine guards easy to remove?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 228. Do safeguards prevent worker's hands, arms, and other body parts from making contact with dangerous machinery? | <input type="checkbox"/> | <input type="checkbox"/> |
| 229. Do safeguards ensure that no object will fall into the moving parts?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 230. Have safeguards been tampered with in anyway?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 231. Have all employees been properly trained on the use of the machinery?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 232. Has the training been properly documented?   | <input type="checkbox"/> | <input type="checkbox"/> |

**WELDING AND BRAZING**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 233. Are valve protection caps in place and secure on all cylinders?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 234. When cylinders are in use, are they kept in a cradle, cylinder truck or special carrier?                | <input type="checkbox"/> | <input type="checkbox"/> |
| 235. Are oxygen cylinders kept separate from fuel cylinders when in storage?                                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 236. When in use, are cylinders kept far enough away from the actual welding or cutting operation?           | <input type="checkbox"/> | <input type="checkbox"/> |
| 237. Are employees properly trained in the proper and safe use of welding and cutting tools?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 238. Is suitable fire extinguishing equipment available in the work area, and is it ready for immediate use? | <input type="checkbox"/> | <input type="checkbox"/> |

*Workplace Audit Checklist*

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- |  | <b>YES</b>               | <b>NO</b>                |
|--|--------------------------|--------------------------|
| 239. Is there proper ventilation in the area where the welding or cutting is taking place? | <input type="checkbox"/> | <input type="checkbox"/> |

**HEARING CONSERVATION**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 240. Does the facility have a hearing conservation plan?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 241. Is there a workplace-monitoring program for noise levels?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 242. Is annual Audiometric testing provided to those employees designated as at risk?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 243. Are hearing related, personal protective equipment available to those employees who need it?                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 244. Are employees trained in the proper use, application and type of hearing protection to be worn?               | <input type="checkbox"/> | <input type="checkbox"/> |
| 245. Is the facility hearing conservation plan a functional part of the overall company health and safety program? | <input type="checkbox"/> | <input type="checkbox"/> |
| 246. Are periodic noise surveys performed?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 247. Are engineering and administrative controls being evaluated to reduce work place-hearing hazards?             | <input type="checkbox"/> | <input type="checkbox"/> |
| 248. Are new forms of hearing protection being evaluated?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 249. Are adequate hearing conservation supplies easily available to all designated personnel?                      | <input type="checkbox"/> | <input type="checkbox"/> |

**MATERIALS HANDLING AND STORAGE**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 250. Does the facility have a requirement for the generation of a lifting plan prior to any heavy or bulky lifting being performed?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 251. Are load ratings clearly visible on all lifting equipment?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 252. If slings are used for lifting, are they routinely inspected for cuts, frays or excessive wear? If excessive wear is present, are the slings permanently taken out of service? | <input type="checkbox"/> | <input type="checkbox"/> |

*Workplace Audit Checklist*

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- |   | <b>YES</b>               | <b>NO</b>                |
|---|--------------------------|--------------------------|
| 253. Does the facility have a powered industrial truck-training program?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 254. Does the facility ensure that only those individuals who are trained in powered industrial trucks operate powered industrial trucks? | <input type="checkbox"/> | <input type="checkbox"/> |
| 255. Does the facility have an up-to-date (within 16 months of the audit) materials handling and storing safety and health program?       | <input type="checkbox"/> | <input type="checkbox"/> |

**FATIGUE**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 256. Does the facility have a fatigue awareness program?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 257. Does the facility have an hours of operation policy for operators and maintenance workers?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 258. Does the facility have quiet rooms available for operators?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 259. Does the facility have a minimum hours off policy between shifts?                            | <input type="checkbox"/> | <input type="checkbox"/> |
| 260. Does the facility have a prescription / non-prescription drug policy?                        | <input type="checkbox"/> | <input type="checkbox"/> |
| 261. Does the facility have a second job policy for operators?                                    | <input type="checkbox"/> | <input type="checkbox"/> |
| 262. Has the facility provided fatigue awareness training to managers, employees and supervisors? | <input type="checkbox"/> | <input type="checkbox"/> |
| 263. Has the transit system had any suspected or confirmed fatigue related accidents/incidents?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 264. If the facility employs a shift rotation work schedule, are the rotations always forward?    | <input type="checkbox"/> | <input type="checkbox"/> |

**WORKPLACE VIOLENCE**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 265. Does the facility have a workplace violence awareness and prevention program?         | <input type="checkbox"/> | <input type="checkbox"/> |
| 266. Does the facility have a zero tolerance program for violence by co-workers?           | <input type="checkbox"/> | <input type="checkbox"/> |
| 267. Does the facility have an intervention program to address verbal abuse by co-workers? | <input type="checkbox"/> | <input type="checkbox"/> |

*Workplace Audit Checklist*

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- |  | <b>YES</b>               | <b>NO</b>                |
|--|--------------------------|--------------------------|
| 268. Are the customer dos and don'ts of riding transit service clearly displayed inside the bus? | <input type="checkbox"/> | <input type="checkbox"/> |

**EMERGENCY PLAN**

- |  |                          |                          |
|--|--------------------------|--------------------------|
| 269. Does the facility have an up-to-date (within 16 months of the audit) emergency plan?                                  | <input type="checkbox"/> | <input type="checkbox"/> |
| 270. Does the emergency plan detail escape procedures and emergency escape routes?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 271. Does the emergency plan detail facility shutdown procedure to be followed by employees?                               | <input type="checkbox"/> | <input type="checkbox"/> |
| 272. Is a copy of the emergency plan on file with the local fire, police and EMS departments?                              | <input type="checkbox"/> | <input type="checkbox"/> |
| 273. Has the emergency plan been reviewed with local emergency response authorities (police, fire, EMS)?                   | <input type="checkbox"/> | <input type="checkbox"/> |
| 274. Has the emergency plan been practiced, corrected and updated?   | <input type="checkbox"/> | <input type="checkbox"/> |
| 275. When the emergency plan is activated, is there a clear chain of command for your facility's response teams?           | <input type="checkbox"/> | <input type="checkbox"/> |
| 276. Is communications equipment addressed in the emergency plan?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 277. When having to evacuate a transit facility, are there designated gathering points for people to meet?                 | <input type="checkbox"/> | <input type="checkbox"/> |
| 278. Has a workplace/facility hazard evaluation been performed?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 279. Has a resource/materials inventory (batteries, cots, radios, fuel, generators) been integrated in the emergency plan? | <input type="checkbox"/> | <input type="checkbox"/> |

**LOSS CONTROL**

- |   |                          |                          |
|---|--------------------------|--------------------------|
| 280. Does the facility have a loss prevention program?  | <input type="checkbox"/> | <input type="checkbox"/> |
| 281. Does the facility have a safety committee, executive safety committee and a company policy statement on loss prevention? | <input type="checkbox"/> | <input type="checkbox"/> |

*Workplace Audit Checklist*

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	<b>YES</b>	<b>NO</b>
282. Are routine safety audits performed by properly trained and qualified personnel?	<input type="checkbox"/>	<input type="checkbox"/>
283. Are routine checks of the facility's ventilation/air handling system performed?	<input type="checkbox"/>	<input type="checkbox"/>