

Auto Shop OSHA Compliance Checklist (US)

Safety & Compliance | US

DATE ____ / ____ / ____	SHOP / LOCATION	INSPECTOR
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VEHICLE LIFTS

	OK	NOT OK		OK	NOT OK
Annual ALI inspection current <small>ANSI/ALI ALOIM standard</small>	<input type="radio"/>	<input type="radio"/>	Lift area clear of obstructions	<input type="radio"/>	<input type="radio"/>
Monthly operator checks documented	<input type="radio"/>	<input type="radio"/>	Capacity placard / ALI label visible	<input type="radio"/>	<input type="radio"/>
Safety locks engage properly	<input type="radio"/>	<input type="radio"/>	No hydraulic leaks	<input type="radio"/>	<input type="radio"/>

EXHAUST & VENTILATION

	OK	NOT OK	
Exhaust extraction system functional	<input type="radio"/>	<input type="radio"/>	
Extraction hoses in good condition	<input type="radio"/>	<input type="radio"/>	
General ventilation adequate	<input type="radio"/>	<input type="radio"/>	
CO detector / alarm present	<input type="checkbox"/> OK	<input type="checkbox"/> Not OK	<input type="checkbox"/> N/A
No vehicles running in closed bays	<input type="checkbox"/> OK	<input type="checkbox"/> Not OK	

HAZCOM & FLUID STORAGE

	OK	NOT OK		OK	NOT OK
Written HazCom program <small>OSHA 29 CFR 1910.1200</small>	<input type="radio"/>	<input type="radio"/>	Flammable storage cabinet (NFPA 30)	<input type="radio"/>	<input type="radio"/>
SDS binder current and accessible	<input type="radio"/>	<input type="radio"/>	Waste containers labeled and not overfull	<input type="radio"/>	<input type="radio"/>
All containers labeled (GHS)	<input type="radio"/>	<input type="radio"/>	Spill kit accessible	<input type="radio"/>	<input type="radio"/>
Used oil in approved drums / tanks	<input type="radio"/>	<input type="radio"/>			

FIRE SAFETY & PPE

	OK	NOT OK		OK	NOT OK
Fire extinguishers tagged and accessible <small>OSHA 29 CFR 1910.157</small>	<input type="radio"/>	<input type="radio"/>	Safety glasses — grinding / cutting	<input type="radio"/>	<input type="radio"/>
No smoking signs posted and enforced	<input type="radio"/>	<input type="radio"/>	Chemical-resistant gloves available	<input type="radio"/>	<input type="radio"/>
Flammables away from ignition sources	<input type="radio"/>	<input type="radio"/>			
Hearing protection in high-noise areas	<input type="checkbox"/> OK	<input type="checkbox"/> Not OK	<input type="checkbox"/> N/A		

GENERAL WORKPLACE

	OK	NOT OK		OK	NOT OK
Floor clean — no oil or trip hazards	<input type="radio"/>	<input type="radio"/>	Emergency exits clear and marked	<input type="radio"/>	<input type="radio"/>
Walking / working surfaces maintained	<input type="radio"/>	<input type="radio"/>	First aid kit stocked	<input type="radio"/>	<input type="radio"/>
Electrical cords / equipment undamaged	<input type="radio"/>	<input type="radio"/>	Emergency eyewash accessible	<input type="radio"/>	<input type="radio"/>

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SIGN-OFF

All items satisfactory Yes No — actions needed

Issues / corrective actions

Inspector signature _____

Shop owner / manager sign-off _____

Notes

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