

Manufacturing OSHA Compliance Checklist

Safety & Compliance

DATE ____/____/____	AUDITOR	PLANT / FACILITY
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MACHINE GUARDING

Point-of-operation guards in place OK Not OK N/A

No guards removed or bypassed OK Not OK

Interlocks functioning OK Not OK N/A

Emergency stops accessible and tested OK Not OK

	OK	NOT OK	N/A
Nip point guards on conveyors	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Abrasive wheel guards in place	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

LOCKOUT / TAGOUT

	OK	NOT OK		OK	NOT OK
LOTO procedures posted	<input type="radio"/>	<input type="radio"/>	Active lockouts correctly applied	<input type="radio"/>	<input type="radio"/>
Workers have personal locks/tags	<input type="radio"/>	<input type="radio"/>	Annual procedure review done	<input type="radio"/>	<input type="radio"/>

PPE

	OK	NOT OK		OK	NOT OK
Eye protection in required areas	<input type="radio"/>	<input type="radio"/>	Safety footwear worn	<input type="radio"/>	<input type="radio"/>
Hearing protection in noise zones	<input type="radio"/>	<input type="radio"/>	Gloves appropriate for task	<input type="radio"/>	<input type="radio"/>

Respiratory protection (where needed) OK Not OK N/A

PPE signs posted OK Not OK

CHEMICAL SAFETY

	OK	NOT OK		OK	NOT OK
SDS accessible for all chemicals	<input type="radio"/>	<input type="radio"/>	Eyewash and safety shower operational	<input type="radio"/>	<input type="radio"/>
Containers labelled	<input type="radio"/>	<input type="radio"/>	Spill kits stocked	<input type="radio"/>	<input type="radio"/>
Flammable storage in approved cabinets	<input type="radio"/>	<input type="radio"/>			

HOUSEKEEPING & AISLES

	OK	NOT OK		OK	NOT OK
Aisles clear and marked	<input type="radio"/>	<input type="radio"/>	Compressed air lines secured	<input type="radio"/>	<input type="radio"/>
No spills on floors	<input type="radio"/>	<input type="radio"/>	Waste bins not overflowing	<input type="radio"/>	<input type="radio"/>
Materials stacked safely	<input type="radio"/>	<input type="radio"/>			

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ELECTRICAL

	OK	NOT OK		OK	NOT OK
Electrical panels accessible	<input type="radio"/>	<input type="radio"/>	GFCIs in wet areas	<input type="radio"/>	<input type="radio"/>
No exposed or damaged wiring	<input type="radio"/>	<input type="radio"/>	Extension leads not permanent	<input type="radio"/>	<input type="radio"/>

FIRE & EMERGENCY

	OK	NOT OK		OK	NOT OK
Extinguishers accessible and tagged	<input type="radio"/>	<input type="radio"/>	First aid kits stocked	<input type="radio"/>	<input type="radio"/>
Exits clear and marked	<input type="radio"/>	<input type="radio"/>	AED present and charged	<input type="radio"/>	<input type="radio"/>
Alarm system normal	<input type="radio"/>	<input type="radio"/>	Evacuation plan posted	<input type="radio"/>	<input type="radio"/>

CORRECTIVE ACTIONS

Deficiencies found

Assigned to

Due date

Auditor signature

Notes

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