# Manufacturing OSHA Compliance Checklist (US)

Safety & Compliance | US

| DATE | AUDITOR | PLANT |
|---|---|---|
| ____ / ____ / _____ | | |

## MACHINE GUARDING (1910.212)

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

E-stops accessible and tested ☐ OK ☐ Not OK

| | OK | NOT OK | N/A |
|---|---|---|---|
| Nip point guards on conveyors | ○ | ○ | ○ |
| Abrasive wheel guards<br>*OSHA 1910.215* | ○ | ○ | ○ |

## LOTO (1910.147)

| | OK | NOT OK | | OK | NOT OK |
|---|---|---|---|---|---|
| Procedures posted at equipment | ○ | ○ | Active lockouts correct | ○ | ○ |
| Personal locks and tags available | ○ | ○ | Annual procedure audit done | ○ | ○ |

## PPE (1910.132)

| | OK | NOT OK | | OK | NOT OK |
|---|---|---|---|---|---|
| Safety glasses in required areas | ○ | ○ | Steel-toe boots worn | ○ | ○ |
| Hearing protection > 85 dBA<br>*OSHA 1910.95* | ○ | ○ | Gloves appropriate for task | ○ | ○ |

Respirators where required ☐ OK ☐ Not OK ☐ N/A

Hazard assessment on file ☐ OK ☐ Not OK

## HAZCOM (1910.1200)

| | OK | NOT OK | | OK | NOT OK |
|---|---|---|---|---|---|
| Written HazCom program | ○ | ○ | Secondary containers labeled | ○ | ○ |
| SDS binder accessible | ○ | ○ | Flammable cabinet per NFPA 30 | ○ | ○ |
| GHS labels on all containers | ○ | ○ | Eyewash flushed weekly<br>*ANSI Z358.1* | ○ | ○ |

## WALKING / WORKING SURFACES

| | OK | NOT OK |
|---|---|---|
| Aisles clear and marked | ○ | ○ |
| No spills or oil on floors | ○ | ○ |
| Stairways with handrails | ○ | ○ |

Loading dock edges marked ☐ OK ☐ Not OK ☐ N/A

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## ELECTRICAL (1910.303)

| | OK | NOT OK | | OK | NOT OK |
|---|---|---|---|---|---|
| Panels 36 in. clearance | ○ | ○ | GFCIs in wet areas | ○ | ○ |
| No exposed wiring | ○ | ○ | No permanent extension cords | ○ | ○ |

## FIRE & EMERGENCY

| | OK | NOT OK | | OK | NOT OK |
|---|---|---|---|---|---|
| Extinguishers accessible and tagged<br>*OSHA 1910.157* | ○ | ○ | First aid kits stocked<br>*OSHA 1910.151* | ○ | ○ |
| Exits clear and marked<br>*OSHA 1910.36/37* | ○ | ○ | AED present | ○ | ○ |
| Alarm system normal | ○ | ○ | OSHA 300 log posted (Feb-Apr) | ○ | ○ |

## CORRECTIVE ACTIONS

Deficiencies

Assigned to _____

Due date _____

Auditor signature _____

**Notes**

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