

# VEHICLE REPAIR SHOP SELF-SAFETY INSPECTION CHECKLIST

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Inspected By: \_\_\_\_\_

| Yes                      | No                       | NA                       |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All work areas clean, sanitary, and orderly?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Spills promptly cleaned up or contained with non-combustible absorbent materials?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Storage neat, stable, and orderly?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Bathrooms, wash facilities, lunchrooms, locker rooms, maintained in a clean and sanitary condition?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Floors, steps, ramps, and other walking surfaces free of any trip hazards and maintained in a good condition free of any spills or hazards that could cause slips or falls? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vehicle exhausts hose and/or collection system in good condition and used?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Portable fire extinguishers at assigned areas, accessible, and visible?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Portable fire extinguishers in operational condition with current inspection tag?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Combustible materials kept clear from heating equipment and other heat producing equipment?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Proper eye protection worn at all times in shop areas?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Respirators maintained in a clean and operable condition. Respirators properly stored when not in use in a sealed container?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Means of egress unobstructed and free of trip hazards?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | First aid kits readily accessible and properly stocked?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Emergency showers/eye washes readily accessible, clean, and operational and appear to be properly maintained?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electrical cords free from damage, properly used, third prong used and grounded?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Electric motors, tools, and other equipment free of accumulation of dirt, oil, waste and debris?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Ground fault circuit interrupters operational and provided in shop and wash bay areas?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Utility work lights in good condition and guard properly around light bulbs?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All guards provided on equipment pulleys, gears, sprockets, pinch points, and points of operation to prevent physical contact?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Hoses, extension cords, utility lights, tools, and other equipment not being used stored at assigned areas to help prevent trip hazards?                                    |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are all hand tools and equipment maintained in a good condition and free of any defects?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are all power tools and equipment maintained in a good condition and free of any defects?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are the working rests on abrasive wheel grinders within 1/8-inch of the wheel?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are spark shields provided on the bench grinders in place?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Grinding wheels in good condition free of chips, cracks, grooves, defects, and does not wobble when operated?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are all air tools and equipment maintained in a good condition and free of any defects?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are lifts, hoists, and jacks clean and in good working condition?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lift hoses, connections, controls, lift cylinders, and other components free of any leaks or other defects?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Lift safety locks engaged and functional?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Vehicles positioned properly on lifts and jacks?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Jack safety stands being used when portable jacks are used?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Wheels chocks placed in front and back of tires when jacks are being used?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Equipment maintained and serviced according to manufacturers guidelines.  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are chains, slings, and hooks being inspected by the operator (daily) before use and maintain in operable condition?  |

| Yes                      | No                       | NA                       |   |
|--------------------------|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Service pits covered or guarded when not in use?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | No leaks or dripping of combustible or flammable liquids?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Combustible and flammable liquids used, dispensed, and stored away from ignition sources?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Flammable and combustibles properly stored in safety cabinets?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | All compressed gas cylinders secured/chained and valves capped?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Spray room/booth, exhaust system duct work, and other equipment clean from accumulation of deposits of combustible materials?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are all ladders maintained in good condition, joints between steps and side rails tight, and all hardware and fittings securely attached and moveable parts operating freely without binding or undue play? |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Are ladder rungs, steps, and side rails free from oil, grease, and other foreign materials?   |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Exterior area free of any slip, trip and fall hazards?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Dumpster area clean and free of any slip hazards such as oil spills?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Seatbelts worn all times when driving?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Shop employees are not wearing any rings, jewelry, watches, or torn or loose clothing?  |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | Employees with long hair contained under a hat or hair net?   |

| Hazards/Unsafe Acts Noted | Assigned to Correct | Date Completed |
|---------------------------|---------------------|----------------|
|                           |                     |                |
|                           |                     |                |
|                           |                     |                |
|                           |                     |                |
|                           |                     |                |
|                           |                     |                |
|                           |                     |                |
|                           |                     |                |
|                           |                     |                |
|                           |                     |                |
|                           |                     |                |
|                           |                     |                |
|                           |                     |                |