

Format No.:

AREA / LOCATION:

Sr No	Checklist Points	1 st Week Date	2 nd Week Date	3 rd Week Date	4 th Week Date	Observations
01	Workplace environments free from hazards / Aspects					
02	Hazardous or combustible materials – department wise marked & noted?					
03	Personal protective equipment – department activities respectively?					
04	General housekeeping, improvement is dust free environment, chemical fumes, burning gases emission controlling methods?					
05	Lighting, temperature and ventilation – Offices, workplaces, general area, toilets, canteen, and pantry?					
06	Electrical outlets and wiring are safe – general admin areas, walls in factory premises, within department, under ground wiring?					
07	Machinery/appliance guards – each rotating things, wheels, chains etc..?					
08	Machinery/appliance markings and notices – identifications numbers e.g. crane nos, rope identification no?					
09	Building Structure (Damage, Danger Condition)? Should be Stability certified, earthquake proof.					
10	Proper Air circulation – Each department, storage rooms, work places, general area, area where covered by walls?					
11	Fitness Certificates of Vehicles, PUC license available of all the company vehicles? & Driver fitness certificate, driving license is available?					
12	General Hazardous / Aspect like batteries, Circuit boards etc... Disposal records, verify the authorized personnel whose collecting all?					
13	All required certificates like air emission, noise levels etc... certificates are available?					
14	Waste Management					
15	Segregation of hazardous material / water treatments.					
16	Control Pollution Levels					
17	Water Quality Sample					
18	Spill records Reported and Cleaned					
19	MSDS (Material Safety Data Sheet)					

Special Remarks By Observer:

Observer Signature:	M.R. Signature:
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