

**TEXAS WOMAN'S UNIVERISTY
SHOP SAFETY**

SELF-INSPECTION FORM

The Physical Plant shops are required to perform and document self-inspections at least monthly as part of The TWU Safety Management Plan requirement for an effective Injury and Loss Prevention Program. This self-inspection form will help document shop safety inspections and will assist shop personnel in identifying and correcting many common unsafe practices and conditions.

Answer each question by checking "Yes" (satisfactory), "No" (needs correction), or "N/A" (if the question does not apply to your shop).

After completing the self-inspection form, share the results with other shop employees. Correct each identified deficiency as soon as possible and document correction on the form. Keep the original self-inspection form on file in the department so that it will be available if requested by the Safety Coordinator. Please contact the Safety Coordinator if you need assistance correcting conditions identified during the self-inspection, or if you have any questions or concerns about shop safety. **The Safety Coordinator will periodically verify that self-inspections have been documented on-site. Inspection forms are to be retained for a period of 6mths.**

Date: _____ Inspector: _____

Question	ANSWER	CORRECTIVE ACTION	DATE
1. Are training records maintained to indicate which employees are trained and qualified to use each power tool, piece of powered equipment, or machine?	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	Corrective Action: Establish a training file. Prohibit personnel from using power tools and equipment that they have not been qualified on.	Completion Date:
2. Is an operator's manual, or other written safe operating procedures available for each power tool, piece of equipment, and machine?	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	Corrective Action: Obtain operator's manuals from the manufacturer or write safe operating procedures for each power tool, piece of equipment, and machine.	Completion Date:
3. Are emergency telephone numbers clearly posted?	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	Corrective Action: Post emergency telephone numbers (police, fire, ambulance) near the telephone(s).	Completion Date:
4. Are all exits marked with exit signs?	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	Corrective Action: Post and ensure that exits are marked.	Completion Date:
HOUSEKEEPING			
5. Are work areas (including equipment and machinery) kept clean and orderly, so as to prevent trip and fire hazards?	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	Corrective Action: Include housekeeping as part of regular shop activities (e.g. the job is not finished until all tools and materials are put away, the work area swept and waste is disposed of.)	Completion Date:

6. Have employees been advised that they are not to consume food or drinks in shop areas unless there is a designated clean area?	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	Corrective Action: Prohibit consuming food or beverages in shop areas; post signs if necessary.	Completion Date:
7. Are floors and work surfaces dry and/or made slip-resistant?	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	Corrective Action: Keep surfaces dry or install slip-resistant material on surfaces that can not be kept dry.	Completion Date:
8. Are there procedures for immediate clean-up of all spilled materials?	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	Corrective Action: Establish and enforce procedures for immediate clean up of all spilled materials.	Completion Date:
9. Are shelves, file cabinets, adequately secured to prevent tipping or falling?	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	Corrective Action: Secure all furnishings and equipment.	Completion Date:
10. Do all work areas have adequate ventilation, particularly for hazardous operations (e.g., welding, soldering, spray coating, using solvents)?	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	Corrective Action: Contact the Safety Office to have ventilation evaluated if there is a concern. Additional exhaust ventilation should be provided for operations that create dust, fumes, mists or vapors	Completion Date:
11. Do all work areas have adequate illumination?	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	Corrective Action: Contact the Safety Office to have the lighting evaluated if there is a concern.	Completion Date:
12. Is there a procedure for removing dangerous (damaged, broken, unguarded) tools or equipment from service?	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	Corrective Action: Establish a procedure such as using "out of service" tags to identify and prevent the use of dangerous items.	Completion Date:
13. Are all ladders maintained in safe operating condition and properly stored?	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	Corrective Action: Ensure that ladders are inspected prior to each use and damaged ladders are removed from service immediately.	Completion Date:
14. Are fire alarm pull boxes clearly identified and unobstructed?	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	Corrective Action: Ensure that all fire alarm pull boxes are clearly labeled. Clear any obstructions in front of fire alarm pull boxes.	Completion Date:
15. Are portable extinguishers clearly identified and unobstructed?	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	Corrective Action: Ensure that all extinguishers are clearly identifiable. Clear any obstructions in front of extinguishers.	Completion Date:

16. Are portable fire extinguishers tagged with current annual inspections?	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	Corrective Action: Contact the Safety Office if they have not been within the last 12 months.	Completion Date:
17. Are fire escapes, exit doors, stairwells, and corridors kept clear and unobstructed?	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	Corrective Action: Remove any stored equipment and materials from exit doors, stairwells and corridors. Prohibit storage in these areas.	Completion Date:
18. Are the emergency eyewashes for your shop tested (flushed) monthly, with the tests documented?	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	Corrective Action: Assign a shop occupant to test all emergency eyewashes monthly. Document each test in a logbook or on an attached tag.	Completion Date:
19. Are all eyewash and emergency shower stations free of obstructions that would prevent quick access by someone temporarily blinded?	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	Corrective Action: Remove all obstructions from emergency eyewashes and showers	Completion Date:
20. Are flammable materials stored in approved safety containers or safety cabinets?	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	Corrective Action: Ensure that flammable materials are stored in approved safety containers or cabinets. Prohibit storage of flammable materials outside safety containers or cabinets.	Completion Date:
21. Are flammable gas cylinders and oxygen cylinders separated by a fire-rated wall or at least 20 feet?	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	Corrective Action: Separate flammable gases from oxygen by a fire wall or a distance greater than 20 feet. Temporary storage of welding carts with oxygen and acetylene is permitted.	Completion Date:
22. Are covered metal containers used for oily and paint-soaked waste?	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	Corrective Action: Ensure that covered metal containers are provided and used for the disposal of oily and paint soaked rags.	Completion Date:
23. Are combustible materials kept at least 35 feet away from welding operations, or is fireproof covering provided?	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	Corrective Action: Move combustible material at least 35 feet from welding operations or place fireproof covering over them.	Completion Date:
ELECTRICAL SAFETY			
24. Are electrical panels accessible and are circuit breakers clearly labeled?	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	Corrective Action: Ensure that there is a minimum of 36 inches of clearance in front of all electrical panels, and label each circuit breaker with its use.	Completion Date:
25. Is all electrical shop equipment and power tools properly grounded or double insulated? (Ensure that the grounding pin has not been removed, and that 3-pin to 2-pin adapters is not used.)	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	Corrective Action: Inspect all electrical connections for grounding plugs or wires. Check manufacturer specifications to ensure that power tools are double insulated if not grounded.	Completion Date:
26. Are extension cords and power strips in good condition (e.g., no breaks or exposed wiring), used only as temporary wiring (<30 days), and not connected in series?	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	Corrective Action: Remove all extension cords connected in series, permanent use power strips, and permanent use extension cords. Contact your supervisor to arrange for installation of permanent wiring if needed.	Completion Date:

<p>27. Are electrical tools and appliances used in or near wet areas (such as sinks) protected with a GFCI (Ground Fault Circuit Interrupter)?</p>	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	<p>Corrective Action: Install GFCI protection in/near wet areas. Use an in-line (plug attached) GFCI for locations where permanent GFCI outlets are unavailable.</p>	<p>Completion Date:</p>
<p>PERSONAL PROTECTIVE EQUIPMENT</p>			
<p>28. Have employees who work around inhalation hazards (e.g., chemical vapors, welding fumes, or dust) been monitored to determine whether they need to be enrolled in the respiratory protection program?</p>	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	<p>Corrective Action: Respiratory Protection Program is available at The Safety Office. Contact the Safety Office to provide employee exposure assessments and determine the necessity for respiratory protection.</p>	<p>Completion Date:</p>
<p>29. Have employees who work in noisy areas been monitored to determine whether they need to be enrolled in the hearing conservation program?</p>	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	<p>Corrective Action: Contact the Safety Office to provide employee noise monitoring and determine the necessity for hearing protection. Provide hearing protection to employees who request it.</p>	<p>Completion Date:</p>
<p>30. Are employees provided with eye and face protection such as safety glasses and face shields where needed?</p>	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	<p>Corrective Action: Provide and ensure the use of approved eye protection for all shop employee and visitors upon entry to shop work areas. Ensure that face protection is used when flying materials could cause injury to the face.</p>	<p>Completion Date:</p>
<p>HANDS TOOLS</p>			
<p>31. Are all tools free of defects (such as cracked handles) that make them unsafe?</p>	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	<p>Corrective Action: Remove defective tools from service.</p>	<p>Completion Date:</p>
<p>PORTABLE POWER-OPERATED TOOLS</p>			
<p>32. Are rotating or moving parts of equipment or tools guarded (e.g., hand-held grinder wheel)?</p>	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	<p>Corrective Action: Ensure that all guards are in place and used during tool operation.</p>	<p>Completion Date:</p>
<p>SHOP EQUIPMENT AND MACHINES</p>			
<p>33. Is the campus lockout/tagout program in place to prevent accidental energizing of equipment, machines, or electrical systems that are being repaired, adjusted, or undergoing tool changes?</p>	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	<p>Corrective Action: Institute a lockout/tagout (or equivalent) program.</p>	<p>Completion Date:</p>
<p>34. Are abrasive wheel grinders equipped with a work rest adjusted to within 1/8 inch of the wheel, and side guards that cover the spindle, nut, flange and at least 75% of the wheel diameter?</p>	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	<p>Corrective Action: Prohibit the use of wheel grinders until work rests and proper side guards are installed and/or properly adjusted.</p>	<p>Completion Date:</p>

35. Are radial arm saws provided with a spreader and automatic return?	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	Corrective Action: Prohibit the use of radial arm saws until spreaders and automatic returns are installed.	Completion Date:
36. Do table saws have a hand guard, spreader, and anti-kickback device for use when applicable?	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	Corrective Action: Prohibit the use of table saws until anti-kickback devices are installed.	Completion Date:
37. Are all pieces of equipment and machinery provided with adequate guarding? (Rotating parts, nip points and v-belts must be guarded.)	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	Corrective Action: Prohibit the use of equipment and machinery until adequate guards are installed.	Completion Date:
38. Are pieces of equipment or machinery securely anchored to the floor or a bench?	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	Corrective Action: Ensure equipment or machinery that can move from its operation or vibration or the vibration of nearby equipment or machinery is securely anchored.	Completion Date:
39. Are forklift drivers certified and trained?	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	Corrective Action: Prohibit the use of forklifts by personnel who have not been certified as forklift operators by The Safety Office. Contact the Safety Office for enrollment in campus forklift training.	Completion Date:
40. Are crane and hoist operators and riggers trained or otherwise qualified?	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	Corrective Action: Prohibit the use of cranes, hoists and rigging for personnel who have not been trained/qualified.	Completion Date:
41. Are documented daily (before use) inspections of forklifts, cranes, hoists and rigging kept on file?	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	Corrective Action: Establish equipment inspection files to maintain required inspections for forklifts, cranes, hoists, and rigging. Warehouse personnel are responsible.	Completion Date:
WELDING			
42. Are welders provided with appropriate personal protective equipment (e.g., eye protection, gloves, flame resistant clothing or leathers)?	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	Corrective Action: Ensure that welders are provided with and use the proper personal protective equipment. Welding and Cutting Operations is available in the Safety Manual.	Completion Date:
43. Are welders provided with a fire extinguisher within ten feet of their working area?	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	Corrective Action: Ensure that there is an A40BC fire extinguisher with a current inspection tag within 10 feet of welding work areas.	Completion Date:
44. Are all compressed gas cylinders adequately secured with non-combustible restraints to keep the cylinder(s) from falling? Also, are all compressed gas cylinders capped when not in use?	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	Corrective Action: Contact advice on how to properly secure cylinders is located in the Safety Manual.	Completion Date:

HAZARDOUS MATERIALS			
45. Is a Shop Hazard Communication Program trained and signed by all workers?	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	Corrective Action: Conduct Hazardous Communications Training annually.	Completion Date:
46. Is there a file or binder of Material Safety Data Sheets (MSDS) for each chemical stored or used in the shop?	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	Corrective Action: Information regarding MSDS sheets is available in the Safety Manual. Obtain missing MSDSs from the product vendor.	Completion Date:
47. Are all containers of chemicals labeled with the contents and primary hazards?	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	Corrective Action: Properly label all chemical containers, including stored and temporary containers.	Completion Date:
48. Are incompatible chemicals stored separately (e.g., acids separate from bases, oxidizers separate from flammables)?	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	Corrective Action: Contact The Safety Office for assistance with chemical storage and segregation.	Completion Date:
49. Has the shop submitted an updated chemical inventory to Safety Office within the last 12 months?	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	Corrective Action: Complete and submit a chemical inventory to our supervisor. Information is available in the Safety Manual. Contact the Safety Office for further assistance if necessary.	Completion Date:
50. Has an updated chemical inventory been established?	<input type="checkbox"/> Yes (Satisfactory) <input type="checkbox"/> No (Needs Correction) <input type="checkbox"/> N/A (Not Applicable)	Corrective Action: Move chemical inventory listing to readily accessible location.	Completion Date:

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