

	YES	NO
Have you identified the specific tasks and areas of the workplace where employees may be exposed to blood or other potentially infectious materials (OPIM)?	<input type="checkbox"/>	<input type="checkbox"/>
Are employees informed that bloodborne pathogens are not limited to HIV and HBV, but also include other disease-causing organisms such as HCV and syphilis?	<input type="checkbox"/>	<input type="checkbox"/>
Has a training and information program been provided for all employees with potential exposure to bloodborne pathogens?	<input type="checkbox"/>	<input type="checkbox"/>
Is training performed at least annually in each of the following:		
- universal precautions?	<input type="checkbox"/>	<input type="checkbox"/>
- personal protective equipment?	<input type="checkbox"/>	<input type="checkbox"/>
- appropriate workplace practices (including blood drawing, room cleaning, laundry handling, and cleanup of blood spills)?	<input type="checkbox"/>	<input type="checkbox"/>
- needlestick exposure/management?	<input type="checkbox"/>	<input type="checkbox"/>
- hepatitis B vaccination?	<input type="checkbox"/>	<input type="checkbox"/>
Have appropriate controls been instituted (such as universal precautions, workplace practices, and personal protective equipment)?	<input type="checkbox"/>	<input type="checkbox"/>
Have employees been instructed in appropriate workplace practices (such as hand washing, handling of sharp instruments and laundry, and disposal of contaminated materials)?	<input type="checkbox"/>	<input type="checkbox"/>
Is personal protective equipment provided to employees in all necessary locations?	<input type="checkbox"/>	<input type="checkbox"/>
Is equipment (e.g., mouthpieces, resuscitation bags) available for mouth-to-mouth resuscitation on potentially infected patients?	<input type="checkbox"/>	<input type="checkbox"/>
Are facilities/equipment available to implement appropriate workplace practices (such as sinks for washing hands, biohazard tags and labels, sharps containers, and detergents/disinfectants to clean up spills)?	<input type="checkbox"/>	<input type="checkbox"/>
Are all equipment and working surfaces cleaned and disinfected after contact with blood or OPIM?	<input type="checkbox"/>	<input type="checkbox"/>
Is infectious waste properly labeled and placed in closable, leak-proof containers, bags, or puncture-resistant holders?	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
Has HBV evaluation, antibody testing, and vaccination been made available to all potentially exposed employees?	<input type="checkbox"/>	<input type="checkbox"/>
Is the full hepatitis B vaccination series made available as soon as possible (but no later than 24 hours) to all unvaccinated first-aid providers who have rendered assistance in a situation involving blood or OPIM?	<input type="checkbox"/>	<input type="checkbox"/>
Are needleless systems and engineered sharps injury protection used when they are commercially available?	<input type="checkbox"/>	<input type="checkbox"/>
Has a Sharps Injury Log been established to record any exposure incidents involving sharps?	<input type="checkbox"/>	<input type="checkbox"/>
Is the confidentiality of the injured employee protected when recording and maintaining the Sharps Injury Log?	<input type="checkbox"/>	<input type="checkbox"/>
Are all sharps injuries recorded in the Sharps Injury Log within 14 working days of the exposure incident?	<input type="checkbox"/>	<input type="checkbox"/>
Is all of the following information recorded in the Sharps Injury Log:		
- job classification of the exposed employee?	<input type="checkbox"/>	<input type="checkbox"/>
- work area where the incident occurred?	<input type="checkbox"/>	<input type="checkbox"/>
- procedure being performed at the time of the incident?	<input type="checkbox"/>	<input type="checkbox"/>
- how the incident occurred?	<input type="checkbox"/>	<input type="checkbox"/>
- the body part involved in the exposure incident?	<input type="checkbox"/>	<input type="checkbox"/>
- whether any engineered sharps injury protection was activated (including whether the injury occurred before, during, or after activation)?	<input type="checkbox"/>	<input type="checkbox"/>
- the injured employee's opinion on whether and how such a mechanism might have prevented the incident (if the sharp had no engineered protection)?	<input type="checkbox"/>	<input type="checkbox"/>
- whether (in the employer's opinion) any other administrative or work practice control could have prevented the injury?	<input type="checkbox"/>	<input type="checkbox"/>
If contact with blood or other infectious materials can be reasonably anticipated during the performance of work, has an Exposure Control Plan (ECP) been developed?	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
Is input from non-managerial employees responsible for direct patient care who are potentially exposed to injuries from contaminated sharps sought and recorded in the ECP?	<input type="checkbox"/>	<input type="checkbox"/>
Is the ECP updated at least annually?	<input type="checkbox"/>	<input type="checkbox"/>
Is the ECP updated or modified:		
- to reflect changes in tasks and risks of exposure?	<input type="checkbox"/>	<input type="checkbox"/>
- to reflect technological changes that reduce or eliminate exposure to bloodborne pathogens, e.g., needleless systems and engineered sharps injury protection?	<input type="checkbox"/>	<input type="checkbox"/>

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	YES	NO
Are signs posted, when appropriate, showing the elevated surface load capacity?	<input type="checkbox"/>	<input type="checkbox"/>
Are unenclosed surfaces that are part of a building or other structure and elevated more than 30 inches above the floor or ground provided with standard guardrails?	<input type="checkbox"/>	<input type="checkbox"/>
Are unenclosed surfaces that are not part of a building or other building structure and elevated four feet or more above the floor or ground provided with standard guardrails?	<input type="checkbox"/>	<input type="checkbox"/>
Are all elevated surfaces six feet or more above where people normally work or pass provided with standard four-inch toeboards to prevent a hazard from falling tools or materials?	<input type="checkbox"/>	<input type="checkbox"/>
Is a permanent means of access and egress provided to elevated storage and work surfaces?	<input type="checkbox"/>	<input type="checkbox"/>
Is required headroom provided where necessary?	<input type="checkbox"/>	<input type="checkbox"/>
Is material on elevated surfaces piled, stacked, or racked in a manner to prevent it from tipping, falling, collapsing, rolling, or spreading?	<input type="checkbox"/>	<input type="checkbox"/>
Are dockboards or bridge plates used when transferring materials between docks and trucks or rail cars?	<input type="checkbox"/>	<input type="checkbox"/>

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	YES	NO
Does each elevating platform have:		
- toeboards at the sides and ends that are at least 3 1/2 inches high?	<input type="checkbox"/>	<input type="checkbox"/>
- a hinged trap access door, if applicable?	<input type="checkbox"/>	<input type="checkbox"/>
- a platform that is at least 16 inches wide?	<input type="checkbox"/>	<input type="checkbox"/>
- an emergency stopping device at the upper controls?	<input type="checkbox"/>	<input type="checkbox"/>
- a maintenance and operations manual that is kept on the platform?	<input type="checkbox"/>	<input type="checkbox"/>
- the required legible ANSI plate and the plate or marking that gives the required specifications, operating instructions, and restrictions?	<input type="checkbox"/>	<input type="checkbox"/>
- a ± 42-inch high guardrail and midrail around the platform deck?	<input type="checkbox"/>	<input type="checkbox"/>
If the platform has a powered elevating assembly and a platform height over 60 inches, is there a safe emergency means of lowering the platform?	<input type="checkbox"/>	<input type="checkbox"/>
If the platform is powered, are the upper and lower controls both plainly marked and guarded?	<input type="checkbox"/>	<input type="checkbox"/>
Do all mast-climbing work platforms have at least one 3A-40BC fire extinguisher located no closer than five feet from the control panel?	<input type="checkbox"/>	<input type="checkbox"/>
When fuel-powered equipment is being used on a mast-climbing work platform, is the fuel supply limited to no more than what is required for a single shift?	<input type="checkbox"/>	<input type="checkbox"/>
Are glaziers, bricklayers, and stonemasons allowed to remove the inboard guardrail on a mast-climbing work platform only if the inboard edge of the platform or extension is no more than seven inches from the finish face of the building or structure being worked on, or if an approved personal fall protection system is being used?	<input type="checkbox"/>	<input type="checkbox"/>
Are employees working on all other types of mast-climbing work platforms allowed to remove the inboard guardrail only if the inboard edge of the platform or extension is no more than 12 inches from the building or structure wall, or if approved personal fall protections systems are being used?	<input type="checkbox"/>	<input type="checkbox"/>

YES NO

Are employees (and their tools, materials, and equipment) prohibited from riding on a work platform that is in operation unless **all** of the following conditions are met (*Exception:* television and movie camera booms)?

- The travel speed at maximum travel height does not exceed three feet per second.
- Electrical or interlock means are used to prevent self-propelled units from being driven with the platform height greater than the maximum travel height or at speeds greater than permitted at maximum travel height.
- The surface upon which the unit is being operated is level and has no irregularities or debris accumulations that might cause a moving platform to overturn.

Are employees prohibited from:

- sitting, standing, and climbing on the guardrails of an elevating platform?

- using planks, ladders, or other devices to gain greater working height or reach while on an elevating platform?

- accumulating unstable objects such as barrels, boxes, loose bricks, tools, and debris on the work level?

If moving vehicles are present, is the work area marked off with flags, ropes, or other effective means of traffic control?

Are the manufacturer's instructions followed when assembling, using, and disassembling elevating platforms?

Are elevating platforms inspected for damaged or defective parts before each use?

Are all inspections, maintenance, and repairs performed only by a qualified person in accordance with the manufacturer's specifications or, if the manufacturer is no longer in business or the specifications are no longer available, under the direction of a registered professional engineer experienced in the design of elevating platforms?

Do all **inspection records** document:

- the date of inspection?

- any deficiencies found?

- | | YES | NO |
|---|--------------------------|--------------------------|
| - the corrective action recommended? | <input type="checkbox"/> | <input type="checkbox"/> |
| - the identity of the persons or entities performing the work? | <input type="checkbox"/> | <input type="checkbox"/> |
| Do all repair records document: | | |
| - the date of repair? | <input type="checkbox"/> | <input type="checkbox"/> |
| - a description of the work performed? | <input type="checkbox"/> | <input type="checkbox"/> |
| - the identity of the persons or entities performing the work? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are all inspection and repair records maintained for at least three years? | <input type="checkbox"/> | <input type="checkbox"/> |
| Has a qualified person instructed all affected employees in the safe use of the work platform in accordance with the manufacturer's instructions? | <input type="checkbox"/> | <input type="checkbox"/> |
| Are all employees who erect, disassemble, move, operate, use, repair, maintain, or inspect elevating work platforms trained in the following: | | |
| - the Elevating Work Platforms Standard? | <input type="checkbox"/> | <input type="checkbox"/> |
| - the correct procedures for performing their assigned duties? | <input type="checkbox"/> | <input type="checkbox"/> |
| - the nature of the hazards associated with the equipment and the correct procedure for dealing with those hazards, including electrical hazards, fall hazards, and falling object hazards? | <input type="checkbox"/> | <input type="checkbox"/> |
| - the correct procedures for dealing with the hazards associated with the equipment? | <input type="checkbox"/> | <input type="checkbox"/> |
| - the safe operation and use of elevating work platforms and the proper handling of materials on the work platform? | <input type="checkbox"/> | <input type="checkbox"/> |
| - the maximum load capacity of the work platform based upon the installed configuration? | <input type="checkbox"/> | <input type="checkbox"/> |

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Portable Ladders:**YES** **NO**Do all portable ladders meet the applicable ANSI requirements? Are all portable ladders used according to their duty classifications (e.g., special duty/ IAA ladders used for working loads of 375 pounds, etc.)? Are employees prohibited from using portable ladders that exceed their maximum allowable lengths? Are employees prohibited from using two-section extension ladders with less than the minimum required overlap? Do you prohibit the painting of portable ladders with anything other than a transparent material? Do you ensure that employees use portable ladders only for the purpose for which they were intended, and never as a brace, skid, guy or gin pole, or gangway, or horizontally as a platform, runway, or scaffold (unless it was designed for such use)? Are all portable ladders maintained in good condition?

Specifically, for all portable ladders:

- Is the joint between the steps and the side rails tight? - Are all fittings and hardware securely attached? - Do all movable part operator freely without binding or undue play? Do you ensure that portable ladders are not exposed to acid or alkali materials capable of corroding them and reducing their strength, unless the manufacturer's recommendations are followed? Are all portable ladders inspected by a qualified person frequently? Are all portable ladders inspected by a qualified person after any occurrence that could affect the ladder's safe use?

	YES	NO
Are damaged ladders tagged or marked as "Dangerous, Do Not Use" and then withdrawn from service for repair or destruction?	<input type="checkbox"/>	<input type="checkbox"/>
Are all ladders free of oil, grease, and slippery materials?	<input type="checkbox"/>	<input type="checkbox"/>
When in use, do you ensure that all portable ladders have a safe and level footing, using ladder levelers if necessary?	<input type="checkbox"/>	<input type="checkbox"/>
If possible, are non-self-supporting ladders used at an angle of inclination such that the horizontal distance from the top support to the foot of the ladder is one-quarter of the working length of the ladder?	<input type="checkbox"/>	<input type="checkbox"/>
If necessary, are ladders tied, blocked, or otherwise secured to prevent slipping?	<input type="checkbox"/>	<input type="checkbox"/>
When two or more separate ladders are used to reach an elevated work area, are the ladders offset with a platform or landing between the ladders?	<input type="checkbox"/>	<input type="checkbox"/>
When used to access an upper landing surface, do the side rails of the portable ladder extend at least 36 inches above the upper landing surface?	<input type="checkbox"/>	<input type="checkbox"/>
If it is not possible for the side rails to extend at least 36 inches above the upper landing surface, is the top of the ladder secured to a rigid support that will not deflect and a grab-rail provided?	<input type="checkbox"/>	<input type="checkbox"/>
Are employees required to climb and work with the body near the middle of the step or rung of the ladder when practical, and to secure the top support of the ladder and use a personal fall protection system when this is not possible?	<input type="checkbox"/>	<input type="checkbox"/>
Are employees required to face the ladder and maintain contact with the ladder at three positions at all times when ascending or descending a ladder?	<input type="checkbox"/>	<input type="checkbox"/>
Are employees prohibited from:		
- using ladders with broken or missing steps, rungs, cleats, safety feet, side rails, or other defects?	<input type="checkbox"/>	<input type="checkbox"/>
- overloading portable ladders?	<input type="checkbox"/>	<input type="checkbox"/>
- placing ladders on boxes, barrels, or other unstable bases to obtain additional height?	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
- using ladders on slippery surfaces unless suitable means to prevent slippage are used?	<input type="checkbox"/>	<input type="checkbox"/>
- standing and working on the top three rungs of a single or extension ladder, unless there are structural members that provide a firm handhold or a personal fall protection system is used?	<input type="checkbox"/>	<input type="checkbox"/>
- sitting, kneeling, stepping, or standing on the pail shelf, top cap, or the step below the top cap of a step ladder?	<input type="checkbox"/>	<input type="checkbox"/>
- using the cross-bracing on the rear section of a step ladder for climbing unless the step ladder is designed for such use and has steps for climbing on both the front and rear sections?	<input type="checkbox"/>	<input type="checkbox"/>
- moving, shifting, or extending a ladder while it is occupied?	<input type="checkbox"/>	<input type="checkbox"/>
- using a step ladder as a single ladder or in the partially closed position?	<input type="checkbox"/>	<input type="checkbox"/>
- tying or fastening ladders together to make longer sections, unless the ladders are designed for such use and equipped with the necessary hardware fittings?	<input type="checkbox"/>	<input type="checkbox"/>
- placing ladders in passageways, doorways, driveways, or other locations where they may be displaced, unless the ladders are protected by barricades or guards?	<input type="checkbox"/>	<input type="checkbox"/>
- using single-rail ladders	<input type="checkbox"/>	<input type="checkbox"/>
Are non-conductive ladders used in locations where the ladder or user may contact unprotected, energized electrical conductors or equipment?	<input type="checkbox"/>	<input type="checkbox"/>
Are all conductive ladders marked with signs reading "CAUTION – Do Not Use Around Electrical Equipment," or equivalent wording?	<input type="checkbox"/>	<input type="checkbox"/>
Are employees required to keep the area around the bottom of the ladder clear?	<input type="checkbox"/>	<input type="checkbox"/>
Fixed Ladders:	YES	NO
Are all fixed ladders capable of supporting a single, concentrated load of 200 pounds?	<input type="checkbox"/>	<input type="checkbox"/>
Do all fixed metal ladders have rungs that are at least ¾ inch in diameter, or 1 inch in diameter if used in an atmosphere that causes corrosion and rusting?	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
Do all fixed wood ladders have rungs that are at least 1 1/8 inch in diameter?	<input type="checkbox"/>	<input type="checkbox"/>
Are all rungs and side rails free of sharp edges, splinters, and burrs.	<input type="checkbox"/>	<input type="checkbox"/>
When required by location, are all fixed metal ladders painted or otherwise protected from rust and corrosion?	<input type="checkbox"/>	<input type="checkbox"/>
Are all fixed wood ladders treated with a non-irritating preservative when used under conditions where decay may occur?	<input type="checkbox"/>	<input type="checkbox"/>
Have the clearance requirements of 8 CCR § 3277(f) been met?	<input type="checkbox"/>	<input type="checkbox"/>
Do all fixed ladders more than 20 feet in length have cages or wells, unless the ladder is equipped with a ladder safety system?	<input type="checkbox"/>	<input type="checkbox"/>
Are landing platforms provided wherever an employee has to step a distance greater than 12 inches from the centerline of the rung of the ladder to the nearest edge of the structure or equipment?	<input type="checkbox"/>	<input type="checkbox"/>
Are landing platforms provided for each 20 feet of height, or fraction thereof, unless a cage, well, or ladder safety system is provided?	<input type="checkbox"/>	<input type="checkbox"/>
Are landing platforms provided for each 30 feet of height, or fraction thereof, if a cage or well is provided, but there is no ladder safety system?	<input type="checkbox"/>	<input type="checkbox"/>
Do all landing platforms have guardrails and toeboards?	<input type="checkbox"/>	<input type="checkbox"/>
Are all landing platforms at least 24 inches wide and 30 inches long?	<input type="checkbox"/>	<input type="checkbox"/>
Do the side rails of all through or side-step ladder extensions extend 3.5 feet above parapets and landings?	<input type="checkbox"/>	<input type="checkbox"/>
Are employees prohibited from carrying equipment or materials that prevent the safe use of a fixed ladder?	<input type="checkbox"/>	<input type="checkbox"/>

YES No

Are employees required to:

- face the ladder when climbing up or down the ladder?

- use both hands when climbing up or down the ladder

Are single-rail fixed ladders prohibited?

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	YES	NO
Does forklift training involve each of the following three elements:		
- formal instruction (e.g., lectures, video tapes, interactive computer training, written materials)?	<input type="checkbox"/>	<input type="checkbox"/>
- practical training (i.e., demonstrations performed by the trainer and practical exercises performed by the trainee)?	<input type="checkbox"/>	<input type="checkbox"/>
- the trainee passing an actual driving evaluation before beginning his or her initial job assignment?	<input type="checkbox"/>	<input type="checkbox"/>
Are trainees given instructions and precautions regarding:		
- differences from automobiles?	<input type="checkbox"/>	<input type="checkbox"/>
- the type of forklift they will drive?	<input type="checkbox"/>	<input type="checkbox"/>
- steering and maneuvering?	<input type="checkbox"/>	<input type="checkbox"/>
- location and operation of controls and instrumentation?	<input type="checkbox"/>	<input type="checkbox"/>
- operating limitations and necessary warnings?	<input type="checkbox"/>	<input type="checkbox"/>
Are trainees instructed regarding forklift capacity and stability?	<input type="checkbox"/>	<input type="checkbox"/>
Are trainees instructed to do all of the following whenever carrying a load that approaches a forklift's maximum design characteristics:		
- carry the load at the lowest position possible?	<input type="checkbox"/>	<input type="checkbox"/>
- accelerate the truck slowly and evenly?	<input type="checkbox"/>	<input type="checkbox"/>
- tilt the forks forward cautiously?	<input type="checkbox"/>	<input type="checkbox"/>
Are trainees instructed on:		
- engine operation and maintenance?	<input type="checkbox"/>	<input type="checkbox"/>
- vehicle inspection and maintenance?	<input type="checkbox"/>	<input type="checkbox"/>
- engine refueling and battery recharging?	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
Are trainees instructed on driving and visibility (including restrictions caused by loading)?	<input type="checkbox"/>	<input type="checkbox"/>
Are trainees instructed on the necessity of wearing seat belts and their proper usage when seat belts are provided?	<input type="checkbox"/>	<input type="checkbox"/>
Are trainees instructed regarding the use and limits of forks and attachments?	<input type="checkbox"/>	<input type="checkbox"/>
Are trainees trained for the specific hazards posed by the particular forklift they will be operating?	<input type="checkbox"/>	<input type="checkbox"/>
Are trainees instructed regarding all of the following topics:		
- conditions of surfaces on which the forklift will be operated (e.g., rough, uneven, or sloped surfaces, greasy or slippery spots)?	<input type="checkbox"/>	<input type="checkbox"/>
- composition of probable loads and ensuring of load stability?	<input type="checkbox"/>	<input type="checkbox"/>
- manipulation, stacking, and unstacking of loads?	<input type="checkbox"/>	<input type="checkbox"/>
- narrow aisles and other restricted places of operation?	<input type="checkbox"/>	<input type="checkbox"/>
- pedestrian traffic?	<input type="checkbox"/>	<input type="checkbox"/>
- operation in hazardous (classified) locations?	<input type="checkbox"/>	<input type="checkbox"/>
- operation on ramps or other sloped surfaces that could affect the vehicle's stability?	<input type="checkbox"/>	<input type="checkbox"/>
- operation in closed environments where poor ventilation can pose a danger of carbon monoxide buildup?	<input type="checkbox"/>	<input type="checkbox"/>
- any unique or potentially hazardous environments that exist or may exist in the workplace?	<input type="checkbox"/>	<input type="checkbox"/>
If employees are elevated with a forklift, is the operator trained and instructed to:		
- use a securely attached safety platform?	<input type="checkbox"/>	<input type="checkbox"/>
- ensure that the operating mechanism is operating smoothly?	<input type="checkbox"/>	<input type="checkbox"/>
- ensure that the mast is vertical (not tilted forward or backward while persons are elevated)?	<input type="checkbox"/>	<input type="checkbox"/>
- place truck in neutral and set parking brake?	<input type="checkbox"/>	<input type="checkbox"/>
- lift and lower smoothly and cautiously?	<input type="checkbox"/>	<input type="checkbox"/>
- watch for overhead obstructions?	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
- keep hands and feet free of controls other than those in use?	<input type="checkbox"/>	<input type="checkbox"/>
- never travel with personnel on the work platform, other than minor movements for the platform's final positioning?	<input type="checkbox"/>	<input type="checkbox"/>
Has a written certification been made for each employee who will be operating a forklift that the employee has received the necessary training and has shown the competence to safely perform forklift operations?	<input type="checkbox"/>	<input type="checkbox"/>
Does the written certification include:		
- name of trainee?	<input type="checkbox"/>	<input type="checkbox"/>
- dates of training and evaluation?	<input type="checkbox"/>	<input type="checkbox"/>
- name of the person performing the training or evaluation?	<input type="checkbox"/>	<input type="checkbox"/>
Are trainees evaluated at least every three years?	<input type="checkbox"/>	<input type="checkbox"/>
Are trainees given additional training whenever they:		
- operate a different forklift or a forklift that poses new or additional hazards?	<input type="checkbox"/>	<input type="checkbox"/>
- work in substantially different or changed conditions?	<input type="checkbox"/>	<input type="checkbox"/>
- are involved in any forklift accident, near-miss accident, or instance of unsafe operation?	<input type="checkbox"/>	<input type="checkbox"/>
- receive an evaluation that reveals they are operating the forklift in an unsafe manner?	<input type="checkbox"/>	<input type="checkbox"/>

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	YES	No
Are all forklift operators at least 18 years old?	<input type="checkbox"/>	<input type="checkbox"/>
Are only trained and authorized personnel allowed to operate industrial trucks?	<input type="checkbox"/>	<input type="checkbox"/>
Are operating instructions for forklifts posted and enforced as required by Cal/OSHA?	<input type="checkbox"/>	<input type="checkbox"/>
Are operating instructions for agricultural or industrial tractors posted, as applicable?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a checklist for the start of the shift?	<input type="checkbox"/>	<input type="checkbox"/>
Are load capacities labeled?	<input type="checkbox"/>	<input type="checkbox"/>
Is each forklift or powered industrial truck tagged or labeled to indicate compliance with ANSI or ASME standards?	<input type="checkbox"/>	<input type="checkbox"/>
Are load backrest extensions in place?	<input type="checkbox"/>	<input type="checkbox"/>
Is the speed limit posted?	<input type="checkbox"/>	<input type="checkbox"/>
Are there slow-down ramps?	<input type="checkbox"/>	<input type="checkbox"/>
Are forks placed evenly across the load?	<input type="checkbox"/>	<input type="checkbox"/>
Are riders prohibited?	<input type="checkbox"/>	<input type="checkbox"/>
Are stunt driving and horseplay prohibited?	<input type="checkbox"/>	<input type="checkbox"/>
Are railroad tracks crossed diagonally?	<input type="checkbox"/>	<input type="checkbox"/>
Are pedestrians given the right-of-way?	<input type="checkbox"/>	<input type="checkbox"/>
Are all persons prohibited from standing or passing under the elevated portion of a forklift, whether loaded or unloaded?	<input type="checkbox"/>	<input type="checkbox"/>
Are trailer truck or boxcar floors checked for safety of load?	<input type="checkbox"/>	<input type="checkbox"/>
Is the key removed from the truck when it is out of operation?	<input type="checkbox"/>	<input type="checkbox"/>

	YES	No
Are only employees who have been trained in the proper use of hoists allowed to operate them?	<input type="checkbox"/>	<input type="checkbox"/>
Are employees instructed that they must wear seat belts if supplied by the manufacturer or if the forklift has a rollover protective structure?	<input type="checkbox"/>	<input type="checkbox"/>
Is substantial overhead protective equipment provided on high-lift rider equipment?	<input type="checkbox"/>	<input type="checkbox"/>
Are the required lift-truck operating rules posted and enforced?	<input type="checkbox"/>	<input type="checkbox"/>
Is directional lighting provided on each industrial truck that operates in an area with less than two foot-candles per square foot of general lighting?	<input type="checkbox"/>	<input type="checkbox"/>
Does each industrial truck have a warning horn, whistle, gong, or other device that can be clearly heard above the normal noise in the areas where operated?	<input type="checkbox"/>	<input type="checkbox"/>
Are the brakes on each industrial truck capable of bringing the vehicle to a complete and safe stop when fully loaded?	<input type="checkbox"/>	<input type="checkbox"/>
Will each industrial truck's parking brake effectively prevent the vehicle from moving when unattended?	<input type="checkbox"/>	<input type="checkbox"/>
Are any industrial trucks that operate in areas with dangerous atmospheres (e.g., flammable gases or vapors, combustible dust, or ignitable fibers) approved for use in those locations?	<input type="checkbox"/>	<input type="checkbox"/>
Are motorized hand and hand/rider trucks designed so that the brakes are automatically applied and the power to the drive motor shuts off when the operator releases his or her grip on the device that controls the travel?	<input type="checkbox"/>	<input type="checkbox"/>
Are industrial trucks with internal combustion engines that operate in buildings or enclosed areas carefully checked to ensure that such operations do not cause harmful concentrations of dangerous gases or fumes such as carbon monoxide?	<input type="checkbox"/>	<input type="checkbox"/>
Do all forklift battery changing and charging areas meet Cal/OSHA requirements?	<input type="checkbox"/>	<input type="checkbox"/>
When elevating personnel with a forklift, is a work platform that meets Cal/OSHA requirements used?	<input type="checkbox"/>	<input type="checkbox"/>
Does the forklift used to elevate personnel on a work platform meet Cal/OSHA requirements?	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
When elevating personnel, does the lift truck operator:		
- make sure that the mast is vertical and not tilted forward or rearward while persons are elevated (if the lift truck is equipped with a mast)?	<input type="checkbox"/>	<input type="checkbox"/>
- place the truck in neutral and set the parking brake when the truck is stationary?	<input type="checkbox"/>	<input type="checkbox"/>
- lift and lower personnel smoothly and with caution?	<input type="checkbox"/>	<input type="checkbox"/>
- make sure the path of the work platform travel is clear of hazards such as projections, overhead obstructions, and electrical wires?	<input type="checkbox"/>	<input type="checkbox"/>
- never travel with personnel on the work platform other than to make minor movements for final positioning of the platform. (<i>Exception:</i> variable-reach rough-terrain lift trucks)?	<input type="checkbox"/>	<input type="checkbox"/>
When a variable-reach (boom-type) rough-terrain lift truck is used to elevate personnel, does the operation comply with all Cal/OSHA requirements?	<input type="checkbox"/>	<input type="checkbox"/>

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	YES	No
Has a list of all hazardous substances in the workplace been prepared?	<input type="checkbox"/>	<input type="checkbox"/>
Does the company have a method for updating the hazardous substance list?	<input type="checkbox"/>	<input type="checkbox"/>
Has the company obtained or developed a safety data sheet (SDS) for each hazardous substance used?	<input type="checkbox"/>	<input type="checkbox"/>
Has a system been developed to ensure that all incoming hazardous substances have labels and data sheets?	<input type="checkbox"/>	<input type="checkbox"/>
Are procedures in place to ensure labeling for containers of hazardous substances?	<input type="checkbox"/>	<input type="checkbox"/>
Are employees aware of the requirements of the Hazard Communication Standard and information specific to their workplace?	<input type="checkbox"/>	<input type="checkbox"/>
Are employees familiar with the hazards of the substances in their workplace?	<input type="checkbox"/>	<input type="checkbox"/>
Have employees been informed of the hazards associated with performing non-routine tasks?	<input type="checkbox"/>	<input type="checkbox"/>
Do employees understand how to detect the presence or release of hazardous substances in their workplace?	<input type="checkbox"/>	<input type="checkbox"/>
Are employees trained about proper work practices and personal protective equipment in relation to the hazardous substances in their work area?	<input type="checkbox"/>	<input type="checkbox"/>
Does the training program provide information on appropriate first aid, emergency procedures, and the likely symptoms of overexposure?	<input type="checkbox"/>	<input type="checkbox"/>
Does the training program include an explanation of labels and warnings that are used in each work area?	<input type="checkbox"/>	<input type="checkbox"/>
Does the training describe where employees obtain SDSs and how employees use them?	<input type="checkbox"/>	<input type="checkbox"/>
Do employees have ready access to any required SDSs?	<input type="checkbox"/>	<input type="checkbox"/>

YES **NO**

If the employer chooses to provide employees with electronic access to SDSs (rather than paper copies), are employees:

- trained on electronic access?
- given reliable devices for obtaining access?
- protected by a back-up system in case of power outage, equipment failure, etc.?
- provided with access to hard copies of SDSs, if desired?

Is a system in place to ensure that new employees are trained before beginning work?

Is a system in place to identify new hazardous substances before they are introduced into a work area?

Is a system in place to inform employees of the hazards associated with newly introduced substances?

Is a telephone and/or other means of communication available in all areas where an emergency response might be needed?

Are the employees responsible for emergency response trained in the use of the communication system(s)?

Inspector

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	YES	NO
Are employees provided with sufficient amounts of drinking water according to the following Cal/OSHA requirements?	<input type="checkbox"/>	<input type="checkbox"/>
- sufficient quantity at the beginning of the work shift to provide one quart per employee per hour for drinking for the entire shift, OR		
- a smaller quantity than that specified above, if effective procedures for replenishment during the shift are in place that will allow employees to drink one quart or more per hour		
Is the water:		
- fresh?	<input type="checkbox"/>	<input type="checkbox"/>
- pure?	<input type="checkbox"/>	<input type="checkbox"/>
- suitable cool?	<input type="checkbox"/>	<input type="checkbox"/>
- provided free of charge?	<input type="checkbox"/>	<input type="checkbox"/>
- located as close as practicable to the areas where employees are working?	<input type="checkbox"/>	<input type="checkbox"/>
Are employees encouraged to frequently drink water?	<input type="checkbox"/>	<input type="checkbox"/>
Is shade (either open to the air or provided with ventilation or cooling) present when the outdoor temperature exceeds 80°F and there are employees present? (Note: Except for employers in the agricultural industry, cooling measures other than shade, such as the use of misting machines, may be provided in lieu of shade if it can be demonstrated that these measures are at least as effective as shade in allowing employees to cool.)	<input type="checkbox"/>	<input type="checkbox"/>
Is there enough shade to accommodate the number of employees on recovery or rest periods so that they can sit in a normal posture fully in the shade without having to be in physical contact with each other?	<input type="checkbox"/>	<input type="checkbox"/>
Is the shade located as close as practicable to the areas where employees are working?	<input type="checkbox"/>	<input type="checkbox"/>
Is the amount of shade present during meal periods at least enough to accommodate the number of employees on the meal period who remain onsite?	<input type="checkbox"/>	<input type="checkbox"/>
If the temperature does not exceed 80°F, is timely access to shade provided upon an employee's request?	<input type="checkbox"/>	<input type="checkbox"/>
Are employees allowed and encouraged to take a preventative cool-down rest in the shade when they feel the need to do so to protect themselves from overheating?	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
Is such access to shade permitted at all times?	<input type="checkbox"/>	<input type="checkbox"/>
Is an individual employee who takes a preventative cool-down rest:		
- monitored and asked if he or she is experiencing symptoms of heat illness?	<input type="checkbox"/>	<input type="checkbox"/>
- encouraged to remain in the shade?	<input type="checkbox"/>	<input type="checkbox"/>
- not ordered back to work until any signs/symptoms of heat illness have abated (in no event less than five minutes in addition to the time needed to access the shade)?	<input type="checkbox"/>	<input type="checkbox"/>
If an employee exhibits signs or reports symptoms of heat illness while taking a preventative cool-down rest or during a preventative cool-down rest period, is appropriate first aid or emergency response provided?	<input type="checkbox"/>	<input type="checkbox"/>
If the employment is in the agricultural, construction, landscaping, oil and gas extraction, or transportation/delivery of agricultural products, construction materials, or other heavy materials industry (<i>Exception:</i> employment consisting of operating an air-conditioned vehicle and not including loading/unloading), are all of the following high-heat procedures implemented:		
- ensuring that effective communication by voice, observation, or electronic means is maintained so that employees at the worksite can contact a supervisor when necessary?	<input type="checkbox"/>	<input type="checkbox"/>
- observing employees for alertness and signs or symptoms of heat illness?	<input type="checkbox"/>	<input type="checkbox"/>
- designating one or more employees on each worksite as authorized to call for emergency medical services, and allowing other employees to call for emergency services when no designated employee is available?	<input type="checkbox"/>	<input type="checkbox"/>
- reminding employees throughout the work shift to drink plenty of water?	<input type="checkbox"/>	<input type="checkbox"/>
- holding pre-shift meetings before work commences to review the high-heat procedures, encourage employees to drink plenty of water, and remind employees of their right to take a cool-down rest when necessary?	<input type="checkbox"/>	<input type="checkbox"/>
- for agricultural employees, ensuring that employees take a minimum 10-minute net preventative cool-down rest period every two hours when temperatures reach 95* or above?	<input type="checkbox"/>	<input type="checkbox"/>
Do employees perform the heaviest work during the coolest part of the day?	<input type="checkbox"/>	<input type="checkbox"/>
Do you use the buddy system (work in pairs) so that employees will be better able to recognize signs of heat stress?	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
Are all employees closely observed by a supervisor or designee during a heat wave (any day in which the predicted high temperature for the day will be at least 80°F and at least 10°F higher than the average high daily temperature in the preceding five days)?	<input type="checkbox"/>	<input type="checkbox"/>
Is any employee who has been newly assigned to a high-heat area closely observed by a supervisor or designee for the first 14 days of the employee's employment?	<input type="checkbox"/>	<input type="checkbox"/>
Have effective emergency response procedures been implemented, including:		
- ensuring that effective communication by voice, observation, or electronic means is maintained so employees at the worksite can contact a supervisor or emergency medical services when necessary?	<input type="checkbox"/>	<input type="checkbox"/>
- responding to signs/symptoms of possible heat illness, including first-aid measures and how emergency medical services will be provided?	<input type="checkbox"/>	<input type="checkbox"/>
- contacting emergency medical services and, if necessary, transporting employees to a place where they can be reached by an emergency medical provider?	<input type="checkbox"/>	<input type="checkbox"/>
- ensuring that, in the event of an emergency, clear and precise directions to the worksite can and will be provided as needed to emergency responders?	<input type="checkbox"/>	<input type="checkbox"/>
If an electronic device, such as a cell phone or text messaging device, is used for communication, is reception in the area reliable, or is another means of summoning emergency medical services used?	<input type="checkbox"/>	<input type="checkbox"/>
If a supervisor observes, or any employee reports, any signs/symptoms of heat illness in any employee, does the supervisor take immediate action equal to the severity of the illness?	<input type="checkbox"/>	<input type="checkbox"/>
If the observed or reported signs/symptoms are indicators of severe heat illness (e.g., decreased level of consciousness, staggering, vomiting, disorientation, irrational behavior, convulsions), are emergency response procedures implemented?	<input type="checkbox"/>	<input type="checkbox"/>
Is any employee exhibiting signs/symptoms of heat illness monitored, and do you ensure that any such employee is not left alone or sent home without being offered onsite first aid and/or emergency medical services?	<input type="checkbox"/>	<input type="checkbox"/>
Are all employees trained:		
- to recognize the environmental and personal risk factors for heat illness, including the added burden of heat load on the body caused by exertion, clothing, and personal protective equipment?	<input type="checkbox"/>	<input type="checkbox"/>

- | | YES | NO |
|---|--------------------------|--------------------------|
| - on the employer's procedures for complying with the Heat Illness Standard, including, but not limited to, the employer's responsibility to provide water, shade, cool-down rests, and access to first aid as well as the employees' rights to exercise their rights under the Standard without retaliation? | <input type="checkbox"/> | <input type="checkbox"/> |
| - to recognize the importance of frequent consumption of small quantities of water, up to four cups per hour, when the work environment is hot and employees are likely to be sweating more than usual in the performance of their duties? | <input type="checkbox"/> | <input type="checkbox"/> |
| - on the concept, importance, and methods of acclimatization? | <input type="checkbox"/> | <input type="checkbox"/> |
| - to recognize the different types of heat illness and the common signs and symptoms of heat illness, along with the appropriate first aid and/or emergency responses to the different types of heat illness? | <input type="checkbox"/> | <input type="checkbox"/> |
| - to recognize that heat illness may progress quickly from mild symptoms and signs to serious and life-threatening illness? | <input type="checkbox"/> | <input type="checkbox"/> |
| - on the importance of immediately reporting to the employer, directly or through a supervisor, symptoms or signs of heat illness in themselves and coworkers? | <input type="checkbox"/> | <input type="checkbox"/> |
| - on the employer's procedures for responding to signs or symptoms of possible heat illness, including how emergency medical services will be provided if they become necessary? | <input type="checkbox"/> | <input type="checkbox"/> |
| - on the employer's procedures for contacting emergency medical services, and if necessary, for transporting employees to a point where they can be reached by an emergency medical service provider? | <input type="checkbox"/> | <input type="checkbox"/> |
| - on the employer's procedures for ensuring that, in the event of an emergency, clear and precise directions to the worksite can and will be provided as needed to emergency responders, including designation of a person to be available to ensure that emergency procedures are invoked when appropriate? | <input type="checkbox"/> | <input type="checkbox"/> |

In addition to the above training, are all **supervisors** trained on:

- | | | |
|--|--------------------------|--------------------------|
| - the procedures that the supervisor is to follow to implement the applicable provisions of the Heat Illness Prevention Standard? | <input type="checkbox"/> | <input type="checkbox"/> |
| - the procedures the supervisor is to follow when an employee exhibits signs or reports symptoms consistent with possible heat illness, including emergency response procedures? | <input type="checkbox"/> | <input type="checkbox"/> |
| - how to monitor weather reports and how to respond to hot weather advisories? | <input type="checkbox"/> | <input type="checkbox"/> |

	YES	NO
Do you have an effective Heat Illness Prevention Plan that contains, at a minimum:		
- procedures for the provision of water and access to shade?	<input type="checkbox"/>	<input type="checkbox"/>
- high-heat procedures?	<input type="checkbox"/>	<input type="checkbox"/>
- emergency response procedures?	<input type="checkbox"/>	<input type="checkbox"/>
- acclimatization methods and procedures?	<input type="checkbox"/>	<input type="checkbox"/>
Is the Heat Illness Prevention Plan maintained in both English and the language understood by the majority of the employees?	<input type="checkbox"/>	<input type="checkbox"/>

Inspector

Date

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	YES	No
Does the written Injury and Illness Prevention Plan contain the elements required by 8 CCR § 3203(a)?	<input type="checkbox"/>	<input type="checkbox"/>
Is the person or persons with authority and responsibility for implementing the plan identified?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a system for ensuring that employees comply with safe and healthy work practices (i.e., employee incentives, training and retraining plans, and/or disciplinary measures)?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a system that provides communication with affected employees on occupational safety and health matters (i.e., meetings, training plans, posting, written communications, a system of anonymous notification concerning hazards, and/or health and safety committees)?	<input type="checkbox"/>	<input type="checkbox"/>
Does the communications system include provisions designed to encourage employees to inform the employer of hazards at the worksite without fear of reprisal?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a system for identifying and evaluating workplace hazards whenever new substances, processes, procedures, or equipment are introduced into the workplace and whenever the employer receives notification of a new or previously unrecognized hazard?	<input type="checkbox"/>	<input type="checkbox"/>
Were workplace hazards identified when the plan was first established?	<input type="checkbox"/>	<input type="checkbox"/>
Are periodic inspections for safety and health hazards scheduled?	<input type="checkbox"/>	<input type="checkbox"/>
Are records kept of inspections made to identify unsafe conditions and work practices, if required?	<input type="checkbox"/>	<input type="checkbox"/>
Are there accident and near-miss investigation procedures?	<input type="checkbox"/>	<input type="checkbox"/>
Are unsafe or unhealthy conditions and work practices corrected expeditiously, with the most hazardous exposures given correction priority?	<input type="checkbox"/>	<input type="checkbox"/>
Are employees protected from serious or imminent hazards until they are corrected?	<input type="checkbox"/>	<input type="checkbox"/>
Have employees received training in general safe and healthy work practices?	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
Do employees know the safety and health hazards specific to their job assignments?	<input type="checkbox"/>	<input type="checkbox"/>
Is training provided for all employees when the training plan is first established?	<input type="checkbox"/>	<input type="checkbox"/>
Are training needs of employees evaluated whenever new substances, processes, procedures, or equipment are introduced into the workplace and whenever the employer receives notification of a new or previously unrecognized hazard?	<input type="checkbox"/>	<input type="checkbox"/>
Are supervisors knowledgeable of the safety and health hazards to which workers under their immediate direction and control may be exposed?	<input type="checkbox"/>	<input type="checkbox"/>
Are records kept documenting safety and health training for each employee by name or other identifier, training dates, type(s) of training, and training providers?	<input type="checkbox"/>	<input type="checkbox"/>
Does the employer have a labor-management safety and health committee?	<input type="checkbox"/>	<input type="checkbox"/>
Does the committee meet at least quarterly?	<input type="checkbox"/>	<input type="checkbox"/>
Is a written record of safety committee meetings distributed to affected employees and maintained for DOSH review?	<input type="checkbox"/>	<input type="checkbox"/>
Does the committee review results of the periodic, scheduled worksite inspections?	<input type="checkbox"/>	<input type="checkbox"/>
Does the committee review accident and near-miss investigations and, where necessary, submit suggestions for prevention of future incidents?	<input type="checkbox"/>	<input type="checkbox"/>
When determined necessary by the committee, does it conduct its own inspections and investigations to assist in remedial solutions?	<input type="checkbox"/>	<input type="checkbox"/>
Does the committee verify abatement action taken by the employer as specified in DOSH citations upon request of the DOSH?	<input type="checkbox"/>	<input type="checkbox"/>

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	YES	NO
Is all machinery or equipment that is capable of movement required to be de-energized, disengaged and blocked, or locked-out during:		
- cleaning?	<input type="checkbox"/>	<input type="checkbox"/>
- servicing?	<input type="checkbox"/>	<input type="checkbox"/>
- adjusting or setting-up operations?	<input type="checkbox"/>	<input type="checkbox"/>
Are power-driven machines or equipment that have or are adaptable to lockable controls locked out in the OFF position during repair or service work?	<input type="checkbox"/>	<input type="checkbox"/>
When machines and equipment neither have nor are adaptable to lockable controls, are the machines and equipment de-energized or otherwise prevented from moving?	<input type="checkbox"/>	<input type="checkbox"/>
If disconnecting the power equipment does not also disconnect the electrical control circuit, are means provided to assure the control circuit can also be disconnected and locked out?	<input type="checkbox"/>	<input type="checkbox"/>
If disconnecting the equipment does not disconnect the electrical control circuit, is each source of power and all electrical enclosures identified properly?	<input type="checkbox"/>	<input type="checkbox"/>
Is the locking-out of control circuits in lieu of locking out main power disconnects prohibited?	<input type="checkbox"/>	<input type="checkbox"/>
Are all equipment control valve handles provided with a means for locking-out?	<input type="checkbox"/>	<input type="checkbox"/>
Does the lock-out procedure require that stored energy (mechanical, hydraulic air, etc.) be released or blocked before equipment is locked out for repairs?	<input type="checkbox"/>	<input type="checkbox"/>
If the machinery must be capable of movement to be serviced or maintained, are employees provided with extension tools and trained in their use?	<input type="checkbox"/>	<input type="checkbox"/>
Is the use of tags alone—without locks—prohibited?	<input type="checkbox"/>	<input type="checkbox"/>
Are appropriate employees provided with individually keyed personal safety locks?	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
Are employees required to keep personal control of their keys while they have safety locks in use?	<input type="checkbox"/>	<input type="checkbox"/>
Has each employee been instructed to never open another employee's lock and to never permit another employee to unlock his or her lock?	<input type="checkbox"/>	<input type="checkbox"/>
Are employees required to check the safety of the lock-out by attempting a start-up after making sure no one is exposed?	<input type="checkbox"/>	<input type="checkbox"/>
Are employees instructed to always push the control circuit stop button before re-energizing the main power switch?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a means provided to identify employees who are working on locked-out equipment by their locks or accompanying tags?	<input type="checkbox"/>	<input type="checkbox"/>
Is a sufficient number of accident preventive signs or tags and safety padlocks provided for any reasonably foreseeable repair emergency?	<input type="checkbox"/>	<input type="checkbox"/>
When machine operation, configuration, or size requires the operator to leave his or her control station to install tools or perform other operations, and that part of the machine could move if accidentally activated, is that part of the machine required to be separately locked out or blocked out?	<input type="checkbox"/>	<input type="checkbox"/>
In the event that equipment or lines cannot be shut down, locked out, and tagged, is a safe job procedure established and rigidly followed?	<input type="checkbox"/>	<input type="checkbox"/>
Are all lock-out/block-out plans or procedures in writing?	<input type="checkbox"/>	<input type="checkbox"/>
Do the procedures clearly and specifically outline the scope, purpose, authorization, rules, and techniques to be utilized for the control of hazardous energy and the means to enforce compliance, including:		
- a statement of the intended use of the procedure?	<input type="checkbox"/>	<input type="checkbox"/>
- the procedural steps for shutting down, isolating, blocking, and securing machines or equipment?	<input type="checkbox"/>	<input type="checkbox"/>
- the procedural steps for the placement, removal, and transfer of lock-out, tag-out, and other energy control devices?	<input type="checkbox"/>	<input type="checkbox"/>
- the requirements for testing a machine or equipment to determine and verify the effectiveness of the devices used?	<input type="checkbox"/>	<input type="checkbox"/>
Does the lock-out/block-out plan include separate procedural steps for each piece of affected equipment unless an exception applies (see Section 6.104)?	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
Are the procedures reviewed at least annually to ensure the continued effectiveness of the procedures?	<input type="checkbox"/>	<input type="checkbox"/>
Does this annual review include a review of the procedures with all involved employees?	<input type="checkbox"/>	<input type="checkbox"/>
Does the employer certify that the inspection has been performed?	<input type="checkbox"/>	<input type="checkbox"/>
Does the certification include:		
- identification of the machine or equipment on which the hazardous energy control procedure was being used?	<input type="checkbox"/>	<input type="checkbox"/>
- the date of inspection?	<input type="checkbox"/>	<input type="checkbox"/>
- the employees included in the inspection?	<input type="checkbox"/>	<input type="checkbox"/>
- the person performing the inspection?	<input type="checkbox"/>	<input type="checkbox"/>

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	YES	NO
Are continuous noise levels in the workplace kept below 85 decibels (dB)?	<input type="checkbox"/>	<input type="checkbox"/>
Is there an ongoing preventive health program to educate employees in safe levels of noise exposures, effects of noise on their health, and the use of personal protection?	<input type="checkbox"/>	<input type="checkbox"/>
Have work areas been identified and posted where noise levels make voice communication between employees difficult?	<input type="checkbox"/>	<input type="checkbox"/>
Are noise levels being measured using a sound level meter or an octave band analyzer, and are records being kept?	<input type="checkbox"/>	<input type="checkbox"/>
Are engineering controls in operation where feasible?	<input type="checkbox"/>	<input type="checkbox"/>
Where engineering controls are determined not to be feasible, are administrative controls (e.g., worker rotation) being used to minimize individual employee exposure to noise?	<input type="checkbox"/>	<input type="checkbox"/>
Are approved hearing protective devices available to every employee working in noisy areas?	<input type="checkbox"/>	<input type="checkbox"/>
If feasible, is noisy machinery isolated from the rest of the operation?	<input type="checkbox"/>	<input type="checkbox"/>
If ear protectors are used, are employees properly fitted and instructed in their use?	<input type="checkbox"/>	<input type="checkbox"/>
Are employees in high-noise areas given periodic hearing testing to ensure that there is an effective hearing protection system?	<input type="checkbox"/>	<input type="checkbox"/>
Are administrative controls applied where feasible?	<input type="checkbox"/>	<input type="checkbox"/>
Are administrative controls and regulations observed?	<input type="checkbox"/>	<input type="checkbox"/>
Is hearing protection provided where sound levels exceed standards?	<input type="checkbox"/>	<input type="checkbox"/>
Are employees wearing approved hearing protection that, if required, is properly inserted in the ear canal?	<input type="checkbox"/>	<input type="checkbox"/>

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(Note: Additional requirements may apply to respirator use in confined spaces and for specific contaminants such as asbestos, cotton dust, lead, and regulated carcinogens.)

	YES	NO
Has a hazard evaluation been performed to identify respiratory hazards and determine appropriate respiratory protection?	<input type="checkbox"/>	<input type="checkbox"/>
If engineering and administrative controls cannot reduce employee exposure to airborne contaminants to acceptable levels, are employees required to wear respiratory protection?	<input type="checkbox"/>	<input type="checkbox"/>
Are respirators used during installation of the engineering controls being used to reduce airborne contaminants?	<input type="checkbox"/>	<input type="checkbox"/>
Are respirators available for emergency use?	<input type="checkbox"/>	<input type="checkbox"/>
If respirators are required, has a written Respiratory Protection Plan ("the Plan") been developed?	<input type="checkbox"/>	<input type="checkbox"/>
Is the Plan administered by a program administrator with sufficient training and experience to do the job properly?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Plan have procedures that address the particular hazards and procedures at each worksite?	<input type="checkbox"/>	<input type="checkbox"/>
Is the Plan available for inspection by employees?	<input type="checkbox"/>	<input type="checkbox"/>
Is the Plan regularly checked to determine its effectiveness?	<input type="checkbox"/>	<input type="checkbox"/>
Is the Plan updated to reflect workplace changes that affect respirator use?	<input type="checkbox"/>	<input type="checkbox"/>
Does the Plan contain worksite-specific procedures for:		
- using respirators properly?	<input type="checkbox"/>	<input type="checkbox"/>
- ensuring that atmosphere-supplying respirators provide enough air?	<input type="checkbox"/>	<input type="checkbox"/>
- fit testing employees?	<input type="checkbox"/>	<input type="checkbox"/>
- medically evaluating all respirator users?	<input type="checkbox"/>	<input type="checkbox"/>
- cleaning, storing, disinfecting, and inspecting respirators?	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
- training about respirators and related hazards?	<input type="checkbox"/>	<input type="checkbox"/>
- regular assessment of the Plan's effectiveness?	<input type="checkbox"/>	<input type="checkbox"/>
Is an appropriate respirator selected for and provided to employees based on (1) the respiratory hazards to which the worker is exposed, (2) workplace factors that affect respirator performance and reliability, and (3) user factors that affect respirator performance and reliability?	<input type="checkbox"/>	<input type="checkbox"/>
Are Cal/OSHA's assigned protection factors used to select respirators that meet or exceed the required level of protection?	<input type="checkbox"/>	<input type="checkbox"/>
Before employees use a required respirator, are they evaluated by a physician or licensed health care professional through either a medical questionnaire or an initial medical exam?	<input type="checkbox"/>	<input type="checkbox"/>
For atmospheres that are immediately dangerous to life and health (IDLH), is there at least one suitably equipped and trained co-worker ready outside the IDLH atmosphere to rescue the employee inside? (Note: For interior structural firefighting, at least two outside rescue workers are required for two or more firefighters who enter the structure.)	<input type="checkbox"/>	<input type="checkbox"/>
Before an employee uses a respirator with a negative or positive pressure tight-fitting facepiece, is the employee fit tested with the same model and size respirator?	<input type="checkbox"/>	<input type="checkbox"/>
Are fit tests performed at least annually after the initial test and whenever circumstances such as changes in workplace or employee conditions make a new fit test necessary?	<input type="checkbox"/>	<input type="checkbox"/>
In an atmosphere that is 10 times or greater than the permissible exposure limit of the substance or chemical in question, is only quantitative fit testing (QNFT) used?	<input type="checkbox"/>	<input type="checkbox"/>
Do employees conduct a user seal test to verify a proper seal each time a respirator is worn?	<input type="checkbox"/>	<input type="checkbox"/>
Is either an end-of-service indicator or a change schedule used to ensure that respirator cartridges and canisters are changed on time?	<input type="checkbox"/>	<input type="checkbox"/>
For air-supplying respirators, does the compressed breathing air used meet the requirements for Grade D breathing air, at a minimum?	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
If an air-supplying respirator has an air compressor with oil lubrication, does it have carbon monoxide alarms or high temperature alarms?	<input type="checkbox"/>	<input type="checkbox"/>
If an air-supplying respirator does not have an air compressor with oil lubrication, have you ensured that carbon monoxide levels in the breathing air do not exceed 10 ppm?	<input type="checkbox"/>	<input type="checkbox"/>
Are respirators for the exclusive use of an individual employee cleaned and disinfected as often as needed to be kept clean and sanitary?	<input type="checkbox"/>	<input type="checkbox"/>
Are respirators used by more than one employee cleaned and disinfected before being used by different individuals?	<input type="checkbox"/>	<input type="checkbox"/>
Are respirators used in emergencies, testing, and training exercises cleaned and disinfected after each use and inspected at least monthly?	<input type="checkbox"/>	<input type="checkbox"/>
Is the use of a tight-fitting respirator prohibited if a beard, facial scarring, or other conditions of the user prevents an effective seal?	<input type="checkbox"/>	<input type="checkbox"/>
Does each respirator have a NIOSH certification?	<input type="checkbox"/>	<input type="checkbox"/>
Is each respirator used as specified in its NIOSH certification?	<input type="checkbox"/>	<input type="checkbox"/>
Are only the respirator manufacturer's NIOSH-approved breathing-gas containers used?	<input type="checkbox"/>	<input type="checkbox"/>
Are respiratory medical evaluation records retained for the duration of employment plus 30 years?	<input type="checkbox"/>	<input type="checkbox"/>
Are all fit-test records retained at least until the next fit test?	<input type="checkbox"/>	<input type="checkbox"/>
Are all employees who use respirators effectively trained in their use?	<input type="checkbox"/>	<input type="checkbox"/>
Does respirator training cover all of the following:		
- the need for respirators and the importance of their proper use and fitting?	<input type="checkbox"/>	<input type="checkbox"/>
- the limitations and capabilities of respirators, including the fact that abnormal odor or irritation is a possible indication that a respirator cartridge needs replacement?	<input type="checkbox"/>	<input type="checkbox"/>
- effective use of respirators during malfunctions and emergencies?	<input type="checkbox"/>	<input type="checkbox"/>
- inspections, wear, and removal of respirators?	<input type="checkbox"/>	<input type="checkbox"/>
- respirator seal-check procedures?	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
- procedures for respirator storage and maintenance?	<input type="checkbox"/>	<input type="checkbox"/>
- recognition of medical signs and symptoms that impair respirator effectiveness?	<input type="checkbox"/>	<input type="checkbox"/>
- general requirements of the Cal/OSHA standard?	<input type="checkbox"/>	<input type="checkbox"/>
Does retraining take place at least annually?	<input type="checkbox"/>	<input type="checkbox"/>
Are all respirator replacements or repairs performed only by experienced, appropriately trained persons?	<input type="checkbox"/>	<input type="checkbox"/>

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	YES	NO
Are scaffolds used when work cannot be done safely from the ground, a ladder, or other solid structure?	<input type="checkbox"/>	<input type="checkbox"/>
Are all scaffolds properly secured?	<input type="checkbox"/>	<input type="checkbox"/>
Do all scaffolds or platforms more than 30 inches above the floor or ground have guardrails?	<input type="checkbox"/>	<input type="checkbox"/>
Is there non-skid flooring?	<input type="checkbox"/>	<input type="checkbox"/>
Are scaffolds and platforms level and plumb?	<input type="checkbox"/>	<input type="checkbox"/>
Is there safe access to platforms?	<input type="checkbox"/>	<input type="checkbox"/>
Are there four-inch toeboards around all sides of platform?	<input type="checkbox"/>	<input type="checkbox"/>
Are the working platforms at least two feet wide?	<input type="checkbox"/>	<input type="checkbox"/>
Are nailed brackets, loose tile/brick/blocks, stilts, and other similar unstable objects prohibited from being used as working platforms or for the support of such platforms?	<input type="checkbox"/>	<input type="checkbox"/>
Are all access gates self-closing and locking?	<input type="checkbox"/>	<input type="checkbox"/>
Are scaffolds and platforms kept free of accumulated tools and materials?	<input type="checkbox"/>	<input type="checkbox"/>
Can all scaffolds support at least four times their maximum intended load?	<input type="checkbox"/>	<input type="checkbox"/>
Do you prohibit employees from loading a scaffold in excess of its intended load?	<input type="checkbox"/>	<input type="checkbox"/>
Are all scaffolds maintained in a safe condition and repaired immediately when necessary?	<input type="checkbox"/>	<input type="checkbox"/>
Has an advance permit from DOSH been obtained for the construction or dismantling of any scaffolding or falsework that is three stories or higher?	<input type="checkbox"/>	<input type="checkbox"/>
Are lean-to, jack, and shore scaffold prohibited?	<input type="checkbox"/>	<input type="checkbox"/>

 Inspector

 Date

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	YES	NO
Is access and freedom of movement within the workplace restricted to persons who have legitimate reasons for being there (e.g., are there sign-in logs, visitor badges, escorts)?	<input type="checkbox"/>	<input type="checkbox"/>
Are interior doors locked when not in use?	<input type="checkbox"/>	<input type="checkbox"/>
Is there a secure area for employees to lock their personal belongings?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have a Workplace Violence Prevention Policy that requires employees to report all incidents or threats of violence, regardless of severity?	<input type="checkbox"/>	<input type="checkbox"/>
Are supervisors and employees trained to recognize and respond to threatening and aggressive behaviors to prevent their escalation?	<input type="checkbox"/>	<input type="checkbox"/>
Is the workplace security system in proper operating condition (e.g., do door locks work, are barriers or containment systems in place)?	<input type="checkbox"/>	<input type="checkbox"/>
Are medical and counseling services available to employees who have been assaulted in the workplace?	<input type="checkbox"/>	<input type="checkbox"/>
Are there alarm systems that allow for prompt security assistance (e.g., panic alarm buttons, silent alarms, or personal electronic alarm systems)?	<input type="checkbox"/>	<input type="checkbox"/>
Is regular training provided on how to activate and respond to alarms?	<input type="checkbox"/>	<input type="checkbox"/>
Are alarm systems tested on a monthly basis to ensure their proper functioning?	<input type="checkbox"/>	<input type="checkbox"/>
Are security guards employed at the workplace, if needed (e.g., in case of a particular need or specific threat)?	<input type="checkbox"/>	<input type="checkbox"/>
Are closed circuit cameras and mirrors used to monitor remote or dangerous areas?	<input type="checkbox"/>	<input type="checkbox"/>
Are windows kept consistently clear and clean?	<input type="checkbox"/>	<input type="checkbox"/>
Is there adequate lighting:		
- in parking lots?	<input type="checkbox"/>	<input type="checkbox"/>
- near all entrances and exit doors/areas?	<input type="checkbox"/>	<input type="checkbox"/>

	YES	NO
Is there a type of barrier or screen in place so that areas where cash is handled are not visible from the street or parking lot?	<input type="checkbox"/>	<input type="checkbox"/>
Are metal detectors available or used in the facility, if needed?	<input type="checkbox"/>	<input type="checkbox"/>
Are employees able to use the "buddy system" (i.e., work in pairs) at times (e.g., late night or early in the morning) or in areas where they feel threatened or endangered?	<input type="checkbox"/>	<input type="checkbox"/>
Do you have an after-hours work policy, such as providing escorts to vehicles?	<input type="checkbox"/>	<input type="checkbox"/>
Can employees who are threatened or endangered readily summon assistance?	<input type="checkbox"/>	<input type="checkbox"/>
Do employees working in remote locations carry portable telephones and receive training in recognizing dangerous situations?	<input type="checkbox"/>	<input type="checkbox"/>
Are post-incident response procedures in place?	<input type="checkbox"/>	<input type="checkbox"/>
Are medical and counseling services available to employees who have been assaulted in the workplace?	<input type="checkbox"/>	<input type="checkbox"/>

Inspector

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