



# GENERAL MACHINE SHOP SAFETY INSPECTION CHECKLIST

<b>Room:</b>	<b>Building:</b>	<b>LHR:</b>	<b>Date:</b>
<b>PI/Supervisor:</b>		<b>Department:</b>	
<b>Laboratory Supervisor:</b>		<b>Inspection Completed by:</b>	
<b>Purpose of Lab:</b>			

EMERGENCY	YES	NO	N/A	COMMENTS
Emergency Phone Numbers Posted Near A Phone				
Exits and Exit Paths                      Unobstructed/Accessible				
Eyewash Stations                            Unobstructed/Accessible				Date:
Fire Extinguishers                           Unobstructed/Accessible				Date:
Safety Shower                                Unobstructed/Accessible				Date:
First Aid Kit                                 Unobstructed/Accessible				Date:
	YES	NO	N/A	COMMENTS
Administrative responsibility for shop safety has been clearly defined.				
Machine users have completed "Basic Machine Shop Safety" and specific training on individual tools and training is documented.				
Where necessary, lock-out/tag-out procedures are documented for each piece of equipment, and training has been provided & documented				
Protective (ANSI Z87.1 approved) eyewear worn at all times in areas where equipment is operating				
Safety training documented and posted or maintained in a central location				
Student access limited to regular hours of operation				
After-hours access is prohibited, unless prior, written approval obtained.				
Mandatory student "buddy system" enforced at all times				
Long, loose hair must be contained in a scarf, cap or other appropriate fashion; long facial hair properly restrained				
Loose clothing, loose neck wear and jewelry not being worn while operating, or in proximity to, machinery				
Acceptable shoes are worn by equipment users				
Long shirt sleeves must be rolled up snugly above the elbows				
Compressed air reduced to 30 psi and not used to clean person or clothes				
Personal listening devices are prohibited.				

GENERAL MACHINE SAFETY	YES	NO	NA	COMMENTS
Machinery installed/mounted to prevent unintentional movement or tipping				
A brush is available to remove stock shavings and chips				
Materials, scrap, and debris properly contained				
Machinery located so that operators do not stand in an aisle or interfere with the operation of other equipment				

<b>GENERAL MACHINE SAFETY</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>COMMENTS</b>
Powered electrical equipment has an on-off switch				
Actuating controls are guarded or located to prevent accidental actuation, and precautions have been taken to prevent a machine from automatically restarting upon the restoration of power after a power failure				
A red emergency stop device is provided where the machine workstation is remotely located from the machine controls				
Actuation of the controls requires continuous depressions during the hazardous portion of the machine cycle where the machine workstation is remotely located from the machine controls				
<b>ELECTRICAL SAFETY</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>COMMENTS</b>
All electrical service cords are in good condition				
Electrically powered machines are grounded				
All electrical receptacles within 6-feet of water source have working GFCI protection				
Extension cords are not used as a permanent source of electricity				
<b>HOUSEKEEPING/HAZARD COMMUNICATION</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>COMMENTS</b>
Storage areas are free of accumulations of materials that constitute a hazard from fire, explosion or pest harborage				
Working dust collection system to minimize materials & debris around cutting, drilling & milling equipment				
All safety cans are <b>red</b> in color				
All emergency stop devices on machines (except cables) are red in color				
Physical hazards are marked with yellow or yellow with black stripes				
Unobstructed 3-foot aisle maintained between machines				
Chemicals are properly labeled, and stored in designated area(s)				
Appropriate safety signs, labels, tags & other postings are displayed in applicable areas				
<b>SHEET METAL SHEAR</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>COMMENTS</b>
Blade and hold down clamp guarded by a fixed barrier or automatic clamps set within ¼-inch of the table/stock				
Pusher stick being used prior to shearing small pieces of stock				
Point of operation guard is in place				
Employee tending the backside is separated from the moving parts				
<b>BUFFER</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>COMMENTS</b>
Guard positioned 180 degrees from the wheel				
Adjustable deflector, of at least 16 gauge metal or equal material, ¼-inch from the wheel face				
<b>CUT-OFF SAW (Horizontal/Vertical)</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>COMMENTS</b>
Saw blade totally enclosed & guided at the point of operation				
<b>TABLE SAW</b>	<b>YES</b>	<b>NO</b>	<b>NA</b>	<b>COMMENTS</b>
Appropriate anti-kickback device with a spreader/splitter				
Blade/hood guard over the blade that maintains contact with cutting stock				

SHEET METAL BRAKE				YES	NO	NA	COMMENTS
Point of operation guard is in place							
WELDING				YES	NO	NA	COMMENTS
Proper shielding and eye protection used by worker performing welding							
Welding area is isolated from other sections of the shop							
Fire hazards and combustibles are removed from the welding area and tanks or vessels purged before welding							
Appropriate portable fire extinguisher for use by trained individual							
Welding cables/tubing free from damage (cuts, burns, exposed conduit)							
Welding gas cylinders are free from damage (checked for leaks) & secured							
Compressed gas cylinders are stored properly							
Adequate ventilation is evident/in place							
Workers adjacent to area are protected by flameproof shield (If not, welding goggles needed)							
Approved protective equipment to prevent backflow of oxygen or passage of a flashback into a fuel gas supply							
Color coded hoses for oxygen ( <b>green</b> ) and fuel gases ( <b>red</b> )							

Safety Binder	
Current Emergency & Laboratory Contacts Completed	
Chemical Inventory List Printed	Date:
SDS – for each item on the Chemical Inventory	
Training records in binder or available in a central location	
Standard Operating Procedures	
Self-Inspections in last six months	Date:
Current copy of CHP	
Current copy of Bio Safety Manual	

Overall Recommendations

Follow Up Inspection requested/required Yes \_\_\_ No \_\_\_ Date: \_\_\_\_\_ Initials \_\_\_ \_\_\_

Acknowledgement of Review & Recommendations	
Signature of Responsible Party:	Date:
Signature of inspector:	Date:
Signature of Chair:	Date: