

Workplace / Inspection Checklist

HAZARDOUS SUBSTANCES

Location: _____ Date: _____

- | | |
|--|--|
| <input type="checkbox"/> Has written compliance program been developed? | <input type="checkbox"/> Do you make sure there is a material safety data sheet for every hazardous chemical in your facility? |
| <input type="checkbox"/> Are all employees aware of possible hazards with this substance if exposed in the work environment? | <input type="checkbox"/> Is a written hazard communication program maintained? |
| <input type="checkbox"/> Has a training program been instituted for all employees who are subject to expose? | <input type="checkbox"/> Has a hazardous chemical inventory been compiled? |
| <input type="checkbox"/> Is employee exposure monitored and kept within acceptable levels? | <input type="checkbox"/> Has employee training been documented under hazard communication standard? |
| <input type="checkbox"/> Has a respiratory protection program been developed at the workplace? | <input type="checkbox"/> Are chemical containers marked with contents name and hazards? |
| <input type="checkbox"/> Do you make certain that employees working with this substance are given proper medical examinations? | <input type="checkbox"/> Are ventilation systems used where appropriate? |
| <input type="checkbox"/> Are procedures set up to handle unexpected emergency situations? | <input type="checkbox"/> Are all work areas clean, sanitary, orderly, and illuminated? |

Notes: _____

Supervisor: _____