

Workplace Safety Checklist

General Industry · All Business Types

COMPANY NAME

SITE / LOCATION

COMPLETED BY

INSPECTION DATE

Mark each item Y (in compliance), N (needs correction), or N/A (not applicable). Record every item marked N on the Corrective Action Plan on the final page.

1. Safety Program & Recordkeeping	Y	N	N/A
Written safety and health program documented and accessible to all employees	☐	☐	☐
OSHA Form 300A summary posted February 1 through April 30	☐	☐	☐
OSHA "Job Safety and Health" poster displayed in a common area	☐	☐	☐
OSHA 300 injury and illness log maintained and current	☐	☐	☐
Workers' compensation carrier notice posted with claim reporting instructions	☐	☐	☐
Safety committee or safety meetings held and documented at least quarterly	☐	☐	☐
Emergency contact list posted and reviewed within the last 12 months	☐	☐	☐
NOTES			

2. Emergency Preparedness & Evacuation	Y	N	N/A
Written emergency action plan covers fire, severe weather, and medical events	☐	☐	☐
Evacuation routes posted at each exit and on every floor level	☐	☐	☐
Exit doors unlocked, unobstructed, and opening in the direction of travel	☐	☐	☐
Illuminated EXIT signs functional with tested battery backup	☐	☐	☐
Evacuation drill conducted and documented within the last 12 months	☐	☐	☐
Designated assembly point identified and communicated to all staff	☐	☐	☐
Hurricane and severe weather plan reviewed and updated before June 1	☐	☐	☐
NOTES			

3. Fire Prevention & Protection	Y	N	N/A
Fire extinguishers inspected monthly and professionally serviced annually	☐	☐	☐
Extinguishers mounted, visible, and within 75 feet of travel distance	☐	☐	☐
Minimum 18 inches of clearance maintained below all sprinkler heads	☐	☐	☐
Electrical panels have 36 inches of unobstructed clear access	☐	☐	☐
Flammable and combustible liquids stored in approved cabinets or containers	☐	☐	☐
Fire alarm and smoke detection system tested and results documented	☐	☐	☐
NOTES			

4. First Aid & Medical Response	Y	N	N/A
First aid kits fully stocked, sealed, and inspected monthly	☐	☐	☐
Employees trained in first aid and CPR available on every shift	☐	☐	☐
AED accessible, inspected, with pads and battery within date	☐	☐	☐
Bloodborne pathogen exposure control plan in place where applicable	☐	☐	☐
Emergency eyewash accessible where corrosive chemicals are used	☐	☐	☐
NOTES			

5. Walking & Working Surfaces / Housekeeping	Y	N	N/A
Floors clean, dry, and free of slip and trip hazards	☐	☐	☐
Wet floor signage available and consistently used	☐	☐	☐
Aisles and walkways clear of storage, cords, and debris	☐	☐	☐
Stairways have secure handrails and slip-resistant treads	☐	☐	☐
Ladders inspected, properly rated, and used per manufacturer instructions	☐	☐	☐
Storage racks secured and anchored, with heavy items stored low	☐	☐	☐
Lighting adequate in all work, storage, and exterior walkway areas	☐	☐	☐
NOTES			

6. Electrical Safety	Y	N	N/A
Extension cords used only temporarily and never daisy-chained	☐	☐	☐
Cords and plugs free of fraying, cuts, or exposed conductors	☐	☐	☐
GFCI protection provided in wet locations and tested periodically	☐	☐	☐
Outlet, switch, and junction box cover plates in place and intact	☐	☐	☐
Lockout / tagout procedures documented and trained where applicable	☐	☐	☐
NOTES			

7. Hazard Communication	Y	N	N/A
Written hazard communication program maintained and current	☐	☐	☐
Safety Data Sheets accessible to all employees on every shift	☐	☐	☐
Secondary containers labeled with contents and hazard information	☐	☐	☐
Chemicals stored according to compatibility requirements	☐	☐	☐
Employees trained at hire and whenever new hazards are introduced	☐	☐	☐
NOTES			

8. Personal Protective Equipment	Y	N	N/A
PPE hazard assessment completed, documented, and signed	☐	☐	☐
Required PPE provided to employees at no cost	☐	☐	☐
Employees trained on PPE selection, use, care, and limitations	☐	☐	☐

8. Personal Protective Equipment (continued)

Y N N/A

Damaged or expired PPE removed from service and replaced

☐ ☐ ☐

NOTES

9. Equipment, Tools & Machine Safety

Y N N/A

Machine guards in place, functional, and not bypassed

☐ ☐ ☐

Tools inspected before use; damaged tools tagged and removed

☐ ☐ ☐

Powered equipment operators trained, authorized, and documented

☐ ☐ ☐

Forklift operators certified with evaluation every three years

☐ ☐ ☐

Preventive maintenance schedule documented and followed

☐ ☐ ☐

NOTES

10. Ergonomics & Material Handling

Y N N/A

Safe lifting techniques trained and reinforced with employees

☐ ☐ ☐

Carts, dollies, and lift assists available and in good repair

☐ ☐ ☐

Workstations adjustable to reduce awkward postures and strain

☐ ☐ ☐

Heavy or repetitive tasks reviewed for ergonomic risk factors

☐ ☐ ☐

NOTES

11. Vehicle & Driver Safety

Y N N/A

Motor vehicle records reviewed annually for all driving employees

☐ ☐ ☐

Company vehicles inspected and maintained on a documented schedule

☐ ☐ ☐

Written distracted driving and mobile device policy in place

☐ ☐ ☐

Personal vehicles used for business documented and properly insured

☐ ☐ ☐

NOTES

12. Workplace Security & Violence Prevention

Y N N/A

Workplace violence prevention policy communicated to all employees

☐ ☐ ☐

Entry points secured and visitors required to sign in

☐ ☐ ☐

Employees know how to report threats or concerning behavior

☐ ☐ ☐

Parking areas and building exterior adequately lit and monitored

☐ ☐ ☐

NOTES

13. Incident Reporting & Return to Work

Y N N/A

Injuries reported to a supervisor the same day they occur

☐ ☐ ☐

Post-incident investigation completed and documented for every claim

☐ ☐ ☐

Claims reported to the carrier within 24 hours of notice

☐ ☐ ☐

Modified duty / return-to-work program available and communicated

☐ ☐ ☐

Drug-free workplace program in place and certified for premium credit

☐ ☐ ☐

NOTES

Corrective Action Plan

List every item marked N above, with an owner and a target completion date.

Section / item	Corrective action required	Responsible party	Target date

Review & Sign-Off

ITEMS MARKED N

NEXT REVIEW DATE

POLICY / ACCOUNT NO.

COMPLETED BY (SIGNATURE)

REVIEWED BY (SIGNATURE)

TITLE / DATE

TITLE / DATE

Questions about a finding on this checklist?

Atlantic Insurance Consultants can review your findings, help document corrective action, and identify workers' compensation premium credits you may qualify for. Call 772-466-0440.