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| Name of Supervisor: | Date of Inspection: |
| Department or Area Inspected: |
| Reviewed By: |
| Name of Manager: | Date: |
| Name of Safety Manager: | Date: |
|  |
| **Shipyards** | Satisfactory | Unsatisfactory |  Not Applicable |
| 1. Designated walkways established, marked and free of slip/trip hazards
 |  |  |  |
| 1. Walkways and stairs have non-skid surface
 |  |  |  |
| 1. Handrail and guard chains in good condition and have midrail
 |  |  |  |
| 1. Handrail – top rail 42” and midrail 21”
 |  |  |  |
| 1. All deck openings and deck edges properly guarded
 |  |  |  |
| 1. Gangways/vessel access are properly secured and have clear access
 |  |  |  |
| 1. Portable lights in dark spaces, not just handheld portable lights
 |  |  |  |
| 1. Affected employees wearing protective footwear *(ASTM F-2412-2005, ANSI Z41-1999)*
 |  |  |  |
| **Housekeeping** |  |  |  |
| 1. Walkways and passageways clean of trash, materials and slippery surfaces
 |  |  |  |
| 1. Materials, steel and equipment neatly stored and not protruding into aisleways
 |  |  |  |
| 1. Hoses, welding cables, extension cords, etc. run in a manner not to create tripping hazards
 |  |  |  |
| 1. All work areas are properly illuminated
 |  |  |  |
| 1. Walking surfaces free of holes, cracks and missing or loose tiles
 |  |  |  |
| 1. All cords and cables secured
 |  |  |  |
| 1. Signage appropriately used to identify hazards
 |  |  |  |
| 1. Spill kits or other absorbent materials well stocked
 |  |  |  |
| 1. All Emergency Exits are clearly marked?
 |  |  |  |
| **Outdoor Sidewalks and Parking Lots** |  |  |  |
| 1. Is the parking lot free of deep cracks and potholes?
 |  |  |  |
| 1. Plan in place for removing snow, ice, dirt and debris
 |  |  |  |
| 1. Equipment in place to remove snow, ice, dirt and debris
 |  |  |  |
| 1. Entrance mats in place to remove water and snow from shoes
 |  |  |  |
| 1. Parking curbs, speed bumps and other variances clearly marked
 |  |  |  |
| 1. Vehicle fluid leaks and spills cleaned up immediately
 |  |  |  |
| 1. Lighting adequate
 |  |  |  |

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| Below write the item number found unsatisfactory and the corrective actions taken. |
| Item # | Corrective action taken |
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