

# Workplace Hazard Identification Checklist

## Manufacturing

Date:  Location:  Department/Area

Inspector: Name

### 1. General Conditions

Hazard Consideration	Yes	No	N/A	Comments/Action Required
Housekeeping - Are work areas clean and tidy?				
Walking Surfaces - Free from slip/trip hazards?				
Lighting - Adequate and functional?				

### 2. Machinery & Equipment

Hazard Consideration	Yes	No	N/A	Comments/Action Required
All guards/safety devices in place?				
Machinery properly maintained?				
Warning signs/labels clearly visible?				

### 3. Chemical Safety

Hazard Consideration	Yes	No	N/A	Comments/Action Required
Chemicals properly labeled/stored?				
Secondary containment available where needed?				
Safety Data Sheets accessible?				

### 4. Fire/Emergency

Hazard Consideration	Yes	No	N/A	Comments/Action Required
Fire extinguishers available & inspected?				
Emergency exits unobstructed?				
Alarm systems working?				

### 5. PPE (Personal Protective Equipment)

Hazard Consideration	Yes	No	N/A	Comments/Action Required
Appropriate PPE provided/used?				

PPE in good condition?					
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PPE storage adequate?				
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### Additional Observations

Record any additional hazards or notes here...