

SAFETY REPORT

PROGRAM/LAB: _____ Date: _____

		<i>Checked</i>	<i>Needs Attention</i>	<i>Not Applicable</i>
1.	All doors and fire exits are free from obstacles.			
2.	All aisles are clear.			
3.	Floors and work areas are free from excess water and oil spills.			
4.	All flammables and combustibles are stored in safety container.			
5.	Fire extinguishers are charged and in correct locations.			
6.	All guards are secure and attached to equipment.			
7.	Metal containers are used for oily rags.			
8.	Ladders are free from defects.			
9.	Belts, chains, motors, hoists have been checked.			
10.	Exhaust systems and hoses are used and checked.			
11.	Storage areas are not cluttered and stacking is stable.			
12.	Lighting and bulbs are working.			
13.	Electrical cords are properly grounded.			
14.	Exterior of building is clear and free of debris.			
15.	Exposed sharp corners are protected.			
16.	Safety glasses are being worn by all students.			
17.	All bottles and containers are labeled.			
18.	Tools and equipment are in working order and free from defects.			
19.				
20.				

Remarks or recommendations: _____

Instructor response and plan of action: _____

Date completed: _____

Committee members: _____

Administrator: _____

c: Instructor