

# Facility Hazard Assessment Checklist

Facility Name

Location

Date

Assessor

## Hazard Assessment Checklist

Area / Item	Yes	No	Notes / Action Required
Exits accessible and unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers present & inspected	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency lighting operational	<input type="checkbox"/>	<input type="checkbox"/>	
First aid kits stocked and accessible	<input type="checkbox"/>	<input type="checkbox"/>	
Chemicals properly labeled and stored	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical cords undamaged & in good condition	<input type="checkbox"/>	<input type="checkbox"/>	
Machinery guarded and operational	<input type="checkbox"/>	<input type="checkbox"/>	
Walkways and floors clear of hazards	<input type="checkbox"/>	<input type="checkbox"/>	
PPE available and being used	<input type="checkbox"/>	<input type="checkbox"/>	
Other (specify)	<input type="checkbox"/>	<input type="checkbox"/>	

## General Notes / Additional Hazards

## Corrective Actions Recommended

Reviewed By

Review Date