

Workplace Safety Inspection Checklist

Inspector's Name:

Date of Inspection:

Workplace/Area:

Inspection Checklist

| Item | Yes | No | Comments/Actions Required |
|--|-----|----|---------------------------|
| Walkways and aisles are clear of obstacles | | | |
| Fire exits are clearly marked and accessible | | | |
| Fire extinguishers are available and inspected | | | |
| Personal protective equipment is used properly | | | |
| Emergency procedures are posted | | | |
| Chemicals are labeled and stored safely | | | |
| First aid supplies are accessible | | | |

Additional Observations/Notes:

Inspector's Signature:

Date:

