

SELF-AUDIT CHECKLIST

Body Shop

Location: _____ Date: _____

Conducted By: _____ Dept: _____

GENERAL

				<i>(check off findings)</i>			Compl.
				<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Date</u>
1.	Is proper footwear worn in the Body Shop?	()	()	()	()	()	
2.	Are employees prohibited from eating in the Body Shop?	()	()	()	()	()	
3.	Is a 15-minute continuous eyewash station installed, operational, identified, sanitary, and free of obstructions, and tested on a monthly basis?	()	()	()	()	()	
4.	Are the air compressor and furnace inspected? (tel. 271-2585)	()	()	()	()	()	
5.	Are all Federal and State posters located in a conspicuous location?	()	()	()	()	()	

WALKWAYS AND WORKING SURFACES

				<i>(check off findings)</i>			Compl.
				<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Date</u>
6.	Are floors clean, dry, and free of slip and fall hazards?	()	()	()	()	()	
7.	Is every open-sided floor or mezzanine greater than four feet above ground level equipped with a mid-rail and a standard guardrail on each exposed side, except the entrance?	()	()	()	()	()	
8.	Are toe boards installed around the edges of permanent floor openings or platforms that employees may pass under?	()	()	()	()	()	
9.	Does every stairway having four or more risers have a handrail?	()	()	()	()	()	
10.	Are ladders sturdy, free of defects, equipped with safety feet, and secured when stored?	()	()	()	()	()	

SPRAY BOOTH/MIXING ROOM

				<i>(check off findings)</i>			Compl.
				<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Date</u>
11.	Are spray painting operations done in spray rooms or booths equipped with an appropriate exhaust system?	()	()	()	()	()	
12.	When mechanical ventilation is provided during spraying operations, is it so arranged that it will not circulate the contaminated air?	()	()	()	()	()	
13.	Is the spray booth completely ventilated before using the drying apparatus?	()	()	()	()	()	
14.	Is the spray area at least 20 feet from flames, sparks, electrical motors, and other ignition sources?	()	()	()	()	()	
15.	Are portable lamps used to illuminate spray areas suitable for use in a hazardous location?	()	()	()	()	()	

- | | | | | | |
|-----|---|-----|-----|-----|-----|
| 16. | Are spray booths constructed of metal, masonry, or other substantial non-combustible materials? | () | () | () | () |
| 17. | Are hazardous waste labels posted on all necessary containers? | () | () | () | () |
| 18. | Are flammable solvents in excess of five gallons bonded and grounded? | () | () | () | () |
| 19. | Are No Smoking signs posted in spray areas, paint rooms, paint booths, and paint storage areas? | () | () | () | () |
| 20. | Are fire control sprinkler heads kept clean? | () | () | () | () |

HAZARDOUS MATERIAL

- | | | | | | |
|-----|--|-----------------------------|-----------|------------|--------------------|
| | | <i>(check off findings)</i> | | | |
| | | <u>Yes</u> | <u>No</u> | <u>N/A</u> | <u>Compl. Date</u> |
| 21. | Are all portable chemical containers labeled with the name of the product and its physical and health hazards?
55 gallon barrels, and 5 gallon buckets) | () | () | () | () |
| 22. | Are flammable liquids in excess of a one-day supply (max. 25 gallons) stored in a fire resistive enclosure that is labeled flammable? | () | () | () | () |
| 23. | Are all small quantities of flammable liquids stored in approved DOT or UL approved containers? | () | () | () | () |

PERSONAL PROTECTIVE EQUIPMENT

- | | | | | | |
|-----|---|-----------------------------|-----------|------------|--------------------|
| | | <i>(check off findings)</i> | | | |
| | | <u>Yes</u> | <u>No</u> | <u>N/A</u> | <u>Compl. Date</u> |
| 24. | Are employees required to wear eye protection whenever the | () | () | () | () |
| 25. | If no, are signs posted in areas of high probability? | () | () | () | () |
| 26. | If necessary, due to job hazards, are the following provided? | | | | |
| | a. goggles | () | () | () | () |
| | b. approved respirators | () | () | () | () |
| | c. shaded goggles for welding or cutting | () | () | () | () |
| | d. hearing protection | () | () | () | () |
| | e. safety gloves (disposable, chemical resistant, leather) | () | () | () | () |
| 27. | Are employees trained in the proper use of PPE? | () | () | () | () |
| 28. | Are respirators regularly inspected, maintained, and stored in a sanitary manner? | () | () | () | () |
| 29. | Did employees who wear respirators fill out Questionnaire to be reviewed by a physician annually? | () | () | () | () |
| 30. | Are all employees who wear respirators clean-shaven? | () | () | () | () |

WELDING AND CUTTING

- | | | | | | |
|-----|--|-----------------------------|-----------|------------|--------------------|
| | | <i>(check off findings)</i> | | | |
| | | <u>Yes</u> | <u>No</u> | <u>N/A</u> | <u>Compl. Date</u> |
| 31. | Are stored oxygen and acetylene cylinders separated by 20 feet? | () | () | () | () |
| 32. | Are cylinders secured in an upright position?
() | | () | () | () |
| 33. | Are valve stems capped when not in use? | () | () | () | () |
| 34. | Do persons using welding equipment wear correct PPE? | () | () | () | () |
| 35. | Are screens used when other employees may be exposed to a welding flash? | () | () | () | () |
| 36. | Are back-flow and flashback valves equipped on the oxy-fuel gas system? | () | () | () | () |

ELECTRICAL

				<i>(check off findings)</i>			Compl.
				<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Date</u>
37.	Are all electrical cords free from defects i.e., exposed wires, broken grounds?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
38.	Are all electrical cords double insulated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
39.	Are circuit breaker panels completely posted and marked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
40.	Are knockouts properly capped at all electrical boxes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
41.	Are explosion-proof circuits used exclusively in mixing and spray painting operations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

POWER TOOLS AND EQUIPMENT

				<i>(check off findings)</i>			Compl.
				<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Date</u>
42.	Is the use of compressed air in excess of 30 PSI-s prohibited for cleaning clothes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
43.	Are bench grinders secured, equipped with eye\ tongue guards and a tool rest?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
44.	Are air hoses used for pneumatic tools free of defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
45.	Are all rotating pulleys, belts, fans, and wheels, etc., within seven feet properly guarded?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

MEDICAL AND EMERGENCY

				<i>(check off finding)</i>			Compl.
				<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Date</u>
46.	Are any employees trained in First Aid?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
47.	Are First Aid supplies available including:						
	a. assorted bandages/gauze	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	b. rubber gloves	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	c. CPR micro shield	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	d. hydrogen peroxide	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	e. First Aid book	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

FIRE PROTECTION/LIFE SAFETY

				<i>(check off findings)</i>			Compl.
				<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Date</u>
48.	Are portable fire extinguishers:						
	a. fully charged, mounted, identified, and accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	b. of proper type for the hazard i.e., A - for normal combustibles; B - for flammable liquids; and C - for electrical fires?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	c. inspected and serviced at least annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
	d. mounted within 50 feet of one another?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
49.	Are exits and their paths marked, unobstructed, and doors unlocked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
50.	Are all exits posted EXIT with fluorescent six-inch lettered signs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
51.	Are all emergency lights functioning and tested regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

ADMINISTRATIVE

(check off findings)

	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Compl. Date</u>
52. Does the dealership have a Safety Committee?	()	()	()	()
53. Have you issued a safety policy statement to employees?	()	()	()	()
54. Is there a written safety manual?	()	()	()	()
55. Does the Safety Committee meet on a regular basis (at least quarterly)?	()	()	()	()
56. Are minutes kept, posted, and distributed to all management?	()	()	()	()
57. Does management follow up on suggestions offered by the Safety Committee?	()	()	()	()

SAFETY TRAINING/PROGRAMS

(check off findings)

	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Compl. Date</u>
58. Hazard Communication	()	()	()	()
59. Respiratory Protection	()	()	()	()
60. Forklift Operations	()	()	()	()
61. Oxygen and Acetylene	()	()	()	()
62. Lockout/Tagout Awareness	()	()	()	()
63. Back Injury Prevention	()	()	()	()

<i>NOTES:</i>

RESULTS OF INSPECTION

Total from YES Column: _____

Total from NO Column: _____

Percentage of Compliance (Y/N): _____

Person(s) conducting inspection: _____ Date: _____

(Signature)

Safety Committee Chairman: _____ Date: _____

(Signature)

Dealer/Owner: _____ Date: _____

(Signature)