



Self Insured Lumber Businesses Association

Internal Safety Inspection Checklist

Name of Member:	
Inspected By:	Date of Inspection:

1. SAFETY INVOLVEMENT	Yes	No	N/A
a. Are the principals conducting or part of the team surveying the facility at least quarterly?			
b. Are the inspections rotated among supervisors and employees?			

2. MANAGEMENT/SUPERVISOR	Yes	No	N/A
a. Hazards/Areas Identified			
b. New Employee Orientation Training (video, test, lifting demonstration)			
c. Supervisors conduct job observation			
d. Supervisors conduct job safety analysis			
e. Retraining done if job observation indicates a need			
f. Material Handling devices available and used			

3. SAFE WORK PRACTICES	Yes	No	N/A
a. Employee lifting properly (using wide squat with legs, not back, head lifted up-not looking at load)			
*Employee turning with feet not twisting from waist			
*Employee stepping to material not reaching across it			
*Employee carrying appropriate weight loads			
*Employee pushing load, not pulling it			
b. Employee picking up material on floor to prevent slips and falls			
c. Employee wearing PPE - what are they wearing?			
d. Employee footwear appropriate for conditions with good tread?			
e. Other safe acts: i.e. walking around pallets snot on them			

4. SLIP/TRIP/FALL PREVENTION	Yes	No	N/A
a. Floor surface- no raised nails, splinters, cracks or slipperiness observed			
b. Wet floor signs used when applicable			
c. Contrast stripes mark change in elevation			

d. Carpeting is in good condition; adequate walk off mats at entrances			
e. Interior lighting is adequate			
f. Emergency Lighting - exists and is operational			
g. Stairs/steps covered with anti slip surface			
h. Handrails are provided and securely attached			
i. No items placed or stored on stairs or under stairwells			
j. Loading docks - dock plates are in good condition; guardrails in place?			
k. Trucks use wheel chocks when loading and unloading			
l. Trucks engage parking brake when parked			
m. Parking Lot - free of pot holes or cracks; maintenance and repair done as needed			
n. Pavement in good condition; walkways smooth and level			
o. Tire stops contrasted with white or yellow paint			
p. Adequate lighting in parking areas and perimeter			
q. Adequate snow and ice removal/treatment			

5. FORKLIFT TRUCK SAFETY	Yes	No	N/A
a. All operators are trained and certified			
b. Fork trucks are in good condition-inspected daily; logs maintained			
c. Back up alarms (horn/light) in place			
d. No riding double			
e. Mandatory seatbelt usage			
f. Re-training every 3 years			
g. Re-training done if operating unsafely, accident or near miss			
h. Forks kept 4-6" off ground when traveling			
i. If view obstructed, driving in reverse mandatory			

6. MACHINE GUARDING SAFETY	Yes	No	N/A
a. Table saws-blade guard, anti-kickback in place - use of Saw Stop saw if possible			
b. Radial arm saw-automatic return of cutting head to starting position, blade guard in place on both sides of lower exposed portion of blade			
c. Anti-kick back fingers in place			
d. Mandatory use of safety glasses and hearing protection			
e. Bench grinders; secured, safety shields in place, tool rests within 1/8" of wheel; tongue guard within 1/4" of wheel			
f. Are emergency stop buttons in place and functional?			
g. If dust collection system is in place, check adequacy/cleaning schedule			

7. ELECTRICAL EQUIPMENT	Yes	No	N/A
a. All wiring in conduit			
b. Electrical panel - accessible and circuits labeled; 3 foot clear space maintained			
c. Portable tools grounded			
d. No permanent use of extension cords			

e. Check to see if grounding pins are in place/plug is secure on cord			
f. Check wiring on all saws/equipment for fraying			
g. GFCI on all outside electrical outlets/wet areas; monthly testing of all GFCI's			

8. GENERAL CONDITIONS	Yes	No	N/A
a. First Aid Kit - adequate and accessible; Bloodborne Pathogen kit inside			
b. Proper lighting - throughout building and yard/grounds			
c. Adequate ventilation - shops/painting, finishing room			
d. Ladder - safety feet, inspection, maintenance, adequate weight limits, condition, proper storage			
e. Emergency phone numbers posted clearly (fire, police, and ambulance)			
f. Eyewash stations inspected monthly			

9. HOUSEKEEPING	Yes	No	N/A
a. Work areas free of clutter			
b. All tools/equipment put back after use?			
c. Floors/Stairs; no stored items in aisles or on steps			
d. Trash emptied daily			

10. CHAINSAW SAFETY	Yes	No	N/A
a. Employee trained in safe use of saw			
b. PPE provided and use is mandatory:			
*Safety Glasses			
*Hard Hat			
*Face Shield			
*Ear Protection			
*Boots			
*Kevlar/Teflon Chaps			

11. OSHA PROGRAMS	Yes	No	N/A
a. Hazard Communications			
*Provide training annually			
*SDS's on file			
b. Personal Protective Equipment			
*Safety Glasses			
*Respiratory Protection			
*Hand Protection			
*Foot Protection			
*Ear Protection			
c. Lockout Tagout Program			
d. Forklift Safety Program			

e. Fall Protection (identify hazards and areas)			
f. Confined Space (if needed)			
g. Bloodborne Pathogens Program (if needed)			

12. FIRE SAFETY	Yes	No	N/A
a. Fire Extinguishers - accessible locations, service tag in place, monthly inspections and sign			
b. Exits - marked, lighted, accessible, safe, emergency lighting units inspected			
c. Metal safety cans for used/oily rag disposal			
d. Solvents, paints and flammables - properly stored, not left in open cans or jars			
e. Rubbish disposed of properly			
f. Boiler/Furnace room - free of combustibles (wood, paper, boxes, clothing, rags)			

13. SPRINKLER SYSTEM	Yes	No	N/A
a. Unobstructed riser			
b. 18" clear space below all heads			
c. Current inspection tag			