

APPENDIX N

AMSEL-TY Form 177-R-E Quarterly Safety Inspection Packet

INDUSTRIAL SAFETY INSPECTION CHECKLIST <small>Use in accordance with TYAD Regulation 385-1; proponent office is AMSEL-TY-FKS</small>											
Directorate:	Division:										
Cost Center:	Supervisor:	Mail Stop:	Phone:								
Inspection Date:	Inspector:	QUARTER: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4									
<p>HOUSEKEEPING</p> <p>_____ Floors, aisles and stairs cleared of obstructions?</p> <p>_____ Are walking surfaces free from tripping hazards?</p> <p>_____ Are break areas clean?</p> <p>_____ Are cabinets and racks secured?</p> <p>_____ Is coffee or food consumed where chemicals are used?</p> <p>_____ Are items being stored on top of cabinets?</p> <p>_____ Are spilled materials cleaned up immediately?</p> <p>_____ Are stairs, walks, and ramps kept clear of snow and ice?</p> <p>_____ Are housekeeping procedures being practiced?</p> <p>PERSONAL PROTECTIVE CLOTHING AND EQUIPMENT (PPCE)</p> <p>Are the following PPCE available and properly used as required?</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%;">_____ Safety Glasses/Goggles</td> <td style="width: 50%;">_____ Hearing Protection</td> </tr> <tr> <td>_____ Safety Shoes</td> <td>_____ Gloves</td> </tr> <tr> <td>_____ Respirators</td> <td>_____ Aprons</td> </tr> <tr> <td>_____ Face Shields</td> <td>_____ Other PPCE</td> </tr> </table> <hr style="width: 50%; margin-left: auto; margin-right: 0;"/> <p>_____ Are high voltage glove inspections up-to-date?</p> <p>_____ Have employees received required training for PPCE use?</p> <p>_____ Is PPCE clean and in good condition?</p> <p>_____ Are eye or noise hazard areas properly posted?</p> <p>ELECTRICAL</p> <p>_____ Are breaker boxes and panel boards accessible and labeled?</p> <p>_____ Are power panel boxes and disconnects unobstructed?</p> <p>_____ Are outlets and switches operational?</p> <p>_____ Are interlocks functional?</p> <p>_____ Are lockout-tagout procedures used when required?</p> <p>Are cables, extension cords, equipment & fixture cords:</p> <p>_____ ... frayed or spliced?</p> <p>_____ ... showing exposed wires?</p> <p>_____ ... covered by runners when in walkways?</p> <p>_____ Do ground fault circuit interrupters function properly?</p> <p>_____ Were electrical outlets randomly inspected with testers?</p> <p>HAZARDOUS MATERIALS</p> <p>_____ Are MSDS sheets available?</p> <p>_____ Are hazardous materials containers stored properly?</p> <p>_____ Are questioned employees familiar with MSDS?</p> <p>_____ Is hazardous material stored properly?</p> <p>_____ Are flammable storage lockers clean and orderly?</p> <p>_____ Is gasoline properly stored only in approved safety cans?</p> <p>_____ Are spill containment materials on hand and accessible?</p>				_____ Safety Glasses/Goggles	_____ Hearing Protection	_____ Safety Shoes	_____ Gloves	_____ Respirators	_____ Aprons	_____ Face Shields	_____ Other PPCE
_____ Safety Glasses/Goggles	_____ Hearing Protection										
_____ Safety Shoes	_____ Gloves										
_____ Respirators	_____ Aprons										
_____ Face Shields	_____ Other PPCE										

APPENDIX N

AMSEL-TY Form 177-R-E (back) Quarterly Safety Inspection Packet

HAND & POWER TOOLS/MACHINERY & EQUIPMENT

- Are warning signs & labels posted properly?
- Are power tools properly grounded and have ground pin?
- Are cords or plugs frayed or have defective wiring?
- Are emergency stops labeled and checked?
- Is certification for material handling equipment, fork lifts, hand jacks, overhead cranes, etc. current?
- Are guards and safety features in place?
- Are openings over 1/2" on fan blade covers guarded?
- Are the surfaces on abrasive wheels kept dressed off flat?
- Are work rests on grinding machines adjusted so opening is less than 1/8 inch to prevent jamming?
- Is the distance between an abrasive wheel and tongue no more than 1/4 inch?

FIRE PROTECTION

- Are fire evacuation plans posted?
- Is there a plan to evacuate persons with disabilities?
- Are employees familiar with fire evacuation plans and have they been practiced in the work areas?
- Are fire extinguishers hung, posted, and unobstructed?
- Are emergency 911 labels on phones?
- Are emergency exits marked and unobstructed?
- Is emergency lighting available and operational?
- Is there a minimum clearance of 18" between overhead sprinklers and materials stored or positioned beneath them?

FIRST AID FACILITIES

- Are emergency eyewash & showers available and posted?
- Are eye washes flushed and checked weekly?
- Are electrical safety boards present where required?
- Are all items available on the electrical safety board?
- Are the nozzles on emergency eye wash units protected from airborne contaminants with approved dust cap covers?

MISCELLANEOUS

- Are portable ladders properly stored and inspected?
- Are compressed gas cylinders secured properly?
- Are bi-weekly safety meetings held and documented?
- Are safety SOPs available for review?
- Is required safety training up-to-date?
- Do employees know the procedures for reporting unsafe or unhealthful working conditions?
- Are blank copies of DA Form 4755, Employee Report of Alleged Unsafe or Unhealthful Working Conditions, located in areas convenient to all workplaces?
- Are ergonomic practices in place where possible?
- Are all potential microwave/RF transmission hazards monitored properly?
- Are Job Hazard Analysis available in the work area?

SAMPLE

FORWARD THIS CHECKLIST TO THE SAFETY OFFICE, BOX 5040

APPENDIX N

AMSEL-TY Form 178-R-E Office & Admin Safety Inspection Checklist

OFFICE & ADMINISTRATION SAFETY INSPECTION CHECKLIST

Use in accordance with TYAD Regulation 385-1; proponent office is AMSEL-TY-RK-S

Directorate:		Division:	
Cost Center:	Supervisor:	Mail Stop:	Phone:
Inspection Date:	Inspector:	QUARTER: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	

HOUSEKEEPING

- _____ Is the work area orderly and housekeeping effective?
- _____ Are floors, aisles and stairs cleared of obstructions?
- _____ Are walking surfaces free from tripping hazards?
- _____ Are carpets or flooring material loose or damaged?
- _____ Are drawers and file cabinets closed when not in use?
- _____ Are computer, telephone or other electrical equipment cords positioned to prevent tripping hazards?

ELECTRICAL

- _____ Are breaker boxes and panel boards accessible and labeled?
- _____ Are electrical cords positioned so they are not placed under file cabinets, through walls, etc., to create an electrical hazard?
- _____ Are extension cords used as a permanent power source?
- _____ Were electrical outlets randomly inspected with testers?

ERGONOMICS

- _____ Is lighting adequate for performing work?
- _____ Are office chairs and mats adequate and free of damage or excessive wear?
- _____ Are work stations set up to accommodate the operator to prevent glare, stress and discomfort?
- _____ Are work stations set up to prevent excessive bending, leaning, twisting and over reaching by the worker while seated?
- _____ Are step stools available for reaching materials overhead?

EMERGENCY AND FIRE EVACUATION

- _____ Are fire evacuation plans posted?
- _____ Are employees familiar with fire evacuation plans and have they been practiced in the work area?
- _____ Is there a plan to evacuate persons with disabilities?
- _____ Are fire extinguishers hung, posted, and unobstructed?
- _____ Are emergency exits marked and unobstructed?
- _____ Are Job Hazard Analysis (JHA) available in the work areas?

FORWARD THIS CHECKLIST TO THE SAFETY OFFICE, BOX 5040

APPENDIX N
 AMSEL-TY Form 179-R-E
QUARTERLY SAFETY INSPECTION HAZARD IDENTIFICATION LOG
Use in accordance with TYAD Regulation 385-1; proponent office is AMSEL-TY-RK-S

Directorate:		Division:	
Cost Center:	Supervisor:	Mail Stop:	Phone:
Inspection Date:	Inspector:	QUARTER: <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4	

SAFETY OFFICE: x57027 WORK ORDER DESK: x57805

ITEM # <input type="checkbox"/> - Description/Location of Hazard:		
Local Point of Contact:		
Equipment:	<input type="checkbox"/> No <input type="checkbox"/> Yes	Bar Code:
Priority:	<input type="checkbox"/> 1-Emergency <input type="checkbox"/> 2-Mission Requirement <input type="checkbox"/> 3-Routine	
Nature of Hazard:	<input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Other	
Method of Correction:	<input type="checkbox"/> Supervisor/Shop <input type="checkbox"/> Self-Help <input type="checkbox"/> Work Order/PW	
AMSEL-TY Form 169 Number:	RAC:	Work Order Number:

SAMPLE

ITEM # <input type="checkbox"/> - Description/Location of Hazard:		
Local Point of Contact:		
Equipment:	<input type="checkbox"/> No <input type="checkbox"/> Yes	Bar Code:
Priority:	<input type="checkbox"/> 1-Emergency <input type="checkbox"/> 2-Mission Requirement <input type="checkbox"/> 3-Routine	
Nature of Hazard:	<input type="checkbox"/> Electrical <input type="checkbox"/> Mechanical <input type="checkbox"/> Plumbing <input type="checkbox"/> Other	
Method of Correction:	<input type="checkbox"/> Supervisor/Shop <input type="checkbox"/> Self-Help <input type="checkbox"/> Work Order/PW	
AMSEL-TY Form 169 Number:	RAC:	Work Order Number:

