

G. Compressed Gases/Air Compressors	Yes	No	N/A
1. Compressed gas cylinders are secured, away from heat sources and capped if not in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Incompatible gas cylinders are adequately separated (e.g., flammables and oxidizers)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Regulators are in good condition and appropriate for the gases used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Compressor air nozzles are provided with pressure reducing devices restricting pressure to 30 psi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

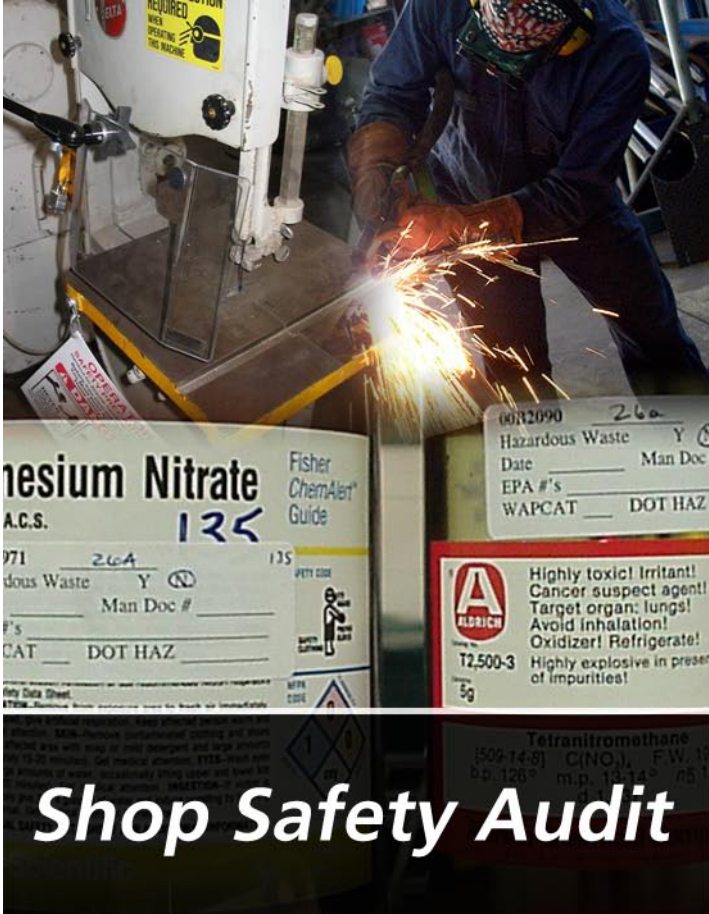
Comments:

Questions? Contact:

Environmental Health and Safety

Main Office 294-5359

Additional resources and information are available on the EH&S website:
www.ehs.iastate.edu



Shop Safety Audit



This self-assessment will help identify safety concerns that need to be addressed and should be completed by the Shop Supervisor or Principal Investigator. A copy should be kept in departmental files.

Department: _____

Supervisor/PI: _____

Building: _____

Inspected By: _____

Date: _____

Room(s): _____

A. Safety Practices	Yes	No	N/A
1. Work practices observed during the inspection were performed safely	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Health and safety training records were available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Employees are trained in the use of personal protective equipment (PPE)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Safety glasses and hearing protection are available and used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Respirator users are fit-tested and trained within the past 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Safety glasses and hearing protection are available for visitors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. 911 emergency stickers are posted at each telephone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Any designated first responders have had Bloodborne Pathogens Training within the last 12 months	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

B. Emergency Equipment	Yes	No	N/A
1. Fire extinguisher type/location is appropriate and is charged/tested	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Appropriate first-aid kit is available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Eyewash stations are installed (where pesticides or corrosives are used) and tested monthly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Areas within 3 feet of eyewash and safety shower are unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

C. Housekeeping, Egress, Walking Surfaces	Yes	No	N/A
1. Evacuation routes are posted and employees have received evacuation instructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Exits and aisles are unobstructed and free of tripping hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Appropriate warning signs are posted (fire extinguisher, eyewash, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Hand soap and towels are available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Food, beverages and smoking are absent from work areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Floors are free of oil, water and other slip/trip hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Storage materials are properly and safely stacked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Heavy objects and chemicals are stored below 5 feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Ladders are appropriate for task and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Guardrails and handrails are provided where necessary and in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Vertical clearance between sprinklers and any material is below 18 inches	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. Corridor doors are closed and latched	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Electrical Safety	Yes	No	N/A
1. Extension cords are used for temporary wiring (3 days or less)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Electrical cords are in safe condition (no cuts, cracks or taped repairs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Electrical equipment is correctly grounded with three-pronged plugs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Multi-plug strips are UL-approved, breakered and used properly (no piggybacking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Circuit breaker panels and emergency shut-offs are unobstructed and unlocked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Circuit breakers are labeled to indicate which breaker controls which circuit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. High wattage equipment (refrigerators, copiers, etc.) is plugged directly into wall outlets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. All wiring and fuses are properly covered (no exposed wiring)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Electrical outlets within 6 feet of water sources are protected with GFCI	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

E. Machine/Hand Tool Safety	Yes	No	N/A
1. Machine tools are secured to the floor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. All machine and power tools are fitted with appropriate guards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Bench-top grinders are secured to the bench	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Hand tools are kept in good working condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Tools are used in ways that are consistent with their design	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Standard operating procedures developed for use of hazardous equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Machine tools are locked/tagged out before blade changes or repairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Specific lockout/tagout procedures are written for covered equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

F. Chemical Safety	Yes	No	N/A
1. Chemical inventories are current and copies are sent to EH&S annually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. MSDSs for each hazardous chemical are available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. All containers are labeled with chemical names spelled out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Flammable liquids over one gallon are in approved containers (FM, UL, DOT)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Flammable liquids totalling more than 10 gallons are stored in safety storage cabinets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Flammable wastes, such as oil rags, are discarded into flammable waste containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. All personnel creating hazardous waste have received Hazardous Waste Generator training	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Waste materials are collected in Satellite Accumulation Areas, identified with green EH&S signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Waste containers are appropriately labeled (no abbreviations, formulas or shorthand)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Waste containers are closed except when in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>