

Elbow Grease Enterprises Safety Audit Form

Project:	Auditor:		Date:
Inspection Item	Yes	No	Notes
PERSONAL PROTECTIVE EQUIPMENT AND CLOTHING			
Has the employer determined whether hazards that require the use of PPE (e.g., head, eye, face, hand, or foot protection) are present or are likely to be present?	<input type="checkbox"/>	<input type="checkbox"/>	
If hazards or the likelihood of hazards are found, are employers selecting appropriate and properly fitted PPE suitable for protection from these hazards and ensuring that affected employees use it?	<input type="checkbox"/>	<input type="checkbox"/>	
Have both the employer and the employees been trained on PPE procedures, i.e., what PPE is necessary for job tasks, when workers need it, and how to properly wear and adjust it?	<input type="checkbox"/>	<input type="checkbox"/>	
Are protective goggles or face shields provided and worn where there is any danger of flying particles or corrosive materials?	<input type="checkbox"/>	<input type="checkbox"/>	
Are approved safety glasses required to be worn at all times in areas where there is a risk of eye injuries such as punctures, abrasions, contusions, or burns?	<input type="checkbox"/>	<input type="checkbox"/>	
Are employees who wear corrective lenses (glasses or contacts) in workplaces with harmful exposures required to wear <i>only</i> approved safety glasses, protective goggles, or use other medically approved precautionary procedures?	<input type="checkbox"/>	<input type="checkbox"/>	
Are protective gloves, aprons, shields, or other means provided and required where employees could be cut or where there is reasonably anticipated exposure to corrosive liquids, chemicals, blood, or other potentially infectious materials? See the OSHA Bloodborne Pathogens standard, 29 CFR 1910.1030(b), for the definition of "other potentially infectious materials."	<input type="checkbox"/>	<input type="checkbox"/>	
Are hard hats required, provided and worn where danger of falling objects exists?	<input type="checkbox"/>	<input type="checkbox"/>	
Are hard hats periodically inspected for damage to the shell and suspension system?	<input type="checkbox"/>	<input type="checkbox"/>	
Is appropriate foot protection required where there is the risk of foot injuries from hot, corrosive, or poisonous substances, falling objects, crushing, or penetrating actions?	<input type="checkbox"/>	<input type="checkbox"/>	
Are approved respirators provided when needed? (See 29 CFR 1910.134 for detailed information on respirators or check OSHA's website at www.osha.gov).	<input type="checkbox"/>	<input type="checkbox"/>	
Is all PPE maintained in a sanitary condition and ready for use?	<input type="checkbox"/>	<input type="checkbox"/>	
Are food or beverages consumed only in areas where there is no exposure to toxic material, blood, or other potentially infectious materials?	<input type="checkbox"/>	<input type="checkbox"/>	
Is protection against the effects of occupational noise provided when sound levels exceed those of the OSHA Noise standard?	<input type="checkbox"/>	<input type="checkbox"/>	

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Are adequate work procedures, PPE and other equipment provided and used when cleaning up spilled hazardous materials?	<input type="checkbox"/>	<input type="checkbox"/>	
Are appropriate procedures in place to dispose of or decontaminate PPE contaminated with, or reasonably anticipated to be contaminated with, blood or other potentially infectious materials?	<input type="checkbox"/>	<input type="checkbox"/>	