

Your Company Name Here

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INTRODUCTION

This policy is designed to provide drivers, employees, and all other concerned parties with information regarding the policies and general practices of this company. Written information is provided herein. However, it is not the intent of the company to list all aspects of its programs, policies and or procedures within this policy. It is also understood that the information contained herein is subject to change at the discretion of the company. Additional policies and directives may be issued at any time.

It is the intent of this company to operate a Safe Workplace and in accordance with the regulations set forth by all applicable Regulatory Agencies. Nothing in this policy is designed to supersede these regulations.

All drivers are expected to operate drug-free, safely and courteously on the highways. Evidence that this requirement is not being honored will result in the immediate revocation of the safety clearance of the offending driver.

Your Company Name Here

Safety Inspection

Company	Date
Address	
Contact	
Inspected by	Date

Checklist

<input type="checkbox"/>	OSHA posters posted	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/>	Training records being maintained	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/>	Emergency procedures and contact information posted	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/>	First Aid and emergency medical supplies available	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/>	Fire Exits are clear at all times- fire doors operational and not obstructed	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/>	Storage kept out of aisles	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/>	Fire extinguishers properly labeled and operational	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/>	Access to Fire extinguishers not obstructed	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/>	Hazardous material properly labeled, stored and returned to proper storage	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/>	Secondary containers properly labeled	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/>	Employees trained for job performed	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/>	Employees following proper work procedure	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/>	Employees use proper PPE	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/>	Workspaces cleaned and maintained	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/>	Workspace properly illuminated	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/>	Workspace properly ventilated	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/>	Floors keep clean and dry- mat are keep in good conditions	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/>	Machinery and equipment clear of clutter and debris	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/>	Carts and trucks parked as not to block exits or aisles	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/>	Storage shelves not over loaded for rating	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/>	Items stored in a stable manner so as not to fall over or overhang	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/>	Pallets stored so as not to create trip hazard – banding wire , nails secured	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/>	Electrical panels have access without obstructions	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/>	Electrical cords are routed as not to present trip hazard or across aisles	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/>	Sanitations and drinking facilities properly maintained	YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/>	Food properly stored –leftovers removed periodically	YES <input type="checkbox"/>	NO <input type="checkbox"/>
Additional Items			
<input type="checkbox"/>		YES <input type="checkbox"/>	NO <input type="checkbox"/>
<input type="checkbox"/>		YES <input type="checkbox"/>	NO <input type="checkbox"/>

Acknowledgment of Inspection:

Name:	Date

