

### DAILY SAFETY CHECKLIST

LOCATION AND BUILDING: \_\_\_\_\_

DATE: \_\_\_\_\_

# OF ITEMS	DESCRIPTION OF ITEM	VISUAL CONDITION OF ITEMS			PROBLEMS NOTED FOR EACH ITEM
		SHIFTS			
		1	2	3	
	Extinguisher				
	Nozzle and Valve				
	Standpipe and Hose				
	SCBA				
	Fire Alarm System				
	Exit Signs				
	Posted Evacuation Signs				
	Dryer Lint Trap				
	First Aid Kit/BVM				
	Stretcher				
	AED				

FOR EACH OF THE FOLLOWING, CHECK THE APPROPRIATE ANSWER. IF "N/A" PLEASE NOTE.

	SHIFT #1	SHIFT #2	SHIFT #3
Exits and Passageways	SAT ___ UNSAT ___	SAT ___ UNSAT ___	SAT ___ UNSAT ___
Emergency Lights	SAT ___ UNSAT ___	SAT ___ UNSAT ___	SAT ___ UNSAT ___
Storage Spaces	SAT ___ UNSAT ___	SAT ___ UNSAT ___	SAT ___ UNSAT ___
Waste Receptacles	SAT ___ UNSAT ___	SAT ___ UNSAT ___	SAT ___ UNSAT ___
Rodent Pest Control	SAT ___ UNSAT ___	SAT ___ UNSAT ___	SAT ___ UNSAT ___
Storage/Handling of Flammables	SAT ___ UNSAT ___	SAT ___ UNSAT ___	SAT ___ UNSAT ___
Combustibles	SAT ___ UNSAT ___	SAT ___ UNSAT ___	SAT ___ UNSAT ___
Toxics	SAT ___ UNSAT ___	SAT ___ UNSAT ___	SAT ___ UNSAT ___
Caustics	SAT ___ UNSAT ___	SAT ___ UNSAT ___	SAT ___ UNSAT ___
Safety Devices have been inspected and are operational	SAT ___ UNSAT ___	SAT ___ UNSAT ___	SAT ___ UNSAT ___

Report the presence of any machinery hazards, repairs to be made to same, and/or recommendations for correction of same. Use back of this form if more space is needed. \_\_\_\_\_

Was a Maintenance Repair Request prepared for any of these deficiencies? Yes \_\_\_ No \_\_\_

SIGNATURE AND TITLE OF INSPECTORS:

\_\_\_\_\_ 1st Shift

\_\_\_\_\_ 2nd Shift

\_\_\_\_\_ 3rd Shift\*

\*3rd SHIFT GOING OFF WILL FORWARD TO FIRE/SAFETY OFFICER