

Department of Labor and Economic Opportunity
Consultation Education and Training Division

Self-Inspection Checklist

RECORDKEEPING

	OK	Action Needed
1. Is there a copy of the Michigan Occupational Safety and Health Act in your place of business, and is it kept where it is accessible to all employees?	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the Michigan Safety and Health Protection on the Job poster displayed in your place of business where all employees are likely to see it?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you aware of the requirement to report all work-related fatalities to MIOSHA within 8 hours? Additionally, are you aware of the requirement to report all work-related inpatient hospitalizations, amputations, and losses of an eye to MIOSHA within 24 hours?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are work-related injury and illness records being kept as required by MIOSHA?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you aware that the MIOSHA annual summary of work-related injuries and illnesses must be posted by February 1 and must remain posted until April 30?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are you aware that employers with 10 or fewer employees are exempt from MIOSHA's recordkeeping requirements, unless they are part of an official BLS or state survey and have received specific instructions to keep records?	<input type="checkbox"/>	<input type="checkbox"/>
7. Have you demonstrated an active interest in safety and health matters by defining the policy of the business and communicating this to all employees?	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have a safety and health committee or group that allows participation of employees in safety and health activities?	<input type="checkbox"/>	<input type="checkbox"/>
9. Does the safety and health committee or group meet regularly and report, in writing, its activities?	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you provide safety and health training for all employees requiring such training, and is it documented?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are you aware of the requirement for annual electronic submission of Form 300A "Summary of Work-Related Injuries and Illnesses" to OSHA by some establishments?	<input type="checkbox"/>	<input type="checkbox"/>

ELECTRICAL

	OK	Action Needed
1. Do you have electrical installations in hazardous dust or vapor areas, and if so do they meet the NEC for hazardous locations?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are all electrical cords strung so they do not hang on pipes, nails, hooks, etc.?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is all conduit, BX cable, etc., properly attached to all supports and tightly connected to junction and outlet boxes?	<input type="checkbox"/>	<input type="checkbox"/>
4. Is there no evidence of fraying on any electrical cords?	<input type="checkbox"/>	<input type="checkbox"/>
5. Are metallic cable and conduit systems properly grounded?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are portable electric tools and appliances grounded or of the double insulated type?	<input type="checkbox"/>	<input type="checkbox"/>

EXITS AND ACCESS

	OK	Action Needed
1. Are all exits visible and unobstructed?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are all exits marked with a readily visible sign that is properly illuminated or self-luminous?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are there sufficient exits to ensure prompt escape in case of emergency?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there sufficient exits based on workplace?	<input type="checkbox"/>	<input type="checkbox"/>
5. Doors easy to open or have panic hardware (no slide bolts, hasps, hooks and eyes, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Are exit routes clearly visible or marked?	<input type="checkbox"/>	<input type="checkbox"/>
7. Non-exit doors marked?	<input type="checkbox"/>	<input type="checkbox"/>
8. Exit signs posted with not less than 6" letters?	<input type="checkbox"/>	<input type="checkbox"/>
9. Emergency exits maintained clear of ice and snow?	<input type="checkbox"/>	<input type="checkbox"/>

FIRE PROTECTION

	OK	Action Needed
1. Are fire extinguishers provided in adequate number and type?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are fire extinguishers recharged regularly and properly noted on inspection tag?	<input type="checkbox"/>	<input type="checkbox"/>
3. Are fire extinguishers mounted in readily accessible locations?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are plant employees periodically instructed in the use of extinguishers and fire protection procedures?	<input type="checkbox"/>	<input type="checkbox"/>
5. Proper types, sizes, and number?	<input type="checkbox"/>	<input type="checkbox"/>
6. Location marked and accessible?	<input type="checkbox"/>	<input type="checkbox"/>
7. Inspected monthly and annually?	<input type="checkbox"/>	<input type="checkbox"/>
8. Employees trained in use?	<input type="checkbox"/>	<input type="checkbox"/>
9. Covered containers for collection of waste?	<input type="checkbox"/>	<input type="checkbox"/>
10. Combustible scrap and debris removed from work areas at regular intervals?	<input type="checkbox"/>	<input type="checkbox"/>

HOUSEKEEPING AND GENERAL WORK ENVIRONMENT

	OK	Action Needed
1. Are NO SMOKING signs prominently posted for areas containing combustibles and flammables?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are covered metal waste cans used for oily and paint soaked waste?	<input type="checkbox"/>	<input type="checkbox"/>
3. Operator work stations clear of clutter and other hazards?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are materials (including scrap and debris) piled, stacked, or placed in a container in a manner that does not create a hazard to an employee?	<input type="checkbox"/>	<input type="checkbox"/>

MACHINES AND EQUIPMENT

	OK	Action Needed
1. Are all machines or operations that expose operators or other employees to rotating parts, pinch points or particles, or sparks adequately guarded?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are mechanical power transmission components belts, pinch points, and nip points guarded?	<input type="checkbox"/>	<input type="checkbox"/>
3. Is exposed power transmission shafting less than 7 feet from the floor guarded?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are hand tools and other equipment regularly inspected for safe condition?	<input type="checkbox"/>	<input type="checkbox"/>
5. Is compressed air used for cleaning less than 30 psi (hand held safety nozzle)?	<input type="checkbox"/>	<input type="checkbox"/>
6. Is there sufficient clearance from stoves, furnaces, etc., for stock, woodwork or other combustible materials?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are welding cylinders stored so they are not subjected to damage?	<input type="checkbox"/>	<input type="checkbox"/>
8. Are valve protecting caps in place?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are all combustible materials near the operator covered with protective shields or otherwise protected?	<input type="checkbox"/>	<input type="checkbox"/>
10. Published lockout procedure?	<input type="checkbox"/>	<input type="checkbox"/>
11. Each machine and equipment provided with own means of power, disconnect, capable of being locked out (tag acceptable on 110v plug in equipment or tools)?	<input type="checkbox"/>	<input type="checkbox"/>
12. Actuating controls guarded against accidental actuation?	<input type="checkbox"/>	<input type="checkbox"/>
13. Emergency stopping devices or control within reach of operator's designated position?	<input type="checkbox"/>	<input type="checkbox"/>
14. Provision made to prevent unintentional start up upon restoration of lost power (where unexpected actuation could cause injury)?	<input type="checkbox"/>	<input type="checkbox"/>
15. Guards securely fastened?	<input type="checkbox"/>	<input type="checkbox"/>
16. Are revolving barrels, containers, or drums exposed to contact guarded with interlocked access?	<input type="checkbox"/>	<input type="checkbox"/>

MATERIALS

	OK	Action Needed
1. Are approved safety cans or other acceptable containers used for handling and dispensing flammable liquids?	<input type="checkbox"/>	<input type="checkbox"/>
2. Are all flammable liquids that are kept inside buildings stored in proper storage containers or cabinets?	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have a NO SMOKING rule enforced in areas involving storage and use of hazardous materials?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are NO SMOKING signs posted where needed?	<input type="checkbox"/>	<input type="checkbox"/>
5. Containers covered when not in use?	<input type="checkbox"/>	<input type="checkbox"/>
6. Approved pumps-self closing faucets?	<input type="checkbox"/>	<input type="checkbox"/>
7. Labeled "Flammable-Keep Fire Away?"	<input type="checkbox"/>	<input type="checkbox"/>

WELDING AND CUTTING

	OK	Action Needed
1. Oxygen separated 20' from fuel gas, or flammable or combustible liquids, or other highly combustible materials, or 5' wall of non-combustible construction to separate O2 and fuel gas	<input type="checkbox"/>	<input type="checkbox"/>
2. Away from heat or source of ignition?	<input type="checkbox"/>	<input type="checkbox"/>
3. Valve caps in place?	<input type="checkbox"/>	<input type="checkbox"/>
4. In racks or chained upright?	<input type="checkbox"/>	<input type="checkbox"/>
5. Labeled as to contents?	<input type="checkbox"/>	<input type="checkbox"/>
6. Marked full or empty?	<input type="checkbox"/>	<input type="checkbox"/>
7. Personal protective equipment used (gloves, helmets, aprons, capes, etc.) as conditions require?	<input type="checkbox"/>	<input type="checkbox"/>
8. Safety glasses being worn under helmets?	<input type="checkbox"/>	<input type="checkbox"/>

PERSONAL PROTECTIVE EQUIPMENT IN USE

	OK	Action Needed
1. Safety glasses (side shields)?	<input type="checkbox"/>	<input type="checkbox"/>
2. Face shields?	<input type="checkbox"/>	<input type="checkbox"/>
3. Special goggles?	<input type="checkbox"/>	<input type="checkbox"/>
4. Foot protection (safety shoes)?	<input type="checkbox"/>	<input type="checkbox"/>
5. Gloves?	<input type="checkbox"/>	<input type="checkbox"/>
6. Aprons?	<input type="checkbox"/>	<input type="checkbox"/>
7. Hazard assessment?	<input type="checkbox"/>	<input type="checkbox"/>
8. Certification?	<input type="checkbox"/>	<input type="checkbox"/>
9. Required to be used?	<input type="checkbox"/>	<input type="checkbox"/>
10. Employees trained in proper use?	<input type="checkbox"/>	<input type="checkbox"/>
11. Written procedures for use of personal protective equipment?	<input type="checkbox"/>	<input type="checkbox"/>

Michigan Department of Labor and Economic Opportunity
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For further information or to request consultation, education and training services
call 517-284-7720

or

visit our website at www.michigan.gov/miosha

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