

Monthly Safety Inspection Checklist

Location:

Name of Inspector(s):

Date of Inspection:

Inspection Items	✓	Corrective Action Planned	Who is Responsible	Action Date
Packing Area and Other Buildings				
Floors: <ul style="list-style-type: none"> • Clean • Free of debris 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Areas and Walkways: <ul style="list-style-type: none"> • Free of obstructions 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Yard: <ul style="list-style-type: none"> • Tidy • Unused equipment removed • Brush clean short • No smoking signs where required 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Warning Signs: <ul style="list-style-type: none"> • Location • Legibility • Unobstructed 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Electrical: <ul style="list-style-type: none"> • Adequate lighting • Disconnect switches accessible • No extension cords near water 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Ventilation: <ul style="list-style-type: none"> • Doors open for fumes 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Ladders: <ul style="list-style-type: none"> • In good repair • No orchard ladders used inside 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			



Fire Equipment: <ul style="list-style-type: none"> • Conspicuously located and unobstructed • Monthly inspection completed 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Conveyors: <ul style="list-style-type: none"> • All guards in place • No pinch points • Ability to adjust working heights 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Mobile Equipment				
Operator Practices: <ul style="list-style-type: none"> • Speed appropriate • Yields to pedestrians • Damage reported • Only approved operators driving • Seat belts used • Hearing protection in open cabs 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Operator Daily Inspection: <ul style="list-style-type: none"> • Thoroughness • Uses daily inspection forms • Turns in form and informs supervisor of needs • Refuels equipment at night 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Maintenance of Equipment				
Planned Maintenance: <ul style="list-style-type: none"> • Performed on schedule • Required repairs made when P.M indicates need • Records kept 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Safety Devices: <ul style="list-style-type: none"> • ROPS on all equipment • Master shield in place • Seat belt in place • SMV decal 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Hazards: <ul style="list-style-type: none"> • Fluid leaks • Hydraulic lines in good condition • Battery secured • Keys removed over night • Sprayers not leaking • All controls labeled 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Pesticides and Chemicals				



Storage: <ul style="list-style-type: none"> • All have labels • Liquids stored below dry chemicals • No open containers • No spills • Good ventilation in storage • Sign on door in good condition • Door locked at all times • PPE used at filling station • No pesticides at filling station 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
MSDS: <ul style="list-style-type: none"> • Available for all chemicals • Dated within 3 years 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
First Aid and Emergency Information				
First Aid: <ul style="list-style-type: none"> • Kits in each truck • Kits complete • Attendant tickets posted • Signage for calling an attendant 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Emergency Information: <ul style="list-style-type: none"> • Emergency info sign in shop • Emergency info in lunchroom 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Orchard				
Irrigation: <ul style="list-style-type: none"> • Repairs completed 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Surfaces: <ul style="list-style-type: none"> • Holes filled within 1 day • No rocks on roadways 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Other Notes:				

