

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			
Overhead Conditions: <ul style="list-style-type: none"> • Lift chains poor condition • Correct chain use • Air hose not used for clothing • Light too low • No smoking in shop 	<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			
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			



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 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			



<ul style="list-style-type: none"> • Battery secured • Keys removed over night • Sprayers not leaking • All controls labeled 				
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			
Vineyard				
Irrigation: <ul style="list-style-type: none"> • Repairs completed 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A			
Wires/Posts: <ul style="list-style-type: none"> • No wires poking out • Repairs done within 30 days • All employees using glasses in vines 	<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:



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AgriSafe Culture

Please use the checklist as a guideline for building your own checklist.