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| --- |
| **Company Name:** |
| **Location:** |
| **Name of Inspector(s):** |
| **Date of Inspection:** |
| **Inspection Items** |
| **Packing Area and Other Buildings** |
| **Floors:*** Clean
* Free of debris
 | * Yes
* No
* N/A
 |
| Corrective Action: | Who is Responsible: |
| Action Date: |
| **Areas and Walkways:*** Free of obstructions
 | * Yes
* No
* N/A
 |
| Corrective Action: | Who is Responsible: |
| Action Date: |
| **Yard:*** Tidy
* Unused equipment removed
 | * Brush clean short
* No smoking signs where required
 | * Yes
* No
* N/A
 |
| Corrective Action: | Who is Responsible: |
| Action Date: |
| **Warning Signs:*** Location
 | * Legibility
* Unobstructed
 | * Yes
* No
* N/A
 |
| Corrective Action: | Who is Responsible: |
| Action Date: |
| **Electrical:*** Adequate lighting
 | * Disconnect switches accessible
* No extension cords near water
 | * Yes
* No
* N/A
 |
| Corrective Action: | Who is Responsible: |
| Action Date: |
| **Ventilation:*** Doors open for fumes
 | * Yes
* No
* N/A
 |
| Corrective Action: | Who is Responsible: |
| Action Date: |
| **Ladders:** * In good repair
* No orchard ladders used inside
 | * Yes
* No
* N/A
 |
| Corrective Action: | Who is Responsible: |
| Action Date: |
| **Fire Equipment:*** Conspicuously located and unobstructed
* Monthly inspection completed
 | * Yes
* No
* N/A
 |
| Corrective Action: | Who is Responsible: |
| Action Date: |
| **Conveyors:*** All guards in place
* No pinch points
* Ability to adjust working heights
 | * Yes
* No
* N/A
 |
| Corrective Action: | Who is Responsible: |
| Action Date: |
| **Mobile Equipment** |
| **Operator Practices:*** Speed appropriate
* Yields to pedestrians
* Damage reported
 | * Only approved operators driving
* Seat belts used
* Hearing protection in open cabs
 | * Yes
* No
* N/A
 |
| Corrective Action: | Who is Responsible: |
| Action Date: |
| **Operator Daily Inspection:*** Thoroughness
* Uses daily inspection forms
 | * Turns in form and informs supervisor of needs
* Refuels equipment at night
 | * Yes
* No
* N/A
 |
| Corrective Action: | Who is Responsible: |
| Action Date: |
| **Maintenance of Equipment**  |
| **Planned Maintenance:*** Performed on schedule
 | * Required repairs made when P.M indicates need
* Records kept
 | * Yes
* No
* N/A
 |
| Corrective Action: | Who is Responsible: |
| Action Date: |
| **Safety Devices:*** ROPS on all equipment
* Master shield in place
 | * Seat belt in place
* SMV decal
 | * Yes
* No
* N/A
 |
| Corrective Action: | Who is Responsible: |
| Action Date: |
| **Hazards:*** Fluid leaks
* Hydraulic lines in good condition
* Battery secured
 | * Keys removed over night
* Sprayers not leaking
* All controls labeled
 | * Yes
* No
* N/A
 |
| Corrective Action: | Who is Responsible: |
| Action Date: |
| **Pesticides and Chemicals** |
| **Storage:*** 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
 | * Yes
* No
* N/A
 |
| Corrective Action: | Who is Responsible: |
| Action Date: |
| **MSDS:*** Available for all chemicals
* Dated within 3 years
 | * Yes
* No
* N/A
 |
| Corrective Action: | Who is Responsible: |
| Action Date: |
| **First Aid and Emergency Information** |
| **First Aid:*** Kits in each truck
* Kits complete
 | * Attendant tickets posted
* Signage for calling an attendant
 | * Yes
* No
* N/A
 |
| Corrective Action: | Who is Responsible: |
| Action Date: |
| **Emergency Information:*** Emergency info sign in shop
* Emergency info in lunchroom
 | * Yes
* No
* N/A
 |
| Corrective Action: | Who is Responsible: |
| Action Date: |
| **Orchard** |
| **Irrigation:*** Repairs completed
 | * Yes
* No
* N/A
 |
| Corrective Action: | Who is Responsible: |
| Action Date: |
| **Surfaces:*** Holes filled within 1 day
* No rocks on roadways
 | * Yes
* No
* N/A
 |
| Corrective Action: | Who is Responsible: |
| Action Date: |
| **MISC** |
|  | * Yes
* No
* N/A
 |
| Corrective Action: | Who is Responsible: |
| Action Date: |
|  | * Yes
* No
* N/A
 |
| Corrective Action: | Who is Responsible: |
| Action Date: |
|  | * Yes
* No
* N/A
 |
| Corrective Action: | Who is Responsible: |
| Action Date: |
| **Other Notes:** |