

Monthly Safety Inspection Checklist - Orchard

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

Ladders:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<ul style="list-style-type: none"> In good repair No orchard ladders used inside 		
Corrective Action:	Who is Responsible:	
	Action Date:	
Fire Equipment:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<ul style="list-style-type: none"> Conspicuously located and unobstructed Monthly inspection completed 		
Corrective Action:	Who is Responsible:	
	Action Date:	
Conveyors:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<ul style="list-style-type: none"> All guards in place No pinch points Ability to adjust working heights 		
Corrective Action:	Who is Responsible:	
	Action Date:	
Mobile Equipment		
Operator Practices:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<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 		
Corrective Action:	Who is Responsible:	
	Action Date:	
Operator Daily Inspection:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<ul style="list-style-type: none"> Thoroughness Uses daily inspection forms Turns in form and informs supervisor of needs Refuels equipment at night 		
Corrective Action:	Who is Responsible:	
	Action Date:	
Maintenance of Equipment		
Planned Maintenance:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<ul style="list-style-type: none"> Performed on schedule Required repairs made when P.M indicates need Records kept 		
Corrective Action:	Who is Responsible:	
	Action Date:	
Safety Devices:		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<ul style="list-style-type: none"> ROPS on all equipment Master shield in place Seat belt in place SMV decal 		
Corrective Action:	Who is Responsible:	
	Action Date:	

Hazards: <ul style="list-style-type: none"> Fluid leaks Hydraulic lines in good condition Battery secured 		<ul style="list-style-type: none"> Keys removed over night Sprayers not leaking All controls labeled 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Corrective Action:		Who is Responsible:	
		Action Date:	
Pesticides and Chemicals			
Storage: <ul style="list-style-type: none"> All have labels Liquids stored below dry chemicals No open containers No spills 		<ul style="list-style-type: none"> 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
Corrective Action:		Who is Responsible:	
		Action Date:	
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
Corrective Action:		Who is Responsible:	
		Action Date:	
First Aid and Emergency Information			
First Aid: <ul style="list-style-type: none"> Kits in each truck Kits complete 		<ul style="list-style-type: none"> Attendant tickets posted Signage for calling an attendant 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Corrective Action:		Who is Responsible:	
		Action Date:	
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
Corrective Action:		Who is Responsible:	
		Action Date:	
Orchard			
Irrigation: <ul style="list-style-type: none"> Repairs completed 			<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Corrective Action:		Who is Responsible:	
		Action Date:	

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
Corrective Action:	Who is Responsible:	
	Action Date:	
MISC		
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Corrective Action:	Who is Responsible:	
	Action Date:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Corrective Action:	Who is Responsible:	
	Action Date:	
		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Corrective Action:	Who is Responsible:	
	Action Date:	
Other Notes:		