|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **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: | |
| **Overhead Conditions:**   * Lift chains poor condition * Correct chain use | * Air hose not used for clothing * Light too low * No smoking in shop | | | * 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: | |
| **Fire Equipment:**   * Conspicuously located and unobstructed * Monthly inspection completed | | | | * 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: | |
| **Vineyard** | | | | |
| **Irrigation:**   * Repairs completed | | | | * Yes * No * N/A |
| Corrective Action: | | | Who is Responsible: | |
| Action Date: | |
| **Wires/Posts:**   * No wires poking out | | * Repairs done within 30 days * All employees using glasses in vines | | * 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:** | | | | |