

Monthly Safety Inspection Checklist - Vineyard

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 • 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 • 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 • Disconnect switches accessible • No extension cords near water 	
Corrective Action:	Who is Responsible:
	Action Date:
Overhead Conditions:	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
<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 	
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 • Disconnect switches accessible • No extension cords near water 	

Corrective Action:	Who is Responsible:	
	Action Date:	
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
Corrective Action:	Who is Responsible:	
	Action Date:	
Ventilation: <ul style="list-style-type: none"> Doors open for fumes 		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Corrective Action:	Who is Responsible:	
	Action Date:	
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
Corrective Action:	Who is Responsible:	
	Action Date:	
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
Corrective Action:	Who is Responsible:	
	Action Date:	
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
Corrective Action:	Who is Responsible:	
	Action Date:	
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
Corrective Action:	Who is Responsible:	
	Action Date:	
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
Corrective Action:	Who is Responsible:	
	Action Date:	

Maintenance of Equipment

Planned Maintenance:		<ul style="list-style-type: none"> • Required repairs made when P.M indicates need • Records kept 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Corrective Action:	Who is Responsible:		
		Action Date:	
Safety Devices:		<ul style="list-style-type: none"> • Seat belt in place • SMV decal 	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A
Corrective Action:	Who is Responsible:		
		Action Date:	
Hazards:		<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"> • 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"> • 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:	
Vineyard		
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:	
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
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:		