

## FACILITY SAFETY INSPECTION CHECKLIST

**Production**

**Name:** \_\_\_\_\_ **Facility Name:** \_\_\_\_\_

**Inspection**

**Conducted By:** \_\_\_\_\_ **Today's Date:** \_\_\_\_\_

Signature/Printed Name

**INSTRUCTIONS:** For each inspection item, "YES" indicates that the inspection item complies with all requirements, and "NO" indicates that a deficiency was identified during the inspection. Include observations and comments for all items marked "NO". Any items corrected during the inspection should be noted on this inspection form. Mark "N/A" if Not Applicable. Contact the Safety Program Director if you have questions.

Hazard Inspected	Yes/No	Observations/Comments/ Corrective Action Completed
<b>GENERAL</b>		
General housekeeping in good order.		
Safety Poster completed and displayed in a location where all employees are likely to see it.		
AMPTP Safety Bulletins attached to Call Sheet.		
First aid supplies stocked and clean.		
Materials are stacked, piled, or racked in a manner that will prevent them from collapsing.		
Projecting nails and screws removed or bent over.		
Waste containers provided and used.		
Personal protective equipment (PPE), e.g., safety glasses, gloves, closed-toe shoes, as required by the PPE Hazard Assessment Form.		
Illumination is adequate for the tasks performed.		
Fire extinguishers marked and accessible.		
Four-foot perimeter, aisles and passageways free of hazards.		
Working surfaces are dry or otherwise slip resistant.		
Trip hazards removed or covered.		
Flats appropriately secured and braced.		
Pits and floor openings covered or otherwise guarded.		
Ramps in good condition and have guardrails.		
Standard stair rails or handrails on all stairways having four or more risers.		
Scaffolding in good condition.		
All exits free of obstructions.		
Directions to exits, when not immediately apparent, marked with visible signs.		
<b>PAINTS AND CHEMICAL PRODUCTS</b>		
Covered metal cans used for paint and paint-soaked waste.		
Portable eye wash station present.		
Paints, adhesives, solvents and chemicals kept in closed containers when not in use.		
Each container for a hazardous substance (vats, bottles, storage tanks, etc.) labeled with product identity and a hazard warning.		
Pressure vessels/cylinders properly stored.		
All propane has been removed from the stage.		
<b>AERIAL PLATFORMS, LADDERS &amp; WORKING AT HEIGHTS</b>		
Only trained and authorized personnel allowed to operate aerial platforms and scissor lifts.		

Hazard Inspected	Yes/No	Observations/Comments/ Corrective Action Completed
Approved and inspected safety harnesses and lanyards worn when using aerial platforms or working at heights.		
All ladders maintained in good condition. (Take note of joints between steps and side rails, all hardware and fittings, and movable parts.)		
Ladders kept clear of doorways, exits, and passageways.		
Ladders are secured to prevent slipping, sliding or falling.		
When a ladder is used to gain access to an elevated work area, the ladder extends at least 3 feet above the elevated surface.		
When hoisting material or equipment, provisions made to assure no one will be passing under the suspended loads.		
<b>PERMANENTS &amp; GREENBEDS</b>		
Guardrails (top and middle) and toeboards present on all sides of the catwalks (except at the entrance to stairways or ladders).		
Fall protection systems being used.		
Handrails and midrails in place on greenbeds, where appropriate.		
Cables properly stored, "laced" or run uniformly and flat down one side of catwalk and greenbed.		
<b>ELECTRICAL</b>		
No frayed or damaged cords or plugs.		
Electrical cords or cables routed neatly to prevent tripping.		
Lighting in good working order.		
All set lights and/or overhead lighting fixtures (e.g., chandeliers) have a safety tie.		
<b>OFFICE</b>		
Proper exits marked and Emergency Action Plan provided which includes clearly marked exits and location of fire extinguishers.		
No flammable chemicals in office.		
Smoking area designated out of the office and away from flammable materials.		
<b>Other hazards observed?</b>		
<b>Comments/Notes:</b>		
Submit copies of the completed form to 1st Assistant Director <u>and</u> to the Safety Program Director. File the original in the Production Office. Note date corrective actions completed if different from inspection date.		