SAFETY AUDIT CHECKLIST

Written Programs Audit

Location:		
Audited by:	Date:	
Check the box under Y for "yes" or N for "	'no" to determine if each item is within compliance.	Item # Repair Date
Y N Personal protective equipme	nt Comments:	
□ □ 1. Does the employer have a written pro on hazard assessment documentation? 1910132(d)(2)		-
□ □ 2. Does the employer have a written pro on respiratory protection? 1910.134(c)		-
Emergency & fire prevention		
□ □ 3. Does the employer have a written emorgency action plan? 1910.38(b)	er-	_
☐ ☐ 4. Does the employer have a written fire vention plan? 1910.39(b)	pre-	_
Bloodborne pathogens		_
□ □ 5. Does the employer have a bloodborne pathogens written program? 1910.1030(c)(1)		-
Confined spaces		-
□ □ 6. Does the employer have a permit-required confined space entry written program 19146(c)(4) and (d)		-
Lockout tagout		_
☐ ☐ 7. Does the employer have written energy control procedures? 1910.147(c)(4)	gy	-
Electrical		_
□ □ 8. Does the employer have a written pro for electrical lockout and tagout procedures? 1910.333(b)(2)(i)		-
9. Does the employer have a written equipment grounding conductor program? 1910.304(b)(30(ii)(C)	nip-	-
Chemical	-	-
9. Does the employer have a written haz communication plan? 1910.1200(e)(1)		-
□ □ 10. Does the employer have a written che cal hygiene plan? 1910.1200(e)(1)	nemi-	_
□ □ 11. Does the employer have a written prosafety management program? 1910.1	ocess 19	_
□ □ 12. Does the employer have a written as compliance program? 1910.1001(f)(2)		-
Notes:	<u> </u>	