Massachusetts Coalition
For Occupational Safety And Health

Sample Health & Safety Checklist/Survey

HAZARDS (Specify the department(s) where these hazards are found and describe problem in the space provided)

___1. Too hot _____
___2. Too cold or drafty _____
___3. Sudden temperature changes _____
___4. Poor lighting _____
___5. Obstruction in aisles _____
___6. Exposed wires or other electrical problems _____
___7. Wet or slippery floor _____
___8. Faulty handjack _____
___9. Forklift in poor condition _____
___10 Have you had any training to operate forklift _____
___11. Inadequate ventilation_____
___12. Machines lacking guards _____
___13. Machines poorly maintained _____
___14. Improper storage of dangerous materials _____
___15. Excessive noise _____
___16. Excessive vibration _____
___17. Machines poorly maintained _____
___18. Poor housekeeping or inadequate: _____

___Bathroom _____
___Change areas _____
___Lunch rooms _____
___19. Heavy lifting _____
___20. Repetitive work _____
___21.Inadequate protection from fire _____
___22. Inadequate or unclear marked Emergency Exits _____
___23. Workers inadequately trained for jobs _____

24. Do you work with chemicals? Yes___ No___
What kind/what are they used for _____
Did you receive proper training on the chemicals you work with? Yes___ No___

25. Does the company always provide, at no cost, the appropriate safety equipment like gloves, protective hearing devices, helmet, etc? Yes___ No___

26. Is there a first-aid kit station or rest area in your shop? Yes___ No___

27. Are medical personnel available or persons trained in first-aid kit? Yes___ No___

Health and Safety Survey

Name (optional) _____
Work location and department _____
Job title _____ # of years in this position _____
Hourly wage _____

1. Have you ever been injured or became sick because of working conditions? Yes___ No___
2. If yes what type of injury or illness?

___Burns | Describe problem: _____
___Cuts | Describe problem: _____
___Eye injury | Describe:_____
___Hearing loss | Describe:_____
___Back injury_____
___Muscle strain | Describe:_____
___Broken bones | Describe:_____
___Throat/lung problems | Describe:_____
___Skin problems/allergies | Describe:_____
___Nausea/dizziness/headaches | Describe:_____
___Anxiety/irritability/unusual fatigue _____

3. What caused your injury or illness? : _____
4. Did you report your injury or illness? __ yes ___ no
5. Did you miss time at work as a result of your injury or illness? Yes___ No___
How much time did you miss at work? _____
6. Did you receive workers' compensation? __ yes ___ no