



Quarterly Workplace Inspection Checklist

Date: _____ Command: _____
Department: _____ Work Center / Section: _____
Department Head: _____ Total Employees: _____
SNCOIC or Supervisor: _____ CDSO (Safety Rep): _____
Buildings Inspected: _____

Safety Management System (SMS)

Does the Work Center / Section have a CDSO Turnover Binder? ☐ YES ☐ NO

Is the CDSO Turnover Binder up to date with all required information?
See StaO 5100.1, Chapter 1, Paragraph 1009 for requirements. ☐ YES ☐ NO

Does the Work Center / Section have a Safety Board? ☐ YES ☐ NO

Is the Work Center / Section Safety Board current with all required information?
See StaO 5100.1, Chapter 1, Paragraph 1009 for requirements. ☐ YES ☐ NO

Has CDSO completed required training from Installation Safety Office? ☐ YES ☐ NO

Is the Corrective Action Plan (CAP) and Hazard Abatement Log (HAL) updated every 30 days
and provided to the safety office? ☐ YES ☐ NO ☐ N/A

Risk Management

Are Job Hazard Analysis (JHA) reviewed annually? ☐ YES ☐ NO ☐ N/A

Are Deliberate Risk Assessment Worksheets (DD-2297) completed and signed by appropriate
leadership for all events (organized PT, shop functions, etc.) to recognize and control hazards? ☐ YES ☐ NO ☐ N/A

Personnal Protective Equipment (PPE)

Are personnel properly utilizing all PPE required for assigned tasks (forklift operation,
painting, woodworking, mowing, etc.)? ☐ YES ☐ NO ☐ N/A

Walking Working Surfaces

Are all walking-working surfaces maintained in clean and dry conditions, in good repair, with
no obstructions, free of defects (holes, poles, tree roots, etc.) that can endanger employees or
interfere with handling of materials or hinder people leaving during emergencies? ☐ YES ☐ NO ☐ N/A

Are all fixed ladders guarded or have restricted access? ☐ YES ☐ NO ☐ N/A

Are all portable ladders inspected for serviceability to include labeling identifying maximum
load limits clearly visible? ☐ YES ☐ NO ☐ N/A

Electrical Safety

Are extension cords utilized safely?

Note: Prohibited to be ran through or affixed to walls, ceilings, windows, or doorways.

Note: Stringing of extension cords, surge protectors, or uninterruptible power supplies (i.e., daisy chain or splitting), or going from one cord to several (i.e., tree branching), is prohibited.

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
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Are all appliances (e.g., toasters, coffeemakers, blenders, etc.), refrigerators, microwave ovens, and space heaters plugged directly into wall outlets?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
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Do all electrical switches and outlets have covers?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
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Is there a minimum of 36" of clearance in front of electrical panels to allow for required maintenance?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
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Traffic Safety

Have active-duty new joins completed Driver's Awareness training within 60 days of joining their first command?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
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Do personnel hold appropriate and valid licensing credentials for vehicles they operate on public roadways (GOV & POV)?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
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Are active motorcycle riders attending monthly Motorcycle Mentorship Program (MMP) meetings as operational duties permit?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
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Is motorcycle rider training current and recorded in MCTIMS?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
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Hearing Conservation

Does Work Center / Section have readily accessible variety of hearing protection devices with appropriate Noise Reduction Rating (NRR) or Impulsive Peak Insertion Loss (IPIL)?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
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Are affected personnel enrolled in the Hearing Conservation Program (HCP) and retention of appropriate audiogram status reports, and HCP training records maintained (MRRS for Military and ESAMS for Civilians)?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
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Are personnel wearing appropriate hearing protection devices when exposed to occupationally hazardous noise as determined by Industrial Hygiene (IH) Surveys, signage, or equipment manuals?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
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Hazardous Material Communication

Does the Work Center / Section have a written Hazardous Material Communication Plan?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
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Are all hazardous materials (HM) inventoried at least semi-annually?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
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Is all HM that is identified on the workplace inventory listed on the installation Authorized Use List (AUL)?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
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Are Safety Data Sheets (SDS) readily accessible to personnel for all HM utilized in the workspace?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
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Are emergency eye wash stations near where hazardous material is stored and inspected weekly or per manufacturer's instructions?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
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Are all HM (to include lithium batteries) properly stored to include secondary containment and compatibility requirements?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
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Recreational and Off Duty Safety (RODS)

Are liberty briefs conducted prior to holiday periods?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
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Is RODS material posted in the workplace (posters, notices, etc.)?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
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If there is unit-owned fitness equipment, does it meet the same safety standards as MCCA fitness equipment?

<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
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Heat and Cold Stress Injury Prevention

Is the Wet Bulb Globe Temperature (WBGT) reviewed prior to conducting organized physical training (https://usmc.sharepoint-mil.us/sites/mciwest_miramar/s3/WEATHER/SitePages/LearningTeamHome.aspx)?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
If your Work Center / Section is required to post WBGT Flag Conditions are changes to flag conditions received and the appropriate flag flown?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A

Ergonomics

Is Ergonomics annual training completed for all personnel in ESAMS?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
Are all chairs and desks serviceable and ergonomic friendly?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
Are items stacked on shelves according to weight and size (i.e. heavier, bulkier items should be stacked lower and lighter smaller items higher)?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A

Fire or Life Safety

Are all Fire Extinguishers, AED, Exit Signs, and/or Emergency Lighting inspected on a monthly	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
Are all Fire Extinguishers, AED, Exit Signs, Fire Alarm Pull Stations, Sprinkler Heads, and/or Emergency Lighting clear and unobstructed?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
Are elements of the Emergency Action Plan incorporated into the workspace and briefed to personnel (Fire Evacuation Plan Maps, Fire Bills, Bomb Threat Checklists, etc.)?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A

Asbestos

Are personnel that may have the potential for exposure to Asbestos Containing Material (ACM) provided annual awareness training that is documented?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
Are all asbestos hazards or hazard areas identified with warning signs and labels to warn all potentially exposed personnel?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A

Lead

Are personnel that may have the potential for exposure to Lead Containing Material provided annual awareness training that is documented?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
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Machine Guarding

Are all machinery with pinch, crush, or cut points properly guarded?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
Is machinery attended while in operation?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
Is the wearing of jewelry banned when working around rotating equipment?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
Are grinder tool rests adjusted to no more than 1/8" from abrasive wheel and tongue guards adjusted to no more than 1/4" from wheel?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
Is proper dust abatement conducted in the workspace such as vacuum systems properly installed or general cleanup conducted after use of equipment?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A

Material Handling Equipment (MHE) with Powered Industrial Trucks

Are MHE (forklift, etc.) operators identified, licensed, certified, and medically qualified (OPNAV 8020/6) with appropriate documentation?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
Are operators performing daily pre-operational and post-operational safety inspections to ensure the MHE is operating properly?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
Is MHE (vehicle lifts, jacks, jack stands, forklifts, etc.) inspected annually or as required and documented?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A

Weight Handling Equipment (WHE) AKA Cranes

Are all personnel that are required to operate WHE identified, medically qualified (OPNAV 8020/6) and licensed with appropriate documentation?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
Are operators performing daily pre-operational and post-operational safety inspections to ensure the WHE is operating properly?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
Is the maximum load capacity posted on each piece of lifting equipment (cranes, derricks, etc.)?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A

Respiratory Protection

Does the Work Center / Section have a Respirator Protection Program Standard Operation Procedure (SOP) in writing?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
Is the Work Center / Section Respiratory Protection Program Manager (RPPM) properly trained? See StaO 5100.1, Chapter 3, Paragraph 2009 for requirements.	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
Is the RPPM appointed in writing by the Work Center / Section Supervisor?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
Are all personnel required to wear respirators identified and properly trained by the Work Center / Section RPPM with documentation?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A

Hazardous Energy Control (LO/TO)

Did the OIC or Supervisor appoint in writing a Hazardous Energy Control LO/TO coordinator?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
Is training being conducted on annual basis and documented for affected workers?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
Has the Workspace / Section LO/TO coordinator conducted an annual review of the LO/TO Program?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A

Fall Protection

Does the work center supervisor ensure all personnel required to wear fall protection are identified and properly trained with documentation?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
Does the work center supervisor ensure a fall protection competent person is designated in writing?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
Is fall protection equipment being inspected according to manufacturer recommendations by the competent person?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A

Confined Space

Are all workplace confined spaces identified and labeled "CONFINED SPACE" ' DO NOT ENTER'?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
Do all personnel involved in the Permit Required Confined Space Program (PRCSP) receive initial training, and an Authorize PRCSEP Personnel Letter submitted to the Installation Confined Space Program Manager at least annually?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
Is annual awareness training being conducted and documented?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A

Bloodborne Pathogens (BBP)

Are all personnel that are required to handle bodily fluids in their duties part of the Bloodborne Pathogens Program (BBPP) and receive required medical evaluations that are entered in ESAMS for Civilians and MRRS for Military?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
Is initial and annual training conducted for all personnel enrolled in the BBPP and documentation retained?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
Is waste potentially containing BBPs disposed of properly?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A

LASER Safety

Are all LASER equipment inventoried and a copy sent to the Installation Laser Safety Officer at least annually?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
Are all personnel properly trained on use of LASER equipment with documentation?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A

Radiation Safety

Is an accurate inventory of all radioactive materials maintained by the RPA and a copy sent to the Installation Radiation Safety Manager at least annually?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A
Is there a Radiation Protection Assistant (RPA) appointed in writing?	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO	<input type="checkbox"/>	N/A