

MONTHLY BUILDING INSPECTION CHECKLIST*

To be performed every 30 days

Company Name: _____ Inspection Date: _____

Inspected by: _____

Supervisor Signature (spot checked): _____

	CONDITION		DATE
	OK	ACTION REQUIRED	Date Contractor Called and/or Work Completed
AEDs - Ready, accessible, pads, batteries, supplies, CPR mask			
Air Compressors - Belt guards in place			
Air Hoses - Good condition, and no bubbles, tears, tape, or worm clamps			
Bench Grinder - Tongue guard 1/4", tool rest 1/8", eye protection sign			
CO Detector - In place, functional [Location(s): _____]			
Cylinders - Secured, oxygen separated from all flammables and oil by 20'			
Electrical Cords - Ground pins, no exposed wiring, no tape			
Electrical Panel Box - 3' clear space, door closed, no openings			
Emergency Lights - Test for battery function			
Exits - Intact, lit, battery function test, not blocked, no deadbolts, etc.			
Eye Wash Stations - Clean, accessible, functional, fluid change due date _____			
Fire Extinguishers - Mounted, sign, clear space, pin, needle, date & initial tag			
First Aid Kit - Stocked, meets minimum requirements			
Flammable Liquids - Closed when not in use, grounding straps when needed			
Floor Grates/Openings - No gaps, open spaces, or trip hazards			
Floor Mats at Entrances - 6' summer, 10' winter			
Gas Cans - Approved metal cans only			
Ladders - Good condition, stored properly (secured or laying down)			
Parts Washers - If flammable, fusible link in place, cover closed			
Rolling Ladders - Rubber stoppers/feet intact			
Safety Data Sheets - Location identified			
Shop Towels - Utilizing proper containers			
Spray Bottles - Properly labeled, GHS compliant			
Sprinkler Valve - Clear space/ access			
Torches - Gauges/hoses in good condition, flash back arrestors & lens in place			

*Note: Also conduct tank and lift inspection forms monthly

Copies of completed form should be kept on file for 12 months.