



## Monthly Safety Inspection Checklist

Name of Location:

Name of Inspector(s):

Date:

### Packing Area and Other Buildings

Inspection Items	Yes, No or Not Applicable (Circle one)	Corrective Action Planned	Who is Responsible	Action Date
<b>Floors</b> - Clean - Free of Debris	Yes No N/A Yes No N/A			
<b>Areas and walkways</b> - Free of obstructions?	Yes No N/A			
<b>Yard</b> - Tidy - Unused equipment removed - Brush clean short - No smoking signs where required	Yes No N/A Yes No N/A Yes No N/A Yes No N/A			
<b>Warning Signs</b> - Location  - Legibility  - Unobstructed	Yes No N/A  Yes No N/A  Yes No N/A			

<b>Electrical</b> <ul style="list-style-type: none"> <li>- Adequate Lighting</li> <li>- Disconnect switches accessible</li> <li>- No extension cords near water</li> </ul>	<b>Yes No N/A</b> <b>Yes No N/A</b> <b>Yes No N/A</b>			
<b>Ventilation</b> <ul style="list-style-type: none"> <li>- Doors open for fumes</li> </ul>	<b>Yes No N/A</b>			
<b>Ladders</b> <ul style="list-style-type: none"> <li>- In good repair</li> <li>- No orchard ladders used inside</li> </ul>	<b>Yes No N/A</b> <b>Yes No N/A</b>			
<b>Fire Equipment</b> <ul style="list-style-type: none"> <li>- Conspicuously located and unobstructed</li> <li>- Monthly inspection completed</li> </ul>	<b>Yes No N/A</b> <b>Yes No N/A</b>			
<b>Conveyors</b> <ul style="list-style-type: none"> <li>- All guards in place</li> <li>- No pinch points</li> <li>- Ability to adjust working heights</li> </ul>	<b>Yes No N/A</b> <b>Yes No N/A</b> <b>Yes No N/A</b>			
<b>Mobile Equipment</b>				
<b>Operator Practices</b> <ul style="list-style-type: none"> <li>- Speed appropriate</li> <li>- Yields to pedestrians</li> <li>- Damage reported</li> <li>- Only approved operators driving</li> <li>- Seat belts used</li> <li>- Hearing protection in open cabs</li> </ul>	<b>Yes No N/A</b> <b>Yes No N/A</b> <b>Yes No N/A</b> <b>Yes No N/A</b> <b>Yes No N/A</b> <b>Yes No N/A</b>			

<b>Operator Daily Inspection</b> <ul style="list-style-type: none"> <li>- Thoroughness</li> <li>- Uses daily inspection forms</li> <li>- Turns in form and inform supervisor of needs</li> <li>- Refuels equipment at night</li> </ul>	<b>Yes No N/A</b> <b>Yes No N/A</b> <b>Yes No N/A</b> <b>Yes No N/A</b>			
<b>Maintenance of Equipment</b>				
<b>Planned Maintenance</b> <ul style="list-style-type: none"> <li>- Performed on schedule</li> <li>- Required repairs made when P.M. indicates need</li> <li>- Records kept</li> </ul>	<b>Yes No N/A</b> <b>Yes No N/A</b> <b>Yes No N/A</b>			
<b>Safety Devices</b> <ul style="list-style-type: none"> <li>- ROPS on all equipment</li> <li>- Master shield in place</li> <li>- Seat belt in place</li> <li>- SMV decal</li> </ul>	<b>Yes No N/A</b> <b>Yes No N/A</b> <b>Yes No N/A</b> <b>Yes No N/A</b>			
<b>Hazards</b> <ul style="list-style-type: none"> <li>- Fluid leaks</li> <li>- Hydraulic lines in good condition</li> <li>- Battery secured</li> <li>- Keys removed overnight</li> <li>- Sprayers not leaking</li> <li>- All controls labeled</li> </ul>	<b>Yes No N/A</b> <b>Yes No N/A</b>  <b>Yes No N/A</b> <b>Yes No N/A</b> <b>Yes No N/A</b> <b>Yes No N/A</b>			

<b>Pesticides and Chemicals</b>				
<b>Storage</b>				
- All have labels	Yes	No	N/A	
- Liquids below dry chemicals	Yes	No	N/A	
- No open containers	Yes	No	N/A	
- No spills	Yes	No	N/A	
- Good ventilation in storage	Yes	No	N/A	
- Sign on door in good condition	Yes	No	N/A	
- Door locked at all times	Yes	No	N/A	
- PPE used at filling station	Yes	No	N/A	
- No pesticides at filling station	Yes	No	N/A	
<b>MSDS</b>				
- Available for all chemicals	Yes	No	N/A	
- Dated within 3 years	Yes	No	N/A	
<b>First Aid and Emergency Information</b>				
- Kits in each truck	Yes	No	N/A	
- Kits complete	Yes	No	N/A	
- Attendant tickets posted	Yes	No	N/A	
- Signage on calling attendant	Yes	No	N/A	
- Emergency info sign in shop	Yes	No	N/A	
- Emergency info at lunchroom	Yes	No	N/A	
<b>Orchard</b>				
<b>Irrigation</b>				
- Repairs Completed	Yes	No	N/A	
<b>Surfaces</b>				
- Holes filled within 1 day	Yes	No	N/A	
- No rocks on roadways	Yes	No	N/A	

**Other Notes:**

Please use the following **Checklist** as a guideline to building your own checklist.