

VEHICLE REPAIR SHOP Health & Safety Inspection Report

Instructions: Checklist items should be circled "Y" for Yes, "N" for No, or "N/A" for Not Applicable. ● For every item circled "N" (No), provide the "Corrective Action." ● Once corrected, provide date correction completed.
 ● Items not listed in this report may be included under Item V "Additional Notes" at the end of this form.

Distribution: On completion of the INSPECTION, the inspection report should be signed, the original retained by the department, and a copy provided to the **Departmental Safety Representative (DSR)** in charge of the area. The DSR will take responsibility for forwarding the copy to the **Office of Environmental Health & Safety**.

INSPECTION CONDUCTED BY (*print*): _____ Phone: _____
 E-mail: _____ Campus: _____ Building: _____ Dept: _____ Floor/Rm Nos: _____

Date of Inspection: _____

CHECKLIST ITEMS	CORRECTIVE ACTION	Correction Date
I. VENTILATION		
1. Shop has system for exhausting toxic vapors such as carbon monoxide and other solvents to the outside	Y N N/A _____	_____
2. Floor fans are covered front and back with guards with opening not more than 1/2"	Y N N/A _____	_____
II. TIRE OPERATIONS		
1. Tire airing cage is available and used when mounting tires requiring locking rings	Y N N/A _____	_____
2. When tires are mounted outside of shop, locking rings are chained to tire	Y N N/A _____	_____
3. Proper friable asbestos control equipment is used when changing brake shoes containing asbestos	Y N N/A _____	_____
III. SERVICE AND MAINTENANCE		
1. Jacks are in good condition	Y N N/A _____	_____
2. Battery chargers are in good condition	Y N N/A _____	_____
3. Hand carts are available for moving batteries	Y N N/A _____	_____
4. Acid carboys are available	Y N N/A _____	_____
5. Sparkplug cleaner is in good condition	Y N N/A _____	_____
6. Parts are cleaned in dip tank	Y N N/A _____	_____
7. Dip tank has fusible link that is operable (allows top to close in the event of fire)	Y N N/A _____	_____

III. SERVICE AND MAINTENANCE (cont'd)

8. Combustible or flammable solvents for parts cleaning are used with proper ventilation	Y	N	N/A	_____	_____
9. Hand tools are in good condition, (hammers, wrenches, striking tools, etc.)	Y	N	N/A	_____	_____
10. Power tools are in good condition (electrical cords, air hoses, etc.)	Y	N	N/A	_____	_____
11. The chain hoist is inspected regularly and is in good condition	Y	N	N/A	_____	_____
12. Grinder wheel is guarded (spindle end and nut covered)	Y	N	N/A	_____	_____
13. Grinder workrest is adjusted to no more than 1/8" from wheel	Y	N	N/A	_____	_____
14. The grinder is securely fastened to bench or floor stand	Y	N	N/A	_____	_____

IV. GENERAL

1. Gasoline is not used to clean parts	Y	N	N/A	_____	_____
2. Work bays and aisles are defined by painted lines on floors	Y	N	N/A	_____	_____
3. Air pressure used for cleaning is discharged at no more than 30 psi	Y	N	N/A	_____	_____
4. Personal protective equipment is available (face, skin, respiratory protection) as needed	Y	N	N/A	_____	_____
5. First aid kit is available	Y	N	N/A	_____	_____

V. HOUSEKEEPING

1. At time of inspection, floors were free of oil and grease	Y	N	N/A	_____	_____
2. Absorbent compound is available for covering oil and grease spots	Y	N	N/A	_____	_____
3. Work benches were neat and clean	Y	N	N/A	_____	_____

VI. FIRE PROTECTION

1. The shop is equipped with A-B-C type fire extinguisher(s)	Y	N	N/A	_____	_____
2. Extinguisher(s) appropriately maintained and provided with up-to-date tag (within 1 month)	Y	N	N/A	_____	_____
3. Approved safety cans available for disposing of oily rags and flammable liquids	Y	N	N/A	_____	_____

VII. ADDITIONAL NOTES

The person conducted the inspection, as indicated on the front page of this report, should provide his/her signature below.

SIGNATURE OF INSPECTOR

NOTE:

Please remember that inspection reports are to be submitted QUARTERLY to the Departmental Safety Representative(DSR) in charge of the area. The DSR will then forward the report to the Office of Environmental Health & Safety.