

Pre-Shift Workplace Inspection

This checklist is to be performed prior to use

Do not operate equipment unless this form is completed for your shift!

Date: _____

Name: _____

Signature: _____

	Yes	No	N/A	Comments
Site				
Ramps				
Loading Docks				
Racking				
Pallets				
Hazardous Loads				
Hazardous Atmosphere				
Balance Loads				
Good Lighting				
Clear Aisles				
Debris on the Floor				
Slopes				
Drop Offs				
Spot Holes				
Cracks or Loose Flooring				
Pedestrian Crossing / Walkways				
Lighting				
Wind and Weather				
Vehicle Traffic				
Safety				
Flush Stations				
MSDS Materials				
Signage				
Mirrors				

Workplace Layout