



Monthly Health and Safety Statistics

Date: _____

| Health & Safety Item | Quantity |
|-------------------------------------|-----------------|
| Inspection(s) Conducted: | |
| • Monthly Facility Inspection | |
| • PPE Inspections | |
| • Hoist Inspections | |
| • Other: _____ | |
| Safety Toolbox Talks Completed | |
| Safety Committee Meetings Completed | |
| Workplace Injuries | |
| Workplace Near Misses | |
| Worker Concerns: | |
| • Reported | |
| • Investigated | |
| • Resolved | |
| Work Refusals: | |
| • Reported | |
| • Investigated | |
| • Resolved | |

Statistics Compiled by: _____

Manager: _____

Shop: _____
 Month: _____
 Completed By: _____

EMERGENCY EQUIPMENT

1. FIRE EXTINGUISHERS

Extinguishers are not showing any signs of over/under pressure, signed off monthly, hoses/nozzles in place, and pins intact.

| | | |
|------------------------------|---------------------------------|-------------------------------|
| OK: <input type="checkbox"/> | Issue: <input type="checkbox"/> | N/A: <input type="checkbox"/> |
| Any Red Tags Present: | Yes: <input type="checkbox"/> | No: <input type="checkbox"/> |
| | | |
| | | |

2. FIRST AID KITS

Kits are readily accessible, undamaged, and stocked with necessary equipment as per regulations.

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|------------------------------|---------------------------------|-------------------------------|
| OK: <input type="checkbox"/> | Issue: <input type="checkbox"/> | N/A: <input type="checkbox"/> |
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3. EYE WASH STATION

Run the water to ensure proper pressure and functioning correctly, 3ft clearance enforced, and guards in place.

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|------------------------------|---------------------------------|-------------------------------|
| OK: <input type="checkbox"/> | Issue: <input type="checkbox"/> | N/A: <input type="checkbox"/> |
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4. EMERGENCY LIGHTING

Use test button on lights to ensure bulbs not burnt out. Ensure annual inspection completed

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|------------------------------|---------------------------------|-------------------------------|
| OK: <input type="checkbox"/> | Issue: <input type="checkbox"/> | N/A: <input type="checkbox"/> |
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5. PPE (PERSONAL PROTECTIVE EQUIPMENT)

Ensure the following PPE are available and in good condition for all staff members. Safety Glasses, Hearing Protection, Hand Protection, Respirators (Stored Properly).

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|------------------------------|---------------------------------|-------------------------------|
| OK: <input type="checkbox"/> | Issue: <input type="checkbox"/> | N/A: <input type="checkbox"/> |
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PAINT BOOTHS

1. PAINT BOOTH – FIRE SUPPRESSION SYSTEM

Ensure cylinders/system not showing any signs of over/under pressure, signed off monthly, hoses/nozzles in place, and pins intact. Ensure annual inspection has been completed.

| | | |
|---|---------------------------------|-------------------------------|
| OK: <input type="checkbox"/> | Issue: <input type="checkbox"/> | N/A: <input type="checkbox"/> |
| Date of Last Inspection (check sticker/tags): | | |
| | | |
| | | |

2. PAINT BOOTH – FILTERS

Ensure paint booth filters are being changed on schedule. Check with your painter as to last time filters were changed.

| | | |
|------------------------------|---------------------------------|-------------------------------|
| OK: <input type="checkbox"/> | Issue: <input type="checkbox"/> | N/A: <input type="checkbox"/> |
| | | |
| | | |

3. PAINT BOOTH – AIR SUPPLY

Ensure the fresh air supply is working and staff are using the correct equipment while painting. Check with your painter for feedback.

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|------------------------------|---------------------------------|-------------------------------|
| OK: <input type="checkbox"/> | Issue: <input type="checkbox"/> | N/A: <input type="checkbox"/> |
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4. PAINT BOOTH – CLEAR OF COMBUSTIBLE MATERIALS

Ensure that there is a 3ft clearance of all combustible materials around and over the paint booth.

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|------------------------------|---------------------------------|-------------------------------|
| OK: <input type="checkbox"/> | Issue: <input type="checkbox"/> | N/A: <input type="checkbox"/> |
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5. PAINT BOOTH – VENTILATION SYSTEM

Check with your painter if the ventilation system is running and if any general maintenance is required.

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|------------------------------|---------------------------------|-------------------------------|
| OK: <input type="checkbox"/> | Issue: <input type="checkbox"/> | N/A: <input type="checkbox"/> |
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6. PAINT MIXING – FUME HOOD

Ensure that it is present and working over the paint mixing station(s).

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|------------------------------|---------------------------------|-------------------------------|
| OK: <input type="checkbox"/> | Issue: <input type="checkbox"/> | N/A: <input type="checkbox"/> |
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TOOLS/EQUIPMENT

1. MACHINE GUARDS

Ensure all guards in place on machines/equipment. Includes saws, presses, grinders, frame machines, etc. Ensure annual inspections are completed.

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|------------------------------|---------------------------------|-------------------------------|
| OK: <input type="checkbox"/> | Issue: <input type="checkbox"/> | N/A: <input type="checkbox"/> |
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2. VEHICLE LIFTS – DAILY INSPECTIONS

Ensure daily inspections of vehicle lifts and frame machines are occurring as per the time ticket sign offs.

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|---|---------------------------------|-------------------------------|
| OK: <input type="checkbox"/> | Issue: <input type="checkbox"/> | N/A: <input type="checkbox"/> |
| Date of Last Inspection (check sticker/tags): | | |
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| | | |

3. VEHICLE LIFTS – ANNUAL INSPECTIONS

Ensure annual inspections of lifts are occurring as per expiration sticker on machine(s).

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|------------------------------|---------------------------------|-------------------------------|
| OK: <input type="checkbox"/> | Issue: <input type="checkbox"/> | N/A: <input type="checkbox"/> |
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COMPRESSED GAS AND FLAMMABLE MATERIALS

Ensure that gas cylinders are separated by gas type. Ensure that gas cylinders are secured from tipping.

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|------------------------------|---------------------------------|-------------------------------|
| OK: <input type="checkbox"/> | Issue: <input type="checkbox"/> | N/A: <input type="checkbox"/> |
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SHOP

1. GENERAL HOUSEKEEPING

Ensure that the exits are clearly identified, have clear access, can open freely, and have not electrical malfunctions (overhead doors). Ensure that the shop walkways are work areas are clear of any tripping hazards, and garbage's are emptied to avoid overflow. Ensure that electrical cords are not frayed.

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|------------------------------|---------------------------------|-------------------------------|
| OK: <input type="checkbox"/> | Issue: <input type="checkbox"/> | N/A: <input type="checkbox"/> |
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2. ELECTRICAL BOXES

Ensure all electrical boxes have a 3ft clearance of materials and ensure that doors are closed.

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|------------------------------|---------------------------------|-------------------------------|
| OK: <input type="checkbox"/> | Issue: <input type="checkbox"/> | N/A: <input type="checkbox"/> |
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3. PARTS STORAGE

Ensure that parts shelves are secured from tipping, and items are stored safely (heavy items on the bottom, lighter items on top).

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|------------------------------|---------------------------------|-------------------------------|
| OK: <input type="checkbox"/> | Issue: <input type="checkbox"/> | N/A: <input type="checkbox"/> |
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4. ENVIRONMENT

Ensure proper ventilation in the shops for air quality. Ensure that shops are not too loud, and employee have proper hearing protections PPE.

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|------------------------------|---------------------------------|-------------------------------|
| OK: <input type="checkbox"/> | Issue: <input type="checkbox"/> | N/A: <input type="checkbox"/> |
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5. EMPLOYEES

Ensure that all employees are following procedures and rules (wearing proper PPE, etc).

| | | |
|------------------------------|---------------------------------|-------------------------------|
| OK: <input type="checkbox"/> | Issue: <input type="checkbox"/> | N/A: <input type="checkbox"/> |
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SAFETY INFORMATION

1. SAFETY BOARD

Ensure that safety board is free from clutter, all postings are relevant, and it is readily accessible to all staff members.

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|------------------------------|---------------------------------|-------------------------------|
| OK: <input type="checkbox"/> | Issue: <input type="checkbox"/> | N/A: <input type="checkbox"/> |
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| | | |

2. EVACUATION PLAN POSTED

Plan posted is accurate and up to date with clear visuals of exits, emergency equipment, and muster point.

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|------------------------------|---------------------------------|-------------------------------|
| OK: <input type="checkbox"/> | Issue: <input type="checkbox"/> | N/A: <input type="checkbox"/> |
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3. EMERGENCY CONTACTS

Ensure that a list of general emergency numbers are posted and up to date.

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|------------------------------|---------------------------------|-------------------------------|
| OK: <input type="checkbox"/> | Issue: <input type="checkbox"/> | N/A: <input type="checkbox"/> |
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I hereby acknowledge that the monthly facility inspection has been completed. Any additional information, paperwork, or pictures have been forwarded to the correct parties for review.

SIGNATURE