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General Safety Walk Audit

Inspection Details

Report #: _____

Location: _____

Inspection Date: _____

Inspector Name: _____

Vehicle Details

Vehicle # : _____

Vehicle Category : _____

Vehicle Name : _____

VIN #: _____

Meter Reading: _____

Model/Year: _____

Fire Prevention

SN	Inspection Item	Note	Yes	No	NA
1	Has an annual fire drill been conducted and documented?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	Is hot work being performed in accordance with Hot Work permit requirements and all flammable and combustible materials protected?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	Are flammable fuel areas labeled as flammable, no smoking?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	Are propane cylinders stored correctly?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	Are oxygen and fuel gas cylinders stored upright, secured and with caps in place and kept separated by at least 20 feet or a fireproof barrier?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	Are flammables and combustibles properly stored in accordance with OSHA and NFPA requirements?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	Is the fire suppression system green tagged and has it been inspected within the last 12 months?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	Are sprinkler heads free from obstructions for at least 18 inches?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9	Are areas around fire extinguishers, riser rooms and standpipes free from obstruction?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10	Have fire extinguishers had an annual inspection and a documented inspection within the last 30 days?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11	Are there adequate fire extinguishers in the area for classified hazards?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hazard Communication

SN	Inspection Item	Note	Yes	No	NA
12	Write Comments or Remarks here:		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13	Are chemicals being disposed of properly?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Are flammable storage areas and transfer stations appropriately bonded and grounded?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Are chemicals in appropriate secondary containment and storage location?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16	Are flammables and combustibles properly stored?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17	Are chemicals properly labeled in accordance with Globally Harmonized System requirements?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18	Are safety data sheets up to date and readily available to employees?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Forklifts & Lifts

SN	Inspection Item	Note	Yes	No	NA
19	Are forklifts being left unattended?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20	Is appropriate PPE being worn while in use and while refueling?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21	Are horns being used when entering/exiting a building and reversing?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22	Are operators wearing seatbelts during operation?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23	Have pre-shift inspections been conducted?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24	Are all operators trained & certified?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

First Aid

SN	Inspection Item	Note	Yes	No	NA
25	Are emergency numbers and directions posted?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

26	Are eyewash stations, first aid cabinets and AEDs kept clear at all times?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
27	Have first aid cabinets and AEDs been inspected within the last 30 days and no expired items found?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28	Are first responders available?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29	Are there adequate AEDs in the area?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30	Are first aid cabinets stocked and adequate?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31	Are eyewash stations adequate and been inspected weekly if plumbed and every 30 days if self contained?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Personal Protective Equipment

SN	Inspection Item	Note	Yes	No	NA
32	Have harnesses and lanyards had a documented inspection?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
33	Is respiratory protection being worn?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
34	Are proper gloves being worn?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
35	Is face protection being worn while grinding, chipping, cutting, welding, etc.?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36	Is hearing protection being worn?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37	Are safety glasses being worn at all times?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38	Are safety toed boots being worn?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Hand & Power Tools

SN	Inspection Item	Note	Yes	No	NA
39	Has proper training been conducted with employees on safe use?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
40	Are fixed tools properly anchored?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41	Is appropriate grounding in place?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42	Are extension cords in good condition and adequate for the tool being used?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43	Are tools in good condition and homemade/modified tools prohibited?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44	Is appropriate guarding in place and adjusted properly?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
45	Are proper tools being used for tasks being performed and being used correctly?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Cranes & Rigging

SN	Inspection Item	Note	Yes	No	NA
46	Have crane operators and riggers been certified?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47	Are cranes rigged correctly and being used safely?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48	Are slings and rigging in good condition?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49	Have cranes and rigging been inspected in the last 30 days and annually by a third party?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Housekeeping

SN	Inspection Item	Note	Yes	No	NA
50	Are bathrooms and break rooms on a sanitization schedule?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51	Are hoses, welding leads and cords organized in a manner as not to create a tripping hazard?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52	Are tools and materials properly stored?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53	Are empty waste containers available?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54	Is clean drinking water provided?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55	Are work areas and passageways clear?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

General Facility

SN	Inspection Item	Note	Yes	No	NA
56	Is signage, OSHA logs, evacuation route maps, etc. displayed and up to date?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57	Is lighting adequate for area?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58	Does ventilation and noise control appear to be adequate?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
59	Is the general appearance neat, tidy and organized?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
60	Are work areas and walkways free from slip, trip and fall hazards?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
61	Are emergency exits and passageways free from obstruction?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Barricades & Railing

SN	Inspection Item	Note	Yes	No	NA
62	Are proper barricades under work areas where work is being performed overhead?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

63	Are floor and wall openings protected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Additional Note

Overall Condition: _____
Vehicle Safe to Use: _____
Maintenance Priority: _____
Deployed: _____

Signature



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