**CHAPTER 24**

OSHA Compliance Checklist

Note: This is not a comprehensive checklist. It is designed for a typical corporate aviation maintenance department. You must consult the OSHA 1910 Regulations for specific requirements that may affect your operation.

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| **Location:** | **Date:** | **Auditor:** | |
| 1. **Administrative (1904)** | |  | Findings |
| A. Is the OSHA Safety & Health poster placed in a conspicuous area? | | Yes  No |  |
| B. Is an OSHA 300 Log (more than 10 employees) maintained. | | Yes  No |  |
| C. Is the annual OSHA 300a summary log posted between February 1 and April 30? | | Yes  No |  |
| D. Is medical assistance readily available? | | Yes  No |  |
| E. If the answer to D is “No,” are trained employees on basic first aid responder skills? | | Yes  No |  |
| F. Is there a documented Emergency Evacuation Plan? | | Yes  No |  |
| G. Are there emergency eye wash stations in areas with caustic/acid materials? | | Yes  No |  |
| H. Are employees are trained on the Emergency Evacuation Plan. | | Yes  No |  |
| 1. Walking and Working Surfaces and Fall Protection (1910.21 and 1926.50) | |  |  |
| A. Is fall protection provided for ALL walking and working surfaces that are at a height greater than 4 ft.? | | Yes  No |  |
| B. Is the required mid-rail installed on ALL stair railings? | | Yes  No |  |
| C. Is a toe-rail installed on ALL platform surfaces above the working floor level in order to prevent material from falling on individuals below? | | Yes  No |  |
| D. Are fall protection systems used by ALL employees working on surfaces and/or ladder systems greater than 6 ft.? | | Yes  No |  |
| E. Are ALL employees working at a height greater than 6 ft. trained on fall protection requirements? | | Yes  No |  |
| F. Are daily inspections conducted and a daily record maintained for ALL equipment involved in the fall protection program? | | Yes  No |  |
| G. Are ALL individuals working in mobile aerial lifts provided with full body fall protection systems and lanyards that are affixed to the mobile equipment? | | Yes  No |  |
| H. Is adequate lighting provided in all work areas? | | Yes  No |  |
| I. Is a standard guard rail installed on ALL open-side floors or platforms four feet or more above the adjacent floor? | | Yes  No |  |
| 1. Egress and Evacuation (1910.33) | |  |  |
| A. Is there a documented emergency action plan for the facility? | | Yes  No |  |
| B. Is there an employee alerting/alarm system? | | Yes  No |  |
| C. Are employees trained on emergency evacuation procedures? | | Yes  No |  |
| D. Are exits marked with visible signs and/or lighted signs if required? | | Yes  No |  |
| E. Are ALL exit routes free of obstructions? | | Yes  No |  |
| F. Are non-exit doorways properly marked IF they can be mistaken for an exit? | | Yes  No |  |
| 1. Hearing Conservation Program (1910.95) | |  |  |
| A. Have ALL employees who may be exposed to noise levels greater than 85 dB with eight-hour time weighted average been evaluated? | | Yes  No |  |
| B. Is there a hearing conservation program for ALL employees exposed to greater than 85 dB for an eight-hour time weighted average but less than 90 dB? | | Yes  No |  |
| C. Is training provided to ALL employees who are required to be in the hearing conservation program? | | Yes  No |  |
| D. Are various types of personal protective equipment provided? | | Yes  No |  |
| E. Is annual audiometric testing for those employees involved in the program conducted? | | Yes  No |  |
| 1. Hazardous Materials (1910.101) | |  |  |
| A. Are compressed cylinders chained or capped? | | Yes  No |  |
| B. Are fire control devices located in areas where flammable liquids are stored or used? | | Yes  No |  |
| C. Are flammable and combustible liquids stored in tanks or enclosed containers? | | Yes  No |  |
| D. When transferring Class I liquids (flammable), are the nozzle and container electrically interconnected (bonded)? | | Yes  No |  |
| E. Are signs posted to prohibit smoking in fueling areas or where flammable and combustible liquids are received, dispensed, or stored? | | Yes  No |  |
| F. Are flammable or combustible liquids stored in an approved storage cabinet? | | Yes  No |  |
| 1. Hazardous Waste Operations and Emergency Response (1910.120) | |  |  |
| A. Is there a documented emergency response plan for the facility? | | Yes  No |  |
| B. Have employees been trained for any duties they might perform during an emergency response? | | Yes  No |  |
| C. Is refresher training conducted at least annually? | | Yes  No |  |
| 1. Personal Protection Equipment (1910.132) | |  |  |
| A. Has a workplace hazard assessment been conducted to identify the types of personal protective equipment required for the current exposures in the facility? | | Yes  No |  |
| B. Is there a documented program? | | Yes  No |  |
| C. Has employee training been provided on the required types of personal protective equipment? | | Yes  No |  |
| D. Is there a system in place for removing and replacing defective and/or worn equipment? | | Yes  No |  |
| 1. **Respiratory Protection (1910.134)** | |  |  |
| A. Are respirators used (including paper dust marks)? | | Yes  No |  |
| B. If the answer to A is “Yes,” proceed to the next question. | | Yes  No |  |
| C. Are there defined methods to select the proper type of respirator? | | Yes  No |  |
| D. Are medical exams provided? | | Yes  No |  |
| E. Is “fit” testing conducted? | | Yes  No |  |
| F. Are there methods for cleaning and storing? | | Yes  No |  |
| G. Are inspections conducted and documented? | | Yes  No |  |
| 1. Confined Spaces (1910.146) | |  |  |
| A. Have ALL areas been identified on our property that may contain both permit and non-permit required confined spaces? | | Yes  No |  |
| B. Have ALL permit and non-permit required spaces been labeled? | | Yes  No |  |
| C. Is there a documented program that defines our confined space entry procedures or processes? | | Yes  No |  |
| D. Has training been provided to employees that may be required to enter or work in permit or non-permit required spaces? | | Yes  No |  |
| E. Are ventilation and rescue methods provided for confined space entries? | | Yes  No |  |
| F. Is there a documented contractor notification program of our confined space entry program? | | Yes  No |  |
| 1. Lockout/Tagout Standard (1910.147) | |  |  |
| A. Have ALL hazardous energy sources been identified? | | Yes  No |  |
| B. Is there a documented plan? | | Yes  No |  |
| C. Have employees been trained? | | Yes  No |  |
| D. Are locks or other methods provided to isolate energy sources? | | Yes  No |  |
| E. Are lockout processes marked on equipment? | | Yes  No |  |
| F. Is an annual review of the program conducted? | | Yes  No |  |
| 1. Fire Protection (1019.155) | |  |  |
| A. Have an adequate number of fire extinguishers been provided for the size of the facility? | | Yes  No |  |
| B. Are ALL fire extinguishers mounted properly? | | Yes  No |  |
| C. Are employees trained annually in the use of fire extinguishers? | | Yes  No |  |
| D. Are monthly inspections of the fire extinguishers conducted and records maintained? | | Yes  No |  |
| E. Is an annual inspection conducted on ALL fixed sprinkler and fire protection systems? | | Yes  No |  |
| 1. Powered Industrial Trucks (1910.178) | |  |  |
| A. Is initial training provided for all employees who operate powered industrial trucks? | | Yes  No |  |
| B. Are daily inspections conducted? | | Yes  No |  |
| C. Is there an out-of-service tagging/notification system for equipment that is inoperative? | | Yes  No |  |
| D. Has a three-year review of the program been conducted? | | Yes  No |  |
| E. Is knowledge testing conducted to ensure that employees understanding the training they have been provided? | | Yes  No |  |
| F. Is a certification/licensing program provided to verify employees have been trained in the operation of powered industrial trucks? | | Yes  No |  |
| 1. Overhead and Gantry Cranes (1910.179) | |  |  |
| A. Is initial training provided for all employees who operate overhead and gantry cranes? | | Yes  No |  |
| B. Are daily inspections conducted? | | Yes  No |  |
| C. Is there an out-of-service tagging/notification system for equipment that is inoperative? | | Yes  No |  |
| D. Has a three-year review of the program been conducted? | | Yes  No |  |
| E. Is knowledge testing conducted to ensure employees understanding the training they have been provided? | | Yes  No |  |
| 1. Machine Guarding (1910.211) | |  |  |
| A. Is machine guarding provided to protect employees from hazards of ongoing nip points, rotating parts, flying chips, and/or sparks? | | Yes  No |  |
| B. Are machines whose point of operation exposes an employee to injury properly guarded? | | Yes  No |  |
| C. Are grinding wheels property guarded and tools rests provided? | | Yes  No |  |
| D. Do radial saws and other types of saws have hoods or other adjustable guards? | | Yes  No |  |
| 1. Hand and Portable Powered Tools and Other Hand-Held Equipment (1910.241) | |  |  |
| A. Are tools in good condition? | | Yes  No |  |
| B. Are portable powered tools grounded? | | Yes  No |  |
| C. Is signage posted for use of proper PPE, e.g., eye protection? | | Yes  No |  |
| D. RESERVED. | | Yes  No |  |
| 1. Electrical Safety (1910.301) | |  |  |
| A. Have ALL disconnects and circuit breakers been labeled to identify its intended purpose? | | Yes  No |  |
| B. Are ALL exposed live electrical parts greater than 50 volts guarded against accidental contact? | | Yes  No |  |
| C. Are ALL electrical circuits greater than 200 volts marked as “High Voltage?” | | Yes  No |  |
| D. Are flexible electric cords and cables used as a substitute for fixed wiring? | | Yes  No |  |
| E. Does a certified electrician certify electrical systems? | | Yes  No |  |
| 1. Electrical Safety Work Practices (1910.332) | |  |  |
| A. Are employees who face the risk of electrical shock trained in safety-related work practices? | | Yes  No |  |
| B. Does training for employees who are not qualified persons include this Standard (as it applies to their job) and any other electrical safety practices? | | Yes  No |  |
| C. Does the training for qualified persons include: | |  |  |
| 1. How to distinguish exposed live parts? | | Yes  No |  |
| 1. How to determine nominal voltages? | | Yes  No |  |
| 1. The clearances and distances in the OSHA tables. | | Yes  No |  |
| D. Are live parts to which employees may be exposed de-energized before employees work near them? | | Yes  No |  |
| E. Does the facility have either a documented energization procedure or a copy of 1910.333 available for employees? | | Yes  No |  |
| F. Are locks and tags placed on each disconnecting means used to de-energize circuits? | | Yes  No |  |
| 1. Bloodborne Pathogens (1910.1030) | |  |  |
| A. Is there a documented exposure control program? | | Yes  No |  |
| B. Is awareness training provided initially and annually to employees? | | Yes  No |  |
| C. Are work practice control methods routinely enforced, such as washing, etc.? | | Yes  No |  |
| D. Is necessary personal protective equipment provided? | | Yes  No |  |
| E. Are Hepatitis B vaccinations provided to employees who may have occupationally required exposures such as first air responders, etc.? | | Yes  No |  |
| F. Are ALL hazardous containers labeled? | | Yes  No |  |
| G. Are post follow-up exposure monitoring methods provided? | | Yes  No |  |
| 1. **Hazard Communication Standard (1910.1200)** | |  |  |
| A. Is there current inventory of all chemicals on site? | | Yes  No |  |
| B. Are material safety data sheets (MSDS) maintained for all chemicals on-site? | | Yes  No |  |
| C. Are employees trained on the chemical hazards and safety precautions for the chemicals stored on-site? | | Yes  No |  |
| D. Is there a documented program? | | Yes  No |  |
| E. Are ALL containers labeled? | | Yes  No |  |
| F. Are training records maintained? | | Yes  No |  |
| G. Incorporate Hazcom 2012 procedures and training – no later than December 31, 2013. | | Yes  No |  |