

**SAFETY AND HEALTH INSPECTION CHECKLIST  
PLANT FACILITIES**

**INSTRUCTIONS:** Inspections are limited to items affecting FSIS personnel. The Safety & Health Inspector should indicate the condition of each item on the list by checking the "OK" or "ACTION NEEDED" column. If the item is not applicable, indicate "NA". When corrective action has been taken, describe the abatement procedure and the date completed.

ITEM	OK ( ✓ )	ACTION NEEDED ( ✓ )	CORRECTIVE ACTION TAKEN	DATE (MM/DD/YYYY)
<p>FLOOR HOLES (<i>DRAINS</i>)</p> <p>protected by floor hole guards (<i>drain covers</i>).</p>				
<p>WHEN FLOOR HOLE GUARDS ARE NOT IN PLACE, the opening attended to by a plant employee or protected by standard railings.</p>				
<p>ALL SLAUGHTER INSPECTION PLATFORMS 4 or more feet above the adjacent floor guarded by a railing and a toeboard on the rear of the platform and a toeboard on the "working" side.</p>				
<p>REGARDLESS OF HEIGHT, ALL PLATFORMS adjacent to dangerous equipment or similar hazards guarded with a railing and toeboard.</p>				
<p>HAND TOOLS <i>(such as knives and node hooks)</i> kept in safe condition. Knives handled in a safe manner.</p>				
<p>FAN BLADES less than 7 feet from the working area guarded with openings no larger than 1/2 inch.</p>				
<p>A LOCKOUT / TAGOUT PROGRAM utilized by Agency personnel to prevent unexpected energization of machines when performing servicing and maintenance activities.</p>				
<p>POWERED INDUSTRIAL TRUCKS <i>(fork lifts)</i> operated in a safe manner.</p>				
<p>HAZARD COMMUNICATION PROGRAM:</p> <p>a. chemical listing / inventory available.</p>				
<p>b. material safety data sheets available.</p>				
<p>c. container labeling adequate.</p>				
<p>d. employee training completed.</p>				
<p>HEARING CONSERVATION PROGRAM</p> <p>a. noise level monitoring conducted and FSIS 4791.20 posted.</p>				
<p>b. availability of audiometric testing.</p>				

## SAFETY AND HEALTH INSPECTION CHECKLIST - PLANT FACILITIES *(Continued)*

ITEM	OK ( ✓ )	ACTION NEEDED ( ✓ )	CORRECTIVE ACTION TAKEN	DATE (MM/DD/YYYY)
c. hearing protectors utilized.				
d. employee training accomplished.				
e. copy of OSHA Standard 1910.95, Occupational Noise Exposure available at workplace.				
CARBON DIOXIDE ( <i>DRY ICE</i> ) as an air contaminant does not exceed OSHA permissible exposure limits of 5,000 ppm time weighted average.				
PERSONAL PROTECTIVE EQUIPMENT Provided, Used, and Maintained:				
a. hard hat.				
b. scabbard.				
c. chain belt with breakaway link.				
d. safety knives.				
e. skid resistant footwear.				
f. flashlight.				
g. rubber gloves - dermatitis protection and hazardous chemicals.				
APPROPRIATE ACCIDENT PREVENTION SIGNS such as "Danger" or "Caution."				
USE OF "PACKING HOUSE SHUFFLE" when walking in slippery areas.				
FACILITIES FOR DRENCHING THE EYE OR BODY in case of exposure to corrosive materials.				
ENCROACHMENT BY PLANT EMPLOYEES into inspection station work areas.				
RAISING AND LOWERING MECHANISM OF INSPECTION STANDS adequate.				
COPY OF OSHA STANDARD 1910.1020 access to employee exposure and medical records maintained at workplace.				

## SAFETY AND HEALTH INSPECTION CHECKLIST - PLANT FACILITIES *(Continued)*

ITEM	OK ( ✓ )	ACTION NEEDED ( ✓ )	CORRECTIVE ACTION TAKEN	DATE (MM/DD/YYYY)
HEATING, VENTILATION OR AIR CONDITIONING adequate.				
SANITATION OF FACILITIES including rest rooms and cafeterias/lunchrooms adequate.				
FLOORS, HALLS, AISLES, AND STAIRWAYS are clear, uncluttered, and unobstructed.				
ALL STAIRWAYS equipped with handrails.				
ALL EXITS and exit routes free of obstructions.				
EXIT SIGNS adequately illuminated.				
NON-EXITS which could be mistaken for an exit are clearly marked "Not an Exit."				
EXIT DOORS not locked, <i>(May be equipped with "panic hardware.")</i>				
FIRE ALARMS provided.				
"SMOKING / NO SMOKING" areas posted.				
EVACUATION a. evacuation routes, and emergency telephone numbers posted.				
b. signs posted in elevators instructing employees to use stairs in case of fire.				
c. provisions made in case of an emergency, for the evacuation of disabled personnel.				
MEDICAL TREATMENT FACILITY available within a 15 minute response time for treatment of injured employees.				
IN THE ABSENCE OF A MEDICAL FACILITY, a person or persons trained to provide first aid and CPR and a first aid kit maintained.				
ELECTRICAL EQUIPMENT a. maintained in good working condition.				
b. properly grounded.				
c. wiring free of frayed insulation and worn plugs.				

## SAFETY AND HEALTH INSPECTION CHECKLIST - PLANT FACILITIES *(Continued)*

ITEM	OK ( ✓ )	ACTION NEEDED ( ✓ )	CORRECTIVE ACTION TAKEN	DATE (MM/DD/YYYY)
d. electrical and telephone cords crossing walkways or passageways covered with rubber channels.				
e. electrical stimulating equipment grounded, enclosed, and equipped with warning devices and signals.				
<b>ENTRYWAYS &amp; EXITS</b> kept clear of snow, ice, gravel, etc.				
<b>GENERAL LIGHTING</b> adequate.				
<b>GENERAL ENVIRONMENTAL CONTROLS</b> potable drinking water, toilet facilities, lavatories, and showers.				
<b>PERSONNEL DOSIMETERS</b> provided for employees exposed to radiation.				
<b>SAFE FACILITIES AND EQUIPMENT</b> for conducting ante-mortem inspection.				
<b>STEAM PIPES AND HOT VATS</b> properly guarded or insulated where inspection personnel could contact them.				
<b>POULTRY LINE DIVIDERS</b> functioning properly.				
<b>ALL BELTS, PULLEYS, ROTATING SHAFTS, CHAINS, SPROCKETS AND GEARS</b> guarded to protect personnel in the machine area.				
<b>MECHANICAL AND PERSONAL SECURITY PROCEDURE</b> (e.g. informing another person) to prevent inspection personnel being trapped or locked in an unsafe area such as a freezer.				
<b>JOB DESIGN, TOOLS AND EQUIPMENT</b> effectively prevent ergonomic hazards.				
<b>OTHER</b> <i>(List below)</i>				

NAME OF SAFETY AND HEALTH INSPECTOR <i>(Please print)</i>	SIGNATURE OF SAFETY AND HEALTH INSPECTOR
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