

SSI Consulting Solutions Safety Tour Checklist

Team Name	Supervisor	Shop	Tour Date (mm/dd/yy)	Sheet Status <small>(X Appropriate box)</small>			
				Incomplete		Completed	

Tour Participants

Name	Shop	Name	Shop	Name	Shop

Section One	Work Area						(Put X for discrepancies)						
(Put S if Satisfactory)		Description		S		X		Description		S		X	
First Aid Boxes			Emergency Lighting			Hallways			Housekeeping				
WHMIS Labels			Exit Markings			Stairs			Condition of Equip.				
Hose reels			Emergency Exit Safety			Fire Extinguishers			Condition of Tools				
Tripping Hazards			Electrical Cords						Machine Guarding				

Section One Comments: <small>(Record any discrepancies)</small>	Responsible	Date

Section Two	Knowledge and Compliance						(Put X for discrepancies)						
(Put S if Satisfactory)		Description		S		X		Description		S		X	
Lockout Conditions			Plant Safety Rep			Evacuation Procedure			Stop Sign Compliance				
Pull Boxes location			Emergency phone #			Marshalling area			Fork lift license				
Fire Exiting. location			Emer. phone location			Eye & Face Prot.			Hearing Protection				
			PPE compliance										

Section Two Comments: <small>(Record any discrepancies)</small>	Responsible	Date

Section Three	Shop Tour (Specific To Own Work Area)						(Put X for discrepancies)						
(Put S if Satisfactory)		Description		S		X		Description		S		X	

Section Three Comments: <small>(Record any discrepancies)</small>	Responsible	Date