

# OSHA Checklist

INJURY/ILLNESS LOGS	<input type="checkbox"/> OSHA 300 Log (Past 3 years & YTD) <input type="checkbox"/> OSHA 300A Summary ( Past 3 years)
PERSONAL PROTECTIVE EQUIPMENT	<input type="checkbox"/> PPE Hazard Assessment Certification <input type="checkbox"/> Written Policy <input type="checkbox"/> Certification of Training
EMERGENCY RESPONSE (Evacuation, Fire, Medical)	<input type="checkbox"/> Written Emergency Action Plan <input type="checkbox"/> Written Fire Prevention Plan <input type="checkbox"/> Evacuation Drill Records <input type="checkbox"/> Emergency Action Plan Training Records <input type="checkbox"/> Fire Extinguisher Training Records <input type="checkbox"/> First Aid/CPR Certification Records
HAZARD COMMUNICATION (Chemical Use, Storage, & Handling)	<input type="checkbox"/> Written Program <input type="checkbox"/> Listing of Hazardous Chemicals <input type="checkbox"/> Training Records
LOCKOUT/TAGOUT (Control of Hazardous Energy)	<input type="checkbox"/> Written Program <input type="checkbox"/> Specific Procedures <input type="checkbox"/> Periodic Inspections <input type="checkbox"/> Training Records of Authorized, Affected, and Other Employees
PERMIT REQUIRED CONFINED SPACES (PRCS)	<input type="checkbox"/> Written Program <input type="checkbox"/> Evaluation of spaces <input type="checkbox"/> Certification of Training
RESIRATORY PROTECTION	<input type="checkbox"/> Written Program <input type="checkbox"/> Medical Clearances <input type="checkbox"/> Fit Testing Records <input type="checkbox"/> Training Records
HEARING CONSERVATION	<input type="checkbox"/> Written Program <input type="checkbox"/> Hearing Test Records <input type="checkbox"/> List of Hearing Protection Offered <input type="checkbox"/> Training Records
BLOODBORNE PATHOGENS	<input type="checkbox"/> Written Program <input type="checkbox"/> Hepatitis B Declination Forms <input type="checkbox"/> Training Records
FORKLIFTS	<input type="checkbox"/> Written Program/Policy <input type="checkbox"/> Operator Training/Evaluation Records <input type="checkbox"/> Inspection/Maintenance Records
CRANES (Overhead or Mobile)	<input type="checkbox"/> Written Program/Policy <input type="checkbox"/> Inspection Records <input type="checkbox"/> Training Records
FALL PROTECTION	<input type="checkbox"/> Written Program/Policy <input type="checkbox"/> Training Records