

MOSH

GENERAL INDUSTRY CHECKLIST FOR SELF-INSPECTION

To Employers & Workers:

The Maryland Occupational Safety and Health Law covers each workplace or place of employment within the State where one or more employees work. Recognizing that hazards exist and planning ahead to properly control or eliminate them, helps protect the working men and women of our State and saves businesses time and money. A series of questions have been prepared which employers can use to assist in determining minimum requirements for safe and healthful workplace conditions.

This publication is not intended to be legal interpretation of the provisions of "MOSH" Law or standards or to place any additional requirements on employers or employees.

General

	YES	NEEDS ACTION
1. Is there a copy of the Maryland Occupational Safety and Health Law in your place of business, and is it accessible to all employees?.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Is the "MOSH Workplace Poster" displayed in your place of business where all employees are likely to see it, as required?.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Are you aware of the requirement to report to the Commissioner of Labor and Industry, within 8 hours, the occurrence of an employee accident which is either fatal to one or more employees or which results in the hospitalization of 3 or more employees?.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Are workplace injury and illness records being kept as required by MOSH?.....	<input type="checkbox"/>	<input type="checkbox"/>
5. Are you aware that the MOSH annual summary of workplace injuries and illnesses must be posted by February 1 and must remain posted until April 30?.....	<input type="checkbox"/>	<input type="checkbox"/>
6. Have you demonstrated an active commitment in safety and health matters by defining the policy of the business and communicating this to all employees?....	<input type="checkbox"/>	<input type="checkbox"/>
7. Do you have a safety committee or group that allows employee participation in safety and health activities?..	<input type="checkbox"/>	<input type="checkbox"/>
8. Does the safety committee or group meet regularly and report, in writing, its activities?.....	<input type="checkbox"/>	<input type="checkbox"/>
9. Do you have a current copy of the General Industry Standards (29 CFR 1910)?.....	<input type="checkbox"/>	<input type="checkbox"/>

General (Continued)

	YES	NEEDS ACTION
10. Do you provide safety and health training for all employees requiring such training, and is it documented?.....	<input type="checkbox"/>	<input type="checkbox"/>
11. Is one person clearly "in charge" of safety and health activities?.....	<input type="checkbox"/>	<input type="checkbox"/>
12. Do all employees know what to do in an emergency?....	<input type="checkbox"/>	<input type="checkbox"/>
13. Are emergency phone numbers posted?.....	<input type="checkbox"/>	<input type="checkbox"/>
14. Do you have a procedure for handling in-house employee complaints regarding safety and health?.....	<input type="checkbox"/>	<input type="checkbox"/>

Employee Health Protection

	YES	NEEDS ACTION
1. Is there a hospital, clinic, or infirmary for medical care within near proximity of your business?.....	<input type="checkbox"/>	<input type="checkbox"/>
2. If medical and first aid facilities are not in near proximity, do you have one or more employees trained in first aid?.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Are your first aid supplies adequate for your workplace?	<input type="checkbox"/>	<input type="checkbox"/>
4. Are there quick flush facilities available where employees are exposed to corrosive materials?.....	<input type="checkbox"/>	<input type="checkbox"/>
5. Did you assess the workplace to determine if hazards are present, or are likely to be present, which necessitate the use of personal protective equipment?	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have written certification that identifies the workplace evaluated; the person certifying that the evaluation has been performed; the date(s) of the hazard assessment and which identifies the document as a certification of the hazard assessment?.....	<input type="checkbox"/>	<input type="checkbox"/>
7. Did you provide training to each employee who is required to use personal protective equipment?.....	<input type="checkbox"/>	<input type="checkbox"/>
8. Do you have a written certification of the training that contains the names of employees, date of training, and identifies the subject of the training?.....	<input type="checkbox"/>	<input type="checkbox"/>
9. Are protective gloves, aprons, shields, or other means provided and used to prevent cuts and exposure to corrosive liquids and chemicals?.....	<input type="checkbox"/>	<input type="checkbox"/>
10. Are hard hats provided and worn where any danger of falling objects exists?	<input type="checkbox"/>	<input type="checkbox"/>
11. Are protective goggles or glasses provided and worn where there is any danger of flying particles or of corrosive materials endangering employees?.....	<input type="checkbox"/>	<input type="checkbox"/>
12. Are approved respirators provided for regular or emergency use when needed?.....	<input type="checkbox"/>	<input type="checkbox"/>

General Industry Checklist

Employee Health Protection (Continued)

	YES	NEEDS ACTION
13. Is all equipment maintained in a sanitary condition and available for use?.....	<input type="checkbox"/>	<input type="checkbox"/>
14. Is special protective equipment available for electrical workers, if needed?.....	<input type="checkbox"/>	<input type="checkbox"/>
15. Is there at least a 2-inch clearance between chimney brickwork and all woodwork or other combustible materials?.....	<input type="checkbox"/>	<input type="checkbox"/>
16. Is there sufficient clearance from stoves, furnaces, etc., for stock, woodwork, or other combustible materials?...	<input type="checkbox"/>	<input type="checkbox"/>
17. Is there clearance of at least 4 feet in front of heating equipment involving open flames as in gas radiant heaters, in front of firing doors of stoves, furnaces, etc.?.....	<input type="checkbox"/>	<input type="checkbox"/>
18. Are all oil and gas fired devices equipped with flame failure controls that will prevent flow of fuel if pilots or main burners go out?.....	<input type="checkbox"/>	<input type="checkbox"/>
19. Is protection against the effects of occupational noise exposure provided when the sound levels exceed those shown in Table G-16 of the OSHA/MOSH noise standard?.....	<input type="checkbox"/>	<input type="checkbox"/>
20. Is there a program for hearing conservation in effect when exposure to noise is above the level of 85 dBA 8 hour time weighted average?.....	<input type="checkbox"/>	<input type="checkbox"/>
21. For Confined Space Entry:		
a. Is constant communication provided for the employee(s) in a confined space?.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Is an adequate rescue procedure provided?.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Do you provide for adequate training in rescue and cardiac pulmonary resuscitation procedures for employees working inside and outside confined spaces?.....	<input type="checkbox"/>	<input type="checkbox"/>
22. When lunches are eaten on the premises, are they eaten in areas where there is no exposure to materials, and not in toilet facility areas?.....	<input type="checkbox"/>	<input type="checkbox"/>
23. For Welding or Flame Cutting Operations:		
a. Are only authorized, trained personnel permitted to use such equipment?.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Have operators been given a copy of operating instructions and asked how to follow them?.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Are welding glass cylinders stored so they are not subjected to damage?.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Are valve protecting caps in place?.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Are all combustible materials near the operator covered with protective shields or otherwise protected?.....	<input type="checkbox"/>	<input type="checkbox"/>
f. Is a fire extinguisher provided at the welding site?.....	<input type="checkbox"/>	<input type="checkbox"/>
g. Do operators have the proper protective equipment?.....	<input type="checkbox"/>	<input type="checkbox"/>

Workplace Electrical Wiring, Fixtures, and Controls

	YES	NEEDS ACTION
1. Are your workplace electricians familiar with the National Electric Code (NEC)?.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Do you specify compliance with NEC for all contract electrical work?.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you have electrical installations in hazardous dust or vapor areas, and if so, do they meet the NEC requirements for hazardous locations?.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Are all electrical cords strung so they do not hang on pipes, nails, hooks, etc.?.....	<input type="checkbox"/>	<input type="checkbox"/>
5. Are all conduits, BX cables, etc., properly attached to all supports and tightly connected to junction and outlet boxes?.....	<input type="checkbox"/>	<input type="checkbox"/>
6. Are frayed electrical cords removed from use?.....	<input type="checkbox"/>	<input type="checkbox"/>
7. Are rubber cords kept free of grease, oil, and chemicals?.....	<input type="checkbox"/>	<input type="checkbox"/>
8. Are metallic cable and conduit systems properly grounded?.....	<input type="checkbox"/>	<input type="checkbox"/>
9. Are portable electric tools and appliances grounded or of the double insulated type?.....	<input type="checkbox"/>	<input type="checkbox"/>
10. Are all the ground connections clean and tight?.....	<input type="checkbox"/>	<input type="checkbox"/>
11. Are fuses and circuit breakers the right type and size for the load on each circuit?.....	<input type="checkbox"/>	<input type="checkbox"/>
12. Are fuses free of "jumping" with pennies or metal strips?.....	<input type="checkbox"/>	<input type="checkbox"/>
13. Do switches show evidence of overheating?.....	<input type="checkbox"/>	<input type="checkbox"/>
14. Are switches mounted in clean, tightly closed metal boxes?.....	<input type="checkbox"/>	<input type="checkbox"/>
15. Are motors clean and kept free of excessive grease?..	<input type="checkbox"/>	<input type="checkbox"/>
16. Are motors properly maintained and provided with adequate over-current protection?.....	<input type="checkbox"/>	<input type="checkbox"/>
17. Are bearings in good position?.....	<input type="checkbox"/>	<input type="checkbox"/>
18. Are portable lights equipped with proper guards?.....	<input type="checkbox"/>	<input type="checkbox"/>
19. Are all lamps kept free of combustible materials?.....	<input type="checkbox"/>	<input type="checkbox"/>
20. Is your electrical system checked periodically by someone competent in the NEC?.....	<input type="checkbox"/>	<input type="checkbox"/>

JOB SAFETY AND HEALTH IS EVERYONE'S BUSINESS

Up to 50% of the funding for this program has been provided by federal funds.

Materials

	YES	NEEDS ACTION
1. Are approved safety cans or other acceptable containers used for handling and dispensing flammable liquids?.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Are all flammable liquids that are kept inside buildings stored in proper storage containers or cabinets?.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Do you meet MOSH standards for all spray painting or dip tank operations involving combustible liquids?.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Are oxidizing chemicals stored in segregated areas where they can have no contact with material except shipping bags?.....	<input type="checkbox"/>	<input type="checkbox"/>
5. Are NO SMOKING signs posted where needed?.....	<input type="checkbox"/>	<input type="checkbox"/>
6. Do you have a NO SMOKING rule enforced in areas involving storage and use of hazardous materials?.....	<input type="checkbox"/>	<input type="checkbox"/>
7. Is ventilation equipment provided for removal of contaminants from such operations as production grinding, buffing, spray painting, and/or vapor degreasing, and is it operating properly?.....	<input type="checkbox"/>	<input type="checkbox"/>
8. Are you familiar with the threshold limit values of airborne contaminants and physical agents used in your workplace?.....	<input type="checkbox"/>	<input type="checkbox"/>
9. Do employees complain about dizziness, headaches, nausea, irritation, or other symptoms of discomfort when they use solvents or other chemicals?.....	<input type="checkbox"/>	<input type="checkbox"/>
10. Do you use general dilution or local exhaust ventilation systems to control dust, vapors, or mists which may be generated in your workplace?	<input type="checkbox"/>	<input type="checkbox"/>
11. Is there a dermatitis problem? Do employees complain about dry, irritated, or sensitive skin?.....	<input type="checkbox"/>	<input type="checkbox"/>
12. If you use hearing protection, are employees properly fitted and instructed in its use?.....	<input type="checkbox"/>	<input type="checkbox"/>
Are they given audiometric testing periodically to ensure that you have an effective hearing protection program?.....	<input type="checkbox"/>	<input type="checkbox"/>
13. Are protective measures in effect for operations involving X-ray or other radiation?	<input type="checkbox"/>	<input type="checkbox"/>
14. For Lift Truck Operations:		
a. Are only trained personnel allowed to operate forklift trucks?.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Is overhead protection provided on high lift rider trucks?.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Are lifts regularly inspected for defects?.....	<input type="checkbox"/>	<input type="checkbox"/>
15. For Toxic Materials:		
a. Are all materials used in your plant checked for toxic qualities?.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Where appropriate, having control procedures instituted for toxic materials, such as respirators, ventilation systems, handling practices, etc.?.....	<input type="checkbox"/>	<input type="checkbox"/>

ON-SITE-CONSULTATION SERVICES

On-Site Consultation is a free program to assist smaller businesses in identifying and correcting potential or current safety or health hazards, and in instituting safety and health programs.

At the employer's request, a consultant will meet with you and explain how the service works, as well as what is involved in a survey of your facility.

The consultant will answer questions regarding occupational safety and health.

On-Site Consultation Service is provided at no cost to employers through federal and state funds. Employers can request the free service or more information by contacting: Division of Labor and Industry, Maryland Occupational Safety and Health, Consultation Services, 10946 Golden West Drive, Suite 160, Hunt Valley, MD 21031, or by calling (410) 527-4472.

Machines and Equipment

	YES	NEEDS ACTION
1. Are employees properly trained in the use of machinery and equipment they are operating?.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Are all machines or operations that expose operators or other employees to rotating parts, pinch points, flying chips, particles, or sparks adequately guarded?..	<input type="checkbox"/>	<input type="checkbox"/>
3. Are mechanical power transmission belts and pinch points guarded?.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Is exposed power shafting less than 7 feet from the floor guarded?.....	<input type="checkbox"/>	<input type="checkbox"/>
5. Are hand tools and other equipment inspected for safe condition?.....	<input type="checkbox"/>	<input type="checkbox"/>
6. Is compressed air, used for cleaning, less than 30 psi?	<input type="checkbox"/>	<input type="checkbox"/>
7. Are power saws and similar equipment provided with safety guards?.....	<input type="checkbox"/>	<input type="checkbox"/>
8. Are grinding wheel tool rests set within 1/8 inch or less of the wheel?.....	<input type="checkbox"/>	<input type="checkbox"/>
Are wheels tested for defects before installation?	<input type="checkbox"/>	<input type="checkbox"/>
9. Are tongue guards set to within 1/4 inch from the wheel?.....	<input type="checkbox"/>	<input type="checkbox"/>
10. Is there any system for inspecting small hand tools for burred ends, cracked handles, frayed wires, etc.?.....	<input type="checkbox"/>	<input type="checkbox"/>
11. Are compressed gas cylinders regularly examined for obvious signs of defects, deep rusting, or leakage?.....	<input type="checkbox"/>	<input type="checkbox"/>
12. Is care used in handling and storage of cylinders, safety valves, relief valves, etc., to prevent damage?...	<input type="checkbox"/>	<input type="checkbox"/>
13. Are all air receivers periodically examined, including the safety valves?.....	<input type="checkbox"/>	<input type="checkbox"/>
14. Are safety valves tested regularly and frequently?.....	<input type="checkbox"/>	<input type="checkbox"/>

Housekeeping and General Work Environment

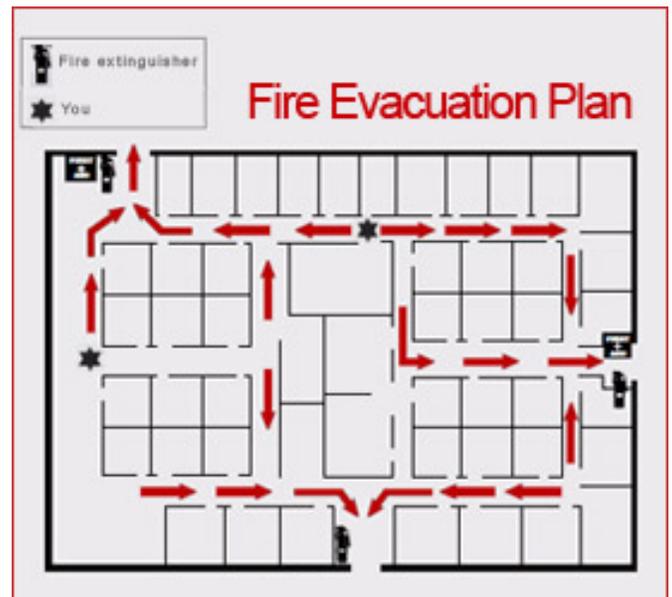
	YES	NEEDS ACTION
1. Is smoking permitted in "designated smoking area" only?.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Are NO SMOKING signs prominently posted?.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Are covered metal waste cans used for oily and paint soaked waste?.....	<input type="checkbox"/>	<input type="checkbox"/>
4. Are rubbish and litter disposed of daily?.....	<input type="checkbox"/>	<input type="checkbox"/>
5. Are paint spray booths, dip tanks, etc., and their exhaust ducts cleaned regularly?.....	<input type="checkbox"/>	<input type="checkbox"/>
6. Have weeds, or other combustible materials been removed from within 20 feet of any building?.....	<input type="checkbox"/>	<input type="checkbox"/>
7. For wet processes, are stand mats, platforms, or similar protection provided to protect employees from wet floors?.....	<input type="checkbox"/>	<input type="checkbox"/>
8. Are waste receptacles provided for waste and are they emptied regularly?.....	<input type="checkbox"/>	<input type="checkbox"/>
9. Do your toilet facilities meet the requirements of applicable sanitary codes?.....	<input type="checkbox"/>	<input type="checkbox"/>
10. Are washing facilities provided?.....	<input type="checkbox"/>	<input type="checkbox"/>
11. Are all areas of your business adequately illuminated?.....	<input type="checkbox"/>	<input type="checkbox"/>
12. Are floor openings provided with toe boards and railings or a floor hole cover?.....	<input type="checkbox"/>	<input type="checkbox"/>
13. Are stairways in good condition and standard railings provided for every flight having four or more risers?.....	<input type="checkbox"/>	<input type="checkbox"/>
14. Are portable wood ladders and metal ladders adequate for their purpose, in good condition, and provided with secure footing?.....	<input type="checkbox"/>	<input type="checkbox"/>
15. If you have fixed ladders, are they adequate and are they in good condition and equipped with rails or cages or special safety climbing devices, as required?.....	<input type="checkbox"/>	<input type="checkbox"/>
16. For Loading Docks:		
a. Are dockplates kept in serviceable condition and secured to prevent slipping?.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Do you have means to prevent care or truck movement when dockplates are in place?.....	<input type="checkbox"/>	<input type="checkbox"/>

Fire Protection

	YES	NEEDS ACTION
1. Are portable fire extinguishers provided in adequate number and type?.....	<input type="checkbox"/>	<input type="checkbox"/>
2. Are fire extinguishers inspected monthly for general condition and operability and noted on the inspection tag?.....	<input type="checkbox"/>	<input type="checkbox"/>
3. Are fire extinguishers recharged annually and properly noted on inspection tag?.....	<input type="checkbox"/>	<input type="checkbox"/>

Fire Protection (Continued)

	YES	NEEDS ACTION
4. Are fire extinguishers mounted in readily accessible locations?.....	<input type="checkbox"/>	<input type="checkbox"/>
5. Are plant employees periodically instructed in the use of extinguishers and fire protection procedures or is there an evacuation plan and is the plan posted?.....	<input type="checkbox"/>	<input type="checkbox"/>
6. If you have interior stand pipes and valves, are these inspected regularly?.....	<input type="checkbox"/>	<input type="checkbox"/>
7. If you have a fire alarm system, is it tested at least annually?.....	<input type="checkbox"/>	<input type="checkbox"/>
8. If you have outside private hydrants, were they flushed within the last year and placed on a preventive maintenance schedule?.....	<input type="checkbox"/>	<input type="checkbox"/>
9. Are fire doors and shutters in good operating condition? Are fusible links in place?..... Are they unobstructed and protected against obstruction?.....	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
10. Is your local fire department well acquainted with your plant, location, and specific hazards?.....	<input type="checkbox"/>	<input type="checkbox"/>
16. Automatic Sprinklers:		
a. Are water control valves, air, and water pressures checked weekly?.....	<input type="checkbox"/>	<input type="checkbox"/>
b. Are control valves locked open?.....	<input type="checkbox"/>	<input type="checkbox"/>
c. Is maintenance of the system assigned to responsible persons or a sprinkler contractor?.....	<input type="checkbox"/>	<input type="checkbox"/>
d. Are sprinkler heads protected by metal guards where exposed to mechanical damage?.....	<input type="checkbox"/>	<input type="checkbox"/>
e. Is proper minimum clearance maintained blow sprinkler heads?.....	<input type="checkbox"/>	<input type="checkbox"/>



Protecting Workers' Health

Although many safety hazards are apparent upon a simple examination of equipment and procedures, occupational health hazards require a more thorough evaluation. Identification and recognition of the hazard, evaluation of the potential problem, and the workplace control are key elements in protecting worker's health.

RECOGNITION - Read the labels from all materials in the workplace for material, composition, and precautions. Request a "material safety data sheet" for each material from a distributor or from the manufacturer. Listed will be corresponding OSHA/MOSH permissible exposure limits (PELs) or "threshold limit values" (TLVs) and information on personal protective equipment such as respirators, gloves, aprons, safety glasses, emergency spills, labeling criteria, and emergency information.

EVALUATION - Study the work process in which the material is used to determine if a hazard has been created. Evaluate the way workers handle the material. Does the worker breathe this substance or does the substance go through his or her skin? Are workers exposed to enough of this substance to create a problem?

WORKPLACE CONTROL - In order to prevent health problems before they start, certain measures can be taken to control exposure. Are ventilation or process controls used when feasible? If the material is extremely toxic, can a less toxic substance be substituted? Are hazardous substances labeled and are workers knowledgeable of the hazard? Are appropriate personal protective devices provided when engineering and/or administrative controls are not adequate or feasible? Are medical exams provided when workers are exposed to certain substances?

Exits and Access

- | | YES | NEEDS ACTION |
|---|--------------------------|--------------------------|
| 1. Are all exits unobstructed?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Are all exits marked with a readily visible sign that is property illuminated?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Are there sufficient exits to ensure prompt escape in case of emergency?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Are controls in place for restricted areas requiring limited access?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Do you take special precautions to protect employees during construction and repair operations?..... | <input type="checkbox"/> | <input type="checkbox"/> |

Access to Information About Hazardous & Toxic Substances

- | | YES | NEEDS ACTION |
|---|--------------------------|--------------------------|
| 1. Have you evaluated your work site for compliance with this Law?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Has a chemical information list been compiled?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Have material safety data sheets (MSDS) been obtained or developed for all substances on the chemical information list?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Has the list been sent to the Department of the Environment?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are MSDS readily accessible to employees?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Is the chemical information list accessible to employees?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| Are copies provided within 5 days of a request?..... | <input type="checkbox"/> | <input type="checkbox"/> |

Access to Information About Hazardous & Toxic Substances (Continued)

- | | YES | NEEDS ACTION |
|---|--------------------------|--------------------------|
| 6. When new substances are brought on-site are additional MSDS ordered?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Has each employer provided for the exchange of information regarding hazardous chemicals used or stored on-site with all other employers at that site?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Have employees been informed of their rights under this Law and procedures for obtaining information on hazardous substances?..... | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have employees been trained about the hazards of the substances, appropriate work practices, control programs, protective measures, and emergency procedures?..... | <input type="checkbox"/> | <input type="checkbox"/> |



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