

The General Safety Self Audit (GSSA) is an online checklist created to gather information about environmental, health, and safety risk levels present in the workplace. The GSSA checklist shows a summarized form of the General Safety Self Audit. This format can be used when performing safety walkthroughs, and to identify areas where improvement is needed.

**Legend**

Cell color	Definition
	Section Heading
	“Skip” logic: Question(s) or entire section will be skipped depending on answer’s selection.
	Questions that depend on the previous answers.

#	Question
<b>Administrative</b>	
4.1	Is the signage appropriate for the hazards within the workplace?
4.2	Is the access into the workplace limited or restricted to authorized personnel?
4.3	Do you have more than 10 employees in your workplace?
4.4	Do you have a written emergency action plan?
4.5	Do you have an emergency action plan? Did you communicate it to the employees verbally?
4.6	Select documentation that is current, displayed, and accessible to all workers. <ul style="list-style-type: none"> <li><input type="checkbox"/> Emergency Hazardous Spill Procedure</li> <li><input type="checkbox"/> Safety Data Sheet (SDS)</li> <li><input type="checkbox"/> Hazard communication Plan</li> <li><input type="checkbox"/> Training Records (for all occupants)</li> <li><input type="checkbox"/> Other (Specify) _____</li> </ul>
<b>General</b>	
5.1	Are all work areas clean and well ordered?
5.2	Are aisles and passageways kept free of obstructions?
5.3	Is there any evidence of water intrusion, mold, or visible leaks present in the workspace?
5.4	Is personal protective equipment (PPE) available and in good condition?
5.5	Is personnel properly trained in personal protective equipment (PPE)?
<b>Safety Equipment</b>	
6.1	Select all safety equipment stored, handled, or used in your workplace. <ul style="list-style-type: none"> <li><input type="checkbox"/> Emergency Eyewash and/or Safety Shower</li> <li><input type="checkbox"/> Fire Extinguisher</li> <li><input type="checkbox"/> Fire Blanket</li> <li><input type="checkbox"/> Flammable Storage Cabinet</li> <li><input type="checkbox"/> Acid/Corrosive storage Cabinet</li> <li><input type="checkbox"/> Spill Response Kit(s)</li> <li><input type="checkbox"/> Dust Collector</li> <li><input type="checkbox"/> Other (Specify) _____</li> </ul>
6.2	Has the emergency eyewash and/or shower unit(s) been certified within the last year?
6.3	Is the emergency eyewash and/or shower unit(s) free from all obstructions?
6.4	Are fire extinguishers free of obstructions?
6.5	Are fire extinguishers available, fully charged, and tagged at intervals not to exceed 1 year?
6.6	Is personnel properly trained in fire safety?
<b>Flammable and Combustible Materials</b>	
7.1	Are flammable and combustible materials stored at the workplace?
7.2	Are flammable and combustible materials stored in NFPA-approved cabinets?
7.3	Are flammable and combustible materials stored away from ignition sources?

Hand and Power Tools and Equipment	
8.1	Are all hand and power tools used at the workplace in good condition?
8.2	Are power tools used with the correct guard, shield, or attachment?
8.3	Is personnel aware of hazards caused by improper use of hand and power tools?
8.4	Is personnel using hand and power tools properly trained?
General Electrical Safety	
9.1	Are there extension cords in the workplace?
9.2	Are extension cords use as permanent wiring in the workplace?
9.3	Are extension cords use only as a temporary wiring?
9.4	Are power cords in good condition, and when damaged immediately replaced?
9.5	Are there electrical panels in the workplace?
9.6	Are electrical panels free of obstructions?
9.7	Is personnel working with electrical equipment properly trained?
Control of Hazardous Energy (Lockout/Tagout)	
10.1	Are you exposed to hazardous energy in your workplace?
10.2	Do you have an Energy Control Program?
10.3	Is authorized personnel trained?
10.4	Is there a record in the workspace to certify that employees have accomplished proper training?
Hazard Communication	
11.1	Do you utilize chemicals in your workplace?
11.2	Do you have an inventory of all hazardous substances used in the workplace?
11.3	Are Safety Data Sheets (SDS) available in the workplace?
11.4	Are spill kits available at the workplace?
11.5	Do all space occupants completed Safety Training?
Compressed Gas Cylinders	
12.1	Does your workplace handle, store, or use compressed gas cylinders?
12.2	Specify the quantity of cylinders in the space (including those that are in use, stored, and empty.) <input type="checkbox"/> In use _____ <input type="checkbox"/> Stored _____ <input type="checkbox"/> Empty _____
12.3	Are all gas cylinders properly secured?
12.4	Are all gas cylinders proper labeled?
12.5	Are gas cylinders checked periodically for cracks, general distortions, or any other defects?
12.6	Is safety training completed by all space occupants?
Storage	
13.1	Are there storage areas at your workplace?
13.2	Is the storage area in compliance with housekeeping requirements?
13.3	Are there sufficient and safe clearances for material handling equipment?
Job Hazard Analysis (JHA)	
14.1	Do you complete a Job Hazard Analysis per main operations at your workplace?

<b>14.2</b>	Do you complete a Job Hazard Analysis for new tasks, modified tasks, and infrequently performed tasks?
<b>14.3</b>	Is the Job Hazard Analysis assessment completed by a trained supervisor?
<b>14.4</b>	Is there a record in the workspace to certify that employees have accomplished proper training?
<b>Special Hazards</b>	
<b>15.1</b>	Select all special hazards that your space stores, handles, or uses: <ul style="list-style-type: none"> <li><input type="checkbox"/> Radioactive material(s)/equipment</li> <li><input type="checkbox"/> Laser(s)</li> <li><input type="checkbox"/> Controlled Substance(s)</li> <li><input type="checkbox"/> 3D Printer</li> <li><input type="checkbox"/> N/A (does not apply to this space)</li> </ul>
<b>15.2</b>	Specify the laser class (es) located in the space (if multiple, select all that apply) <ul style="list-style-type: none"> <li><input type="checkbox"/> Class 1</li> <li><input type="checkbox"/> Class 2</li> <li><input type="checkbox"/> Class 3R</li> <li><input type="checkbox"/> Class 3B</li> <li><input type="checkbox"/> Class 4</li> <li><input type="checkbox"/> Other (specify) _____</li> </ul>
<b>Hot Work</b>	
<b>16.1</b>	Is hot work conducted in your workplace?
<b>16.2</b>	Is hot work performed only by authorized and trained personnel?
<b>16.3</b>	Is a Hot Work Permit requested before performing a hot work?
<b>16.4</b>	When hot work is performed at a confined space, is a Confined Space Entry Permit obtained?
<b>16.5</b>	Is the personal who perform hot work properly trained?
<b>Confined Space</b>	
<b>17.1</b>	Is confined space work conducted in your workplace?
<b>17.2</b>	Is a Confined Space Entry Permit requested prior to perform any confined space work?
<b>17.3</b>	Is authorized personnel trained to work in a confined space?
<b>Fall Hazards</b>	
<b>18.1</b>	Is there any fall hazard risk when performing a work in your workplace?
<b>18.2</b>	Is the workplace where work at height is performed set up correctly and following all safety requirements?
<b>18.3</b>	Are the personal fall protection systems and their components used correctly at the workplace?
<b>18.4</b>	Is the personal who perform height work properly trained?
<b>Industrial Noise</b>	
<b>19.1</b>	Are the noise levels in the space moderate enough to allow communication?
<b>19.2</b>	Is hearing protective equipment available to employees in the workplace?
<b>19.3</b>	Are employees properly fitted and instructed for the proper use of ear protectors?
<b>19.4</b>	Have employees exposed to high noise areas received periodic audio metric testing?
<b>Machine Guarding</b>	
<b>20.1</b>	Do you use any machinery at work?
<b>20.2</b>	Are employees trained on safe methods of machine operation?

<b>20.3</b>	Are all machines used in the workplace correctly guarded and in compliance with safety requirements?
<b>20.4</b>	Is sufficient clearance provided around and between machines?
<b>20.5</b>	Is equipment and machinery securely placed and anchored?
<b>20.6</b>	Is there a Lockout/Tagout Program established at the workplace?
<b>Overhead and Gantry Cranes.</b>	
<b>21.1</b>	Is there an overhead crane at your workspace?
<b>21.2</b>	When do employees perform inspections?
<b>21.3</b>	Is all required safety equipment present and in good conditions?
<b>21.4</b>	Is all personnel trained to operate the crane?
<b>Wood Shop</b>	
<b>22.1</b>	Are woodworking operations conducted in your workplace?
<b>22.2</b>	Are all work areas clean and well-ordered?
<b>22.3</b>	Are all machines used in the workplace correctly guarded and in compliance with safety requirements?
<b>22.4</b>	Is equipment and machinery securely placed and anchored?
<b>22.5</b>	Are machines, counters, and floor free from wood dust?
<b>22.6</b>	Are hand and power tools correctly stored and periodic maintenance performed?
<b>22.7</b>	Is there a dust collector placed in the workplace?
<b>22.8</b>	Is safety training completed by all space occupants?
<b>Painting Operations</b>	
<b>23.1</b>	Are paint operations conducted in your workplace?
<b>23.2</b>	Is safety training completed before painting operations?
<b>23.3</b>	Is proper respiratory equipment provided when performing painting operations?
<b>23.4</b>	Is personal protective equipment (PPE) available and in good condition?
<b>23.5</b>	If paint is being used in the workplace, is the extra paint being disposed of by a certified waste disposal company?
<b>23.6</b>	Are paint brushes, rollers, and other painting utensils being cleaned with alcohol?
<b>Powered Industrial Trucks.</b>	
<b>24.1</b>	Are powered industrial trucks used in your workplace?
<b>24.2</b>	Is there an operator manual accessible to the professional operator?
<b>24.3</b>	Is Safety Training completed by all powered industrial trucks operators?
<b>24.4</b>	Is there a record in the workspace to certify that employees have accomplished proper training?
<b>Pressure Washing</b>	
<b>25.1</b>	Is pressure washing used as a means for cleaning your area?
<b>25.2</b>	Is the wash water collected for proper disposal?
<b>25.3</b>	Select which equipment do you use to prevent wash water from entering the storm drainage system. <input type="checkbox"/> Storm drain cover/mat <input type="checkbox"/> Pumps/Vacuums <input type="checkbox"/> Absorbents <input type="checkbox"/> Other (Specify) _____
<b>Art Studios</b>	
<b>26.1</b>	Is art material used at your workplace?
<b>26.2</b>	Are the products properly labeled?
<b>26.3</b>	Are Safety Data Sheets (SDS) available in the workplace?

<b>26.4</b>	Does the studio have appropriate ventilation?
<b>26.5</b>	Does the art studio store, handle or produce hazardous waste?
<b>26.6</b>	The art studio complies with emergency preparedness practices?
<b>Grease Trap/Interceptor</b>	
<b>27.1</b>	Are grease trap/interceptor inspections part of your job functions?
<b>27.2</b>	Is there a maintenance log to keep record of the cleaning?
<b>Vehicle-mounted elevating and rotating work platforms.</b>	
<b>28.1</b>	Are vehicle-mounted elevating and rotating work platforms used in your workplace?
<b>28.2</b>	Is safety training completed by all operators?
<b>28.3</b>	Is there a record in the workspace to certify that employees have accomplished proper training?
<b>END OF SURVEY</b>	