



PENNSYLVANIA LUMBERMENS MUTUAL
INSURANCE COMPANY

SELF-INSPECTION FORM

Person conducting inspection _____ Date of inspection _____

Name of facility _____ Location _____

Description of operations _____

EXPOSURES	N/A	Sat.	Needs Action	EQUIPMENT	N/A	Sat.	Needs Action
1. Fire protection	_____	_____	_____	15. Ladders	_____	_____	_____
2. Compressed gasses	_____	_____	_____	16. Material Hoists	_____	_____	_____
3. Flammables	_____	_____	_____	17. Rampways	_____	_____	_____
4. Hazardous waste	_____	_____	_____	18. Power tools	_____	_____	_____
5. Welding/cutting	_____	_____	_____	19. Hand tools	_____	_____	_____
6. Chemicals	_____	_____	_____	20. Salamanders	_____	_____	_____
7. Exits	_____	_____	_____	21. Equipment guards	_____	_____	_____
8. Walking surfaces	_____	_____	_____	22. Equipment maintenance	_____	_____	_____
9. Floor landings	_____	_____	_____	23. Operating rules posted	_____	_____	_____
10. Railings	_____	_____	_____	24. Powered industrial trucks	_____	_____	_____
11. Stairs	_____	_____	_____	25. Utilities: gas or electric	_____	_____	_____
12. Spray finishings	_____	_____	_____	26. _____	_____	_____	_____
13. Fleet of vehicles	_____	_____	_____				
14. _____	_____	_____	_____				
PERSONAL PROTECTIVE EQUIP.	N/A	Sat.	Needs Action	HOUSEKEEPING.	N/A	Sat.	Needs Action
27. Hard hats	_____	_____	_____	38. Debris cleanup	_____	_____	_____
28. Safety shoes	_____	_____	_____	39. Debris removal	_____	_____	_____
29. Safety glasses	_____	_____	_____	40. Material storage	_____	_____	_____
30. Gloves	_____	_____	_____				
31. Respiratory protection	_____	_____	_____	Miscellaneous			
32. Hearing protection	_____	_____	_____	41. Hazard Communication	_____	_____	_____
33. Safety signs posted	_____	_____	_____	42. Bloodborne Pathogens	_____	_____	_____
34. Illumination	_____	_____	_____	43. Confined Spaces	_____	_____	_____
35. Ventilation	_____	_____	_____	44. Lockout/Tagout	_____	_____	_____
36. Eye wash/shower	_____	_____	_____	45. Records	_____	_____	_____
37. _____	_____	_____	_____	46. _____	_____	_____	_____
				47. _____	_____	_____	_____
MANAGEMENT	Sat.	Needs Action	RECOMMENDATIONS				
48. Accident investigation	_____	_____	No recommendations				
49. Management involvement	_____	_____	Recommendations listed below				
50. First Aid	_____	_____					
51. Adequate supervision	_____	_____	Recommendations discussed				
52. Control of subs	_____	_____	Recommendations not discussed				
53. _____	_____	_____					
			In compliance				

RECOMMENDATIONS: _____

