



# PENNSYLVANIA LUMBERMENS MUTUAL

# INSURANCE COMPANY

# SELF-INSPECTION FORM

Person conducting inspection \_\_\_\_\_ Date of inspection \_\_\_\_\_

Date of inspection \_\_\_\_\_

Name of facility \_\_\_\_\_ Location \_\_\_\_\_

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                 | _____ | _____        | _____        | <b>Miscellaneous</b>           |       |       |              |
| 31. Respiratory protection | _____ | _____        | _____        | 41. Hazard Communication       | _____ | _____ | _____        |
| 32. Hearing protection     | _____ | _____        | _____        | 42. Bloodborne Pathogens       | _____ | _____ | _____        |
| 33. Safety signs posted    | _____ | _____        | _____        | 43. Confined Spaces            | _____ | _____ | _____        |
| 34. Illumination           | _____ | _____        | _____        | 44. Lockout/Tagout             | _____ | _____ | _____        |
| 35. Ventilation            | _____ | _____        | _____        | 45. Records                    | _____ | _____ | _____        |
| 36. Eye wash/shower        | _____ | _____        | _____        | 46. _____                      | _____ | _____ | _____        |
| 37. _____                  | _____ | _____        | _____        | 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:**