



READYTN BUSINESS FACILITY SAFETY INSPECTION CHECKLIST

BUSINESS INFORMATION

| | |
|--------------------------------|--|
| Business Name | |
| Inspection Date | |
| Inspector Name | |
| Location/Area Inspected | |

Use the tables below and mark each item as “Yes”, “No”, or “N/A”. Use the Comments section for notes or issues identified.

GENERAL SAFETY

| Item | Yes | No | N/A | Notes/Comments |
|---|-----|----|-----|----------------|
| Walkways and exits are clear and unobstructed | | | | |
| Emergency exits are clearly marked and accessible | | | | |
| Adequate lighting in all areas | | | | |
| First aid kits are fully stocked and accessible | | | | |



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FIRE SAFETY

| Item | Yes | No | N/A | Notes/Comments |
|--|-----|----|-----|----------------|
| Fire extinguishers are visible and inspected monthly | | | | |
| Smoke detectors are functioning and tested regularly | | | | |
| Fire evacuation plans are posted and up to date | | | | |
| Employees know fire procedures | | | | |

FIRE SAFETY

| Item | Yes | No | N/A | Notes/Comments |
|--|-----|----|-----|----------------|
| Fire extinguishers are visible and inspected monthly | | | | |
| Smoke detectors are functioning and tested regularly | | | | |
| Fire evacuation plans are posted and up to date | | | | |
| Employees know fire procedures | | | | |



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ELECTRICAL SAFETY

| Item | Yes | No | N/A | Notes/Comments |
|---|-----|----|-----|----------------|
| Cords are in good condition and not frayed | | | | |
| Outlets are not overloaded | | | | |
| Electrical panels are accessible and labeled | | | | |
| Ground fault circuit interrupters (GFCIs) are used in wet areas | | | | |

HAZARDOUS MATERIALS

| Item | Yes | No | N/A | Notes/Comments |
|--|-----|----|-----|----------------|
| Chemicals are properly labeled and stored | | | | |
| Material Safety Data Sheets (MSDS) are available | | | | |
| Spill kits are available where needed | | | | |
| Employees trained in safe handling | | | | |





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WORKPLACE ENVIRONMENT

| Item | Yes | No | N/A | Notes/Comments |
|---|-----|----|-----|----------------|
| Restrooms are clean and operational | | | | |
| Ventilation is adequate | | | | |
| Trash is disposed of regularly | | | | |
| Floors are clean, dry, and free from tripping hazards | | | | |

Comments and Followup Actions:

| | |
|---------------------|--|
| Inspector Signature | |
| Date | |

