



CHAPTER 24

OSHA Compliance Checklist

Note: This is not a comprehensive checklist. It is designed for a typical corporate aviation maintenance department. You must consult the OSHA 1910 Regulations for specific requirements that may affect your operation.

Location:	Date:	Auditor:	
I. Administrative (1904)			Findings
A. Is the OSHA Safety & Health poster placed in a conspicuous area?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
B. Is an OSHA 300 Log (more than 10 employees) maintained.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
C. Is the annual OSHA 300a summary log posted between February 1 and April 30?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
D. Is medical assistance readily available?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
E. If the answer to D is "No," are trained employees on basic first aid responder skills?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
F. Is there a documented Emergency Evacuation Plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
G. Are there emergency eye wash stations in areas with caustic/acid materials?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
H. Are employees are trained on the Emergency Evacuation Plan.	<input type="checkbox"/> Yes <input type="checkbox"/> No		
II. Walking and Working Surfaces and Fall Protection (1910.21 and 1926.50)			
A. Is fall protection provided for ALL walking and working surfaces that are at a height greater than 4 ft.?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
B. Is the required mid-rail installed on ALL stair railings?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
C. Is a toe-rail installed on ALL platform surfaces above the working floor level in order to prevent material from falling on individuals below?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
D. Are fall protection systems used by ALL employees working on surfaces and/or ladder systems greater than 6 ft.?	<input type="checkbox"/> Yes <input type="checkbox"/> No		
E. Are ALL employees working at a height greater than 6 ft.	<input type="checkbox"/> Yes		

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trained on fall protection requirements?	<input type="checkbox"/> No	
F. Are daily inspections conducted and a daily record maintained for ALL equipment involved in the fall protection program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
G. Are ALL individuals working in mobile aerial lifts provided with full body fall protection systems and lanyards that are affixed to the mobile equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
H. Is adequate lighting provided in all work areas?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
I. Is a standard guard rail installed on ALL open-side floors or platforms four feet or more above the adjacent floor?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
III. Egress and Evacuation (1910.33)		
A. Is there a documented emergency action plan for the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Is there an employee alerting/alarm system?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. Are employees trained on emergency evacuation procedures?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D. Are exits marked with visible signs and/or lighted signs if required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E. Are ALL exit routes free of obstructions?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
F. Are non-exit doorways properly marked IF they can be mistaken for an exit?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
IV. Hearing Conservation Program (1910.95)		
A. Have ALL employees who may be exposed to noise levels greater than 85 dB with eight-hour time weighted average been evaluated?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Is there a hearing conservation program for ALL employees exposed to greater than 85 dB for an eight-hour time weighted average but less than 90 dB?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. Is training provided to ALL employees who are required to be in the hearing conservation program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D. Are various types of personal protective equipment provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E. Is annual audiometric testing for those employees involved in the program conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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V. Hazardous Materials (1910.101)		
A. Are compressed cylinders chained or capped?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Are fire control devices located in areas where flammable liquids are stored or used?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. Are flammable and combustible liquids stored in tanks or enclosed containers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D. When transferring Class I liquids (flammable), are the nozzle and container electrically interconnected (bonded)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E. Are signs posted to prohibit smoking in fueling areas or where flammable and combustible liquids are received, dispensed, or stored?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
F. Are flammable or combustible liquids stored in an approved storage cabinet?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
VI. Hazardous Waste Operations and Emergency Response (1910.120)		
A. Is there a documented emergency response plan for the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Have employees been trained for any duties they might perform during an emergency response?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. Is refresher training conducted at least annually?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
VII. Personal Protection Equipment (1910.132)		
A. Has a workplace hazard assessment been conducted to identify the types of personal protective equipment required for the current exposures in the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Is there a documented program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. Has employee training been provided on the required types of personal protective equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D. Is there a system in place for removing and replacing defective and/or worn equipment?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
VIII. Respiratory Protection (1910.134)		
A. Are respirators used (including paper dust masks)?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. If the answer to A is "Yes," proceed to the next question.	<input type="checkbox"/> Yes	

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	<input type="checkbox"/> No	
C. Are there defined methods to select the proper type of respirator?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D. Are medical exams provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E. Is "fit" testing conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
F. Are there methods for cleaning and storing?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
G. Are inspections conducted and documented?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
IX. Confined Spaces (1910.146)		
A. Have ALL areas been identified on our property that may contain both permit and non-permit required confined spaces?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Have ALL permit and non-permit required spaces been labeled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. Is there a documented program that defines our confined space entry procedures or processes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D. Has training been provided to employees that may be required to enter or work in permit or non-permit required spaces?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E. Are ventilation and rescue methods provided for confined space entries?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
F. Is there a documented contractor notification program of our confined space entry program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
X. Lockout/Tagout Standard (1910.147)		
A. Have ALL hazardous energy sources been identified?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Is there a documented plan?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. Have employees been trained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D. Are locks or other methods provided to isolate energy sources?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E. Are lockout processes marked on equipment?	<input type="checkbox"/> Yes	

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	<input type="checkbox"/> No	
F. Is an annual review of the program conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
XI. Fire Protection (1019.155)		
A. Have an adequate number of fire extinguishers been provided for the size of the facility?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Are ALL fire extinguishers mounted properly?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. Are employees trained annually in the use of fire extinguishers?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D. Are monthly inspections of the fire extinguishers conducted and records maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E. Is an annual inspection conducted on ALL fixed sprinkler and fire protection systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
XII. Powered Industrial Trucks (1910.178)		
A. Is initial training provided for all employees who operate powered industrial trucks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Are daily inspections conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. Is there an out-of-service tagging/notification system for equipment that is inoperative?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D. Has a three-year review of the program been conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E. Is knowledge testing conducted to ensure that employees understanding the training they have been provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
F. Is a certification/licensing program provided to verify employees have been trained in the operation of powered industrial trucks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
XIII. Overhead and Gantry Cranes (1910.179)		
A. Is initial training provided for all employees who operate overhead and gantry cranes?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Are daily inspections conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. Is there an out-of-service tagging/notification system for equipment that is inoperative?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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D. Has a three-year review of the program been conducted?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E. Is knowledge testing conducted to ensure employees understanding the training they have been provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
XIV. Machine Guarding (1910.211)		
A. Is machine guarding provided to protect employees from hazards of ongoing nip points, rotating parts, flying chips, and/or sparks?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Are machines whose point of operation exposes an employee to injury properly guarded?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. Are grinding wheels property guarded and tools rests provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D. Do radial saws and other types of saws have hoods or other adjustable guards?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
XV. Hand and Portable Powered Tools and Other Hand-Held Equipment (1910.241)		
A. Are tools in good condition?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Are portable powered tools grounded?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. Is signage posted for use of proper PPE, e.g., eye protection?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D. RESERVED.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
XVI. Electrical Safety (1910.301)		
A. Have ALL disconnects and circuit breakers been labeled to identify its intended purpose?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Are ALL exposed live electrical parts greater than 50 volts guarded against accidental contact?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. Are ALL electrical circuits greater than 200 volts marked as "High Voltage?"	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D. Are flexible electric cords and cables used as a substitute for fixed wiring?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E. Does a certified electrician certify electrical systems?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
XVII. Electrical Safety Work Practices (1910.332)		

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A. Are employees who face the risk of electrical shock trained in safety-related work practices?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Does training for employees who are not qualified persons include this Standard (as it applies to their job) and any other electrical safety practices?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. Does the training for qualified persons include:		
1. How to distinguish exposed live parts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
2. How to determine nominal voltages?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
3. The clearances and distances in the OSHA tables.	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D. Are live parts to which employees may be exposed de-energized before employees work near them?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E. Does the facility have either a documented energization procedure or a copy of 1910.333 available for employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
F. Are locks and tags placed on each disconnecting means used to de-energize circuits?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
XVIII. Bloodborne Pathogens (1910.1030)		
A. Is there a documented exposure control program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
B. Is awareness training provided initially and annually to employees?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. Are work practice control methods routinely enforced, such as washing, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D. Is necessary personal protective equipment provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E. Are Hepatitis B vaccinations provided to employees who may have occupationally required exposures such as first air responders, etc.?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
F. Are ALL hazardous containers labeled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
G. Are post follow-up exposure monitoring methods provided?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
XIX. Hazard Communication Standard (1910.1200)		
A. Is there current inventory of all chemicals on site?	<input type="checkbox"/> Yes	

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	<input type="checkbox"/> No	
B. Are material safety data sheets (MSDS) maintained for all chemicals on-site?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
C. Are employees trained on the chemical hazards and safety precautions for the chemicals stored on-site?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
D. Is there a documented program?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
E. Are ALL containers labeled?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
F. Are training records maintained?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
G. Incorporate Hazcom 2012 procedures and training – no later than December 31, 2013.	<input type="checkbox"/> Yes <input type="checkbox"/> No	