

WINERY SAFETY CHECKLIST

- Yes No **Aisles** - *Clear and free of obstructions*
- Yes No **Exits** - *Clearly marked; not blocked inside or out*
- Yes No **Fire Extinguishers** - *Location is marked; accessible & charged*
- Yes No **First Aid Kit (s)** - *Accessible and well stocked*
- Yes No **Evacuation Signage** - *Posted and not blocked*
- Yes No **Material Safety Data Sheets** - *Accessible and current*
- Yes No **Electrical Panels** - *Accessible; 3' clearance; not blocked*
- Yes No **Walking/Driving Surfaces** - *Clean, clear of debris, oil, etc.*
- Yes No **Electrical Cords & Plugs** - *In good condition; insulation in-tact, grounded*
- Yes No **Electrical Outlets** - *In good condition, GFCI and splash covers*
- Yes No **Personal Protective Equipment** - *In use; cleaned/replaced as needed*
- Yes No **Compressed Gas Cylinders** - *Properly secured; stored in proper location*
- Yes No **Flammables/Combustibles** - *Flammables in stored in flammable cabinet*
- Yes No **Acids/Bases** - *Stored separately; on secondary containment*
- Yes No **Container/Product Labeling** - *Containers are labeled*
- Yes No **Portable Power Tools** - *In good working order; not damaged; grounded*
- Yes No **Emergency Lighting** - *In good working order*
- Yes No **Ladders** - *Inspected before use, used correctly (secured)*
- Yes No **Air Hoses** - *Proper tips being used; hoses in good condition*
- Yes No **Housekeeping** - *All work and walk areas are free of debris*
- Yes No **Emergency Eyewash/Shower** - *Accessible and functioning*
- Yes No **Wood Pallets** - *Stacked no more than 6' high (fire hazard)*
- Yes No **Stairways** - *Good condition and kept clear*
- Yes No **Forklifts** - *Inspected daily and in good condition*
- Yes No **Equipment Guards** - *In place when machine is running*
- Yes No **Safety Postings** - *Updated and accessible*
- Yes No **Spill Kit** - *Adequate for materials present and stocked*
- Yes No **Lights** - *In working order*
- Yes No **Racks and Storage Areas** - *Load rating is marked*

Corrective Actions Taken: _____

Inspection Completed By: _____ Date: _____