**G: Self-Inspection Checklist for Fabrication Spaces**

**Shop or Fabrication Space: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Performed by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Shop Conditions** | |
| **□ Yes □ No** | Is access to the space secured and limited to only authorized individuals? |
| **□ Yes □ No** | Does the room have an MIT door sign? |
| **□ Yes □ No** | Is the space well-lighted? |
| **□ Yes □ No** | Are all exits clearly marked and accessible? |
| **□ Yes □ No** | Are floors clear of obstructions and debris? |
| **□ Yes □ No** | Is overall housekeeping in good condition, including stored items? |
| **□ Yes □ No** | Are there any conditions or issues that warrant additional follow-up? |
| **Safety Features** | |
| **□ Yes □ No** | For spaces with Class 2 tools and higher:  Is a Facility Manager, Supervisor, or Monitor present during use? |
| **□ Yes □ No** | Is general shop safety information posted in the space? |
| **□ Yes □ No** | Is at least one portable fire extinguisher present? |
| **□ Yes □ No** | Is there a landline phone with emergency contact information posted? |
| **□ Yes □ No** | Is at least one first aid kit present and in good condition? |
| **□ Yes □ No** | If present, are chemicals labelled by full name and hazard category? |
| **□ Yes □ No** | If present, are chemicals stored properly? e.g., flammables kept inside rated flammable storage cabinet. |
| **□ Yes □ No** | If chemicals or chemical products are present, are Safety Data Sheets and a list of materials present, up-to-date, and accessible to users? |
| **□ Yes □ No** | Is personal protective equipment (PPE) appropriate to the hazards available and in good condition? |
| **□ Yes □ No** | Do tool and machine users wear the required PPE? |
| **□ Yes □ No** | Are users following proper hair, jewelry, and attire requirements? |
| **□ Yes □ No** | Are electrical cords well-managed and protected from damage? |
| **□ Yes □ No** | For spaces with emergency water: Is the eyewash or safety shower tested periodically and labelled by test date? |
| **□ Yes □ No** | Are there any safety issues or concerns that warrant additional follow-up? |
| **Tools and Machines** | |
| **□ Yes □ No** | Are tools protected from unauthorized use? |
| **□ Yes □ No** | Are users appropriately trained? |
| **□ Yes □ No** | Does the shop have written training records for new users or can user training be confirmed or verified? |
| **□ Yes □ No** | Are damaged tools or those undergoing repair or maintenance locked-out of service and so tagged or noted? |
| **□ Yes □ No** | Are all tools properly safeguarded? |
| **□ Yes □ No** | Are there any tool or machine issues or concerns that warrant additional follow-up? |
| **Waste Management** | |
| **□ Yes □ No** | Are wastes and recyclable materials collected and removed regularly? |
| **□ Yes □ No** | If the space generates any of the following specific waste materials, are they managed according to institution hazardous waste rules?   * Cutting fluids * Metal chips, fines, and scraps * Degreasing agents * Coatings, paints, sealants, and adhesives * Solvent or oily rags and wipes |

* **Please use this form as a starting point for your shop or fabrication space. Feel free to add other questions and items specific to your space and operation.**