

Safety Management Checklists

Date: _____

Work Area: _____

Inspected By: _____

OSHA Compliance Checklist Audit 2045-24

First Aid [29 CFR 1910.151]

✓ **COMPLIANCE ISSUES:**

29 CFR 1910.151

- Does the workplace have staffed medical facilities? [(a)]
- In the absence of staffed medical facilities, are personnel on-site trained to provide first aid? [(b)]
- Are first aid supplies readily available? [(b)]
- Are eye washes and emergency showers available in areas where employees work with corrosive materials? [(c)]

Corrective Action Completed (date): _____

Supervisor: _____

Routed To: _____
