

Plumbing Safety Checklist		Date:
Project Name/Location:		
Inspector Name:	Signature:	
1. Preparation		
Safety Data Sheets (SDS):	<input type="checkbox"/>	
Have all relevant SDS for chemicals been reviewed?	<input type="checkbox"/>	
Personal Protective Equipment (PPE):	<input type="checkbox"/>	
Are appropriate PPE items available and in good condition?	<input type="checkbox"/>	
Safety goggles	<input type="checkbox"/>	
Heat-resistant gloves	<input type="checkbox"/>	
Non-slip protective footwear	<input type="checkbox"/>	
Respirators (if required)	<input type="checkbox"/>	
Work Area:	<input type="checkbox"/>	
Is the area free from clutter and debris?	<input type="checkbox"/>	
Is adequate ventilation ensured, especially in confined spaces?	<input type="checkbox"/>	
Utilities Shut-off:	<input type="checkbox"/>	
Have water and gas lines been properly shut off before commencing work?	<input type="checkbox"/>	
Emergency Contacts:	<input type="checkbox"/>	
Are emergency contact numbers, including utility companies, readily accessible?	<input type="checkbox"/>	
2. Tools and Equipment		
Inspection:	<input type="checkbox"/>	
Have all tools been inspected for defects prior to use?	<input type="checkbox"/>	
Electrical Equipment:	<input type="checkbox"/>	
Are power tools rated for use in wet environments?	<input type="checkbox"/>	
Is there confirmation that electricity is turned off before starting work?	<input type="checkbox"/>	

Welding Equipment:	<input type="checkbox"/>
Is the area clear of flammable materials before welding or soldering?	<input type="checkbox"/>
Are fire-resistant shields in place to protect the surrounding area?	<input type="checkbox"/>
Plumbing Snakes:	<input type="checkbox"/>
Is the operator trained in the safe use of plumbing snakes?	<input type="checkbox"/>
Is loose clothing or jewelry avoided to prevent entanglement?	<input type="checkbox"/>
3. General Safety Practices	
Ergonomics:	<input type="checkbox"/>
Are tasks alternated to prevent muscle strain and fatigue?	<input type="checkbox"/>
Chemical Handling:	<input type="checkbox"/>
Are chemicals handled according to their SDS guidelines?	<input type="checkbox"/>
Is direct inhalation of chemical fumes avoided?	<input type="checkbox"/>
Hygiene:	<input type="checkbox"/>
Are hands and exposed skin washed thoroughly after contact with sewage or chemicals?	<input type="checkbox"/>
Asbestos Awareness:	<input type="checkbox"/>
Is work halted, and a supervisor informed if asbestos is encountered?	<input type="checkbox"/>
Fitness for Duty:	<input type="checkbox"/>
Are workers free from impairment due to fatigue, illness, or substances?	<input type="checkbox"/>
4. Confined Spaces	
Air Quality:	<input type="checkbox"/>
Has air quality been tested before entry?	<input type="checkbox"/>
Is appropriate ventilation or respiratory protection provided if needed?	<input type="checkbox"/>
Communication:	<input type="checkbox"/>
Is there a reliable communication system in place for confined space work?	<input type="checkbox"/>

5. Emergency Preparedness	
First Aid:	<input type="checkbox"/>
Is a fully stocked first aid kit available on-site?	<input type="checkbox"/>
Emergency Procedures:	<input type="checkbox"/>
Are all team members aware of emergency exit routes and assembly points?	<input type="checkbox"/>
Fire Safety:	<input type="checkbox"/>
Are fire extinguishers accessible and inspected?	<input type="checkbox"/>
6. Post-Work Procedures	
Clean-Up:	<input type="checkbox"/>
Is the work area cleaned, and all tools properly stored after completion?	<input type="checkbox"/>
Waste Disposal:	<input type="checkbox"/>
Are hazardous materials disposed of following regulatory guidelines?	<input type="checkbox"/>
Comments/Observations:	
Follow-Up Actions Required:	
Next Inspection Date:	