

**ELECTROSTATIC DISCHARGE (ESD)
PROTECTED AREA/WORKSTATION AUDIT**

1. AREA/WORKSTATION LOCATION (BLDG/RM NO.):

2. PERSON CONTACTED:

3. ORGANIZATION:

4. MEASURE AND RECORD RESISTIVITY OF MATS AND PROTECTIVE FLOORING WHEN APPLICABLE:

5. MEASURE AND RECORD THE RESISTANCE OF ALL PERSONNEL GROUNDING DEVICES:

6. MEASURE AND RECORD THE RESISTANCE OF ALL POWER TOOLS (e.g., SOLDER IRONS) FROM THE TIP TO GROUND:

7. DESCRIBE THE TYPE OF PROTECTIVE PERSONNEL DEVICES USED IN THE AREA AND/OR AT THE WORKSTATION (e.g., CLOTHING, STRAPS):

8. VERIFY THE WORKSTATION/PROTECTED AREA IS PROPERLY IDENTIFIED:

9. DESCRIBE THE HUMIDITY MONITORING DEVICES USED:

10. DESCRIBE THE DEVICES USED TO MONITOR/VERIFY GROUND INTEGRITY:

11. ARE ALL PERSONNEL THAT USE THE AREA CERTIFIED:

12. DEFICIENCIES:

13. COMMENTS:

14. IF APPLICABLE, CORRECTIVE ACTION(S) TAKEN:

15. I CERTIFY THAT THE ABOVE AREA/WORKSTATION MEETS THE REQUIREMENTS OF MSFC-RQMT-2918.

INSPECTOR'S SIGNATURE

STAMP

DATE

ATTACH ADDITIONAL SHEETS AS NECESSARY