

GENERAL SAFETY SELF INSPECTION CHECKLIST

Building:	Room Number and Area:	
Area Supervisor:	Department:	
Inspector:	Job Title:	Date:

Instructions: Mark each item **Y** (Yes), **N** (No), or **NA** (Not Applicable). All **No** responses require comments and corrective actions in the space provided with each item. (Attach additional sheets if necessary.) Also look for other unsafe acts and conditions and recommend corrective action that can be taken. Corrective actions should be documented once complete. The results of this self-assessment should be kept on file with other IIPP documentation for at least one year.

Administrative

Are signs concerning building exits, room capacities, floor loading and exposure to X-rays, microwaves or other harmful radiation or substances posted where appropriate?

Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Have the computer workstations been ergonomically evaluated for employees who spend more than 4 hours per day at a computer?

Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Has a chemical inventory of all hazardous materials been completed and forwarded to EH&S, and do employees know how to access this information?

Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Are employee records of exposure to hazardous substances, and Safety Data Sheets (SDSs) kept on file?

Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Is documentation of training, safety inspections and corrections maintained and accessible?
Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Fire/Emergency Safety

Does the department have an emergency response plan and are personnel instructed in emergency procedures (location of exits and fire extinguishers, medical)?
Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Are emergency telephone numbers clearly posted?
Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Are evacuation routes in multi-story buildings clearly posted?
Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Are fire alarm pull boxes clearly identifiable and unobstructed?
Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Are fire hose stations and extinguishers clearly identifiable and unobstructed?
Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Are fire extinguishers tagged with current annual inspections?
Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Are fire escapes, exit doors, stairwells, and corridors kept clear and unobstructed?
Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Are all exits marked and illuminated with exit signs?
Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Do self-closing devices and door latches on fire doors work freely and do doors open from both sides? (Door stops are not permitted.)

Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Office Safety Issues

Are electrical panels accessible and clearly identified?
Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Are electrical equipment such as copiers and computers grounded?
Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Are electrical appliances near sinks guarded with a GFCI (Ground Fault Circuit Interrupter)?
Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Are electrical cords in good condition (no broken insulation or missing ground prong on the plugs)?
Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Are extension cords in use just for temporary requirements? (They should not be used in lieu of permanent wiring.)

Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Is broken, unguarded or otherwise dangerous equipment or furniture promptly removed or disabled so it cannot cause bodily injury?

Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Is rolling equipment working correctly and properly stored?

Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Are all toilets and washing facilities clean and sanitary?

Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Are all work sites and storage area kept orderly and sanitary?

Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Are work surfaces kept dry and/or are appropriate means taken to assure the surfaces are slip-resistant?

Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Are spilled materials or liquids cleaned up immediately?

Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Are shelves, file cabinets, and furniture more than 5 feet tall adequately secured to prevent tipping or falling?

Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Are the tops of shelves, file cabinets, and furniture more than 5 feet tall free of material that could fall and cause injury?

Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Are all work areas adequately illuminated?

Y N N/A

Corrective Action: _____

Responsible Party: _____ Action Due Date: _____ Date Complete: _____

Signature of Inspector

Date

**For questions on any item, please contact your Department Safety Coordinator
Or call EH&S at 8-7422**

Completed copies of this form should be kept in department files for at least one year.