

## 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.