

GENERAL SAFETY INSPECTION CHECKLIST

CAMPUS _____ DATE _____

BUILDING _____ ROOM _____

Instructions. Check (☒) each item below as "Satisfactory" or "Unsatisfactory." Add any pertinent comments and the location of hazards in the space provided for each item checked "Unsatisfactory."

	Satisfactory	Unsatisfactory	N/A	Comment/Location
GENERAL SAFETY				
No aisles obstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Area free of falling hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First aid kit available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency lighting functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Lighting adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ladders/stools in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Housekeeping is good	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Adequate ventilation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency phone numbers posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
STAIRS - RAMPS				
Lighting adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Non-slip surfaces in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Handrails - available and secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
SAFETY EQUIPMENT				
Eye wash station functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Eye protection in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Gloves, as necessary, in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire blanket properly hung and accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FIRE EQUIPMENT/EXITS				
Fire extinguishers accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire extinguishers tagged, serviced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exits properly illuminated	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exits clear and unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
FIRE HAZARDS				
Flammable aerosols and liquids stored & handled properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Storage areas labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Clean-up rags stored properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No defective electrical cords	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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FIRE PROTECTION				
Fire extinguishers				
properly located/installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
clearly identified	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
readily accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
fully charged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
tagged for service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
inspection service current	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire alarms & alarm stations				
in proper operating condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fire doors not blocked open	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
"No Smoking" rule enforced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Flammable fluid properly				
stored & dispensed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
LIFE SAFETY				
Number of exits are adequate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exits are not obstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exit doors and routes clearly				
marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exit aisles clear and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Carpets and rugs secure	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency lighting installed where				
necessary	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency evacuation plans posted				
in each building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MEDICAL/FIRST AID				
Medical facilities - phone numbers				
clearly posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First aid kit readily available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First aid supplies kept replenished	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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ELECTRICAL SAFETY				
Electrical wiring in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Extension cords not used for permanent wiring	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Circuit breaker panels clearly marked with voltage and "caution" warnings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Machines and equipment properly grounded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Breaker panels and control box covers closed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Plugs and electrical outlets in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Circuits not overloaded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical wires not run under carpets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No storage in front of electrical switches and panels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
HOUSEKEEPING / COMMON HAZARDS				
Work area is clean and orderly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Excess paper & trash removed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Floors are clean and dry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Carpets and rugs are secure and free from large tears & holes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Floors are free from protrusions, holes & loose boards or tiles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Aisles and passageways clear and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Handrails are installed on all stairways having more than 3 steps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Handrails are secure and in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ramps have no-slip surface	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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GROUNDS				
Walkways and sidewalks in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Parking lots free of pot holes and large cracks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Grounds free of debris and broken glass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Fencing in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Parking lots and walkways have adequate illumination at night	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
MISCELLANEOUS				
Shelves not overloaded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Storage shelves and bookcases secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Paper cutter guards in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Required Cal/OSHA employee notices posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency telephone numbers posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Procedures posted for reporting emergencies	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency assembly area posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CORRECTIVE ACTION TAKEN (indicate work order has been initiated)				

Inspector's Signature

Print Name