Community Colleges of Ventura County

PUBLIC ASSEMBLY 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."

Condition	N/A	Sat	Unsat	Comment/Location
All exits are clearly identified and paths clear	☐	☐	☐	
All exits and exit signs adequately illuminated	☐	☐	☐	
All exit doors are unlocked during open hours	☐	☐	☐	
All exit doors swing to the outside	☐	☐	☐	
Panic hardware is installed on exit doors and in good operating condition	☐	☐	☐	
Emergency lighting is installed and operating	☐	☐	☐	
Electrical extension cords safely arranged	☐	☐	☐	
Aisles are clear and in good condition	☐	☐	☐	
Aisles and stairs are highlighted with glow-in-the-dark tape or lighting strips to aid in emergency egress	☐	☐	☐	
Stage/stairs are free of splinters or loose hardware	☐	☐	☐	
Stage rigging, ropes, blocks and tackles are in good condition	☐	☐	☐	
Stage front curtain is of fire retardant material	☐	☐	☐	
Stage spot and flood lights secured	☐	☐	☐	
Areas without fixed seating have maximum occupancy limits clearly posted	☐	☐	☐	
Other _____	☐	☐	☐	

CORRECTIVE ACTION TAKEN *(indicate if work order has been initiated)*

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Condition	N/A	Sat	Unsat	Comment/Location
Fire extinguishers accessible and current	☐	☐	☐	
Fire alarm working	☐	☐	☐	
Fire alarm activator marked and maintained	☐	☐	☐	
Storage cabinets secured to wall or floor	☐	☐	☐	
Floors maintained clean and dry	☐	☐	☐	
Carpeting or other floor covering in good repair	☐	☐	☐	
HVAC system operational and provides adequate ventilation	☐	☐	☐	
Seating maintaine d in good condition	☐	☐	☐	
Prop preparation areas maintained	☐	☐	☐	
Paints & solvents labeled and properly stored	☐	☐	☐	
Projection booth maintained with clear access	☐	☐	☐	
Overhead storage above audience minimized and secured	☐	☐	☐	
Restrooms maintained	☐	☐	☐	
Other _____	☐	☐	☐	
Other _____	☐	☐	☐	

CORRECTIVE ACTION TAKEN *(indicate if work order has been initiated)*

_____   _____
Inspector's Signature   Print Name