

TV STUDIO 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
FLOORS				
No wet/slip, fall hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No trip hazard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No cords/cables across walkway or exit path	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Area under raised floor clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
GENERAL SAFETY				
No aisles obstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Emergency lighting functioning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
General lighting satisfactory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ladders/Stools in safe condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Students desks & chairs maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tables, workbenches work stations clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Housekeeping is good/trash removed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No food or drinks in studio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Equipment guarded to prevent injuries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Area free of overhead falling hazards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Tall cabinets & bookcases secured to wall	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
First aid kit readily available	<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"/>	
FIRE EQUIPMENT/EXITS				
Fire extinguishers appropriate & 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"/>	
Exit paths clear and unobstructed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exits signs proper	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Exit doors unlocked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CORRECTIVE ACTION TAKEN (indicate if work order has been initiated)				

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HAZARDOUS MATERIALS				
MSDS's available for chemicals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Containers properly labeled	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Containers properly stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Ventilation adequate	<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"/>	
ELECTRICAL SAFETY				
Permanent wiring properly installed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
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"/>	
Extension cords' grounds intact	<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"/>	
No exposed wires or frayed cords	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Circuits not overloaded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical panel has a "36" clearance	<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"/>	
Electrical wires not run under carpets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical wires not run over hot equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Electrical wires/cables above head level	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
CORRECTIVE ACTION TAKEN (indicate if work order has been initiated)				

Inspector's Signature

Inspector Print Name