



Safety and Health Manual

Safety Inspection Report

Scheduled inspections are essential to an effective safety program to identify existing or potential hazards so that appropriate corrective action can be taken to eliminate hazards, and correct unsafe conditions and work practices. Inspections should be completed monthly, at a minimum, and for any responses with an asterisk “*”, remedial follow-up is necessary to ensure corrective action has been taken.

| INSPECTION LOCATION INFORMATION | | | | |
|---|----------------------------|----------------------------|----------------------|----------------|
| Agency Name: | | | | |
| Location Address: | | | | |
| Site Manager/Supervisor’s Name: | | | | |
| Agency Safety Representative or Designee Name: | | | | |
| Date of Scheduled Inspection: | | | | |
| Inspection Performed By: | | | | |
| ITEMS TO BE INSPECTED | | | | |
| Physical Conditions | NO | YES | Correction Requested | Date Completed |
| Aisle/Walkways | | | | |
| • Are aisles/walkways obstructed? | <input type="checkbox"/> | <input type="checkbox"/> * | _____ | _____ |
| Exits | | | | |
| • Are exits easily accessible? | * <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| • Are exits free from obstructions? | * <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| • Are exit signs illuminated? | * <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| • Are exit signs clearly visible from employee areas? | * <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| Emergency Lights | | | | |
| • Do they function? | * <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| • Do they provide sufficient illumination? | * <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| • Are they adequately located? | * <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| Stairways | | | | |
| • Are there any cracked steps? | <input type="checkbox"/> | <input type="checkbox"/> * | _____ | _____ |
| • Do steps have a slip-resistant surface? | * <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| • Are there missing or loose handrails? | <input type="checkbox"/> | <input type="checkbox"/> * | _____ | _____ |
| • Is lighting adequate? | * <input type="checkbox"/> | <input type="checkbox"/> | _____ | _____ |
| Walking/Working Surfaces | | | | |
| Are employees exposed to slipping/tripping hazards from: | | | | |
| • Electrical wiring and/or VDT cables? | <input type="checkbox"/> | <input type="checkbox"/> * | _____ | _____ |
| • Telephone wiring? | <input type="checkbox"/> | <input type="checkbox"/> * | _____ | _____ |
| • Electrical/telephone outlets? | <input type="checkbox"/> | <input type="checkbox"/> * | _____ | _____ |
| • Congestion in work areas? | <input type="checkbox"/> | <input type="checkbox"/> * | _____ | _____ |
| Floors/Carpets | | | | |
| • Are carpets frayed or torn? | <input type="checkbox"/> | <input type="checkbox"/> * | _____ | _____ |
| • Are mat edges curled? | <input type="checkbox"/> | <input type="checkbox"/> * | _____ | _____ |
| • Are the floors wet and/or slippery? | <input type="checkbox"/> | <input type="checkbox"/> * | _____ | _____ |
| • Are tiles missing or broken? | <input type="checkbox"/> | <input type="checkbox"/> * | _____ | _____ |
| • Is the floor cracked or are there holes? | <input type="checkbox"/> | <input type="checkbox"/> * | _____ | _____ |
| Storage Techniques | | | | |
| Exposures to injury from falling objects or from lifting heavy objects: | | | | |

[To be maintained in Record Keeping Center/Worksite Safety Files for a period of three (3) years.]

- Are heavy boxes stored at waist height? *
- Is heavy, bulky or sharp material stored overhead? *
- Are bookcases/file cabinets anchored? *
- Are aisles in storage areas congested? *
- Are aisles a minimum of 24" wide? *
- Is housekeeping adequate? *

Office Furniture

Are employees exposed to hazards from poorly maintained or adjusted furniture including:

- Defective chairs? *
- Inoperable desk drawers? *
- Unstable file cabinets? *
- Overloading file cabinets? *

Machinery/Equipment

- Unguarded moving parts? *
- Defective wiring on cords? *
- Sharp edges or burrs on equipment? *

Lighting

- Is lighting adequate? *
- Is there glare or excessive light? *
- Are there obstructions creating darkness or shadow areas? *

Parking Lots/Sidewalks

- Are there potholes? *
- Are there cracks or uneven surfaces? *
- Is lighting adequate? *
- Are there accumulations of snow or ice? *

Work Practices

Unsafe practices observed in the office environment:

- Leaving file or desk drawers open? *
- Standing on chairs? *
- Ignoring liquid spills? *
- Running? *
- Horseplay? *

Hazard Communications

- Material safety data sheets on file? *
- Employee right-to-know training provided? *
- Training logs on file? *

Hazardous Substance Storage and Use

- Notice posted? *
- Containers properly labeled? *
- Following proper usage and storage procedure? *

Additional Comments:

INSPECTION REVIEW – To be completed by Agency Management, ensuring completion of corrective action(s).

Comments: _____

| | | |
|-------------------------------------|-----------|------|
| | | |
| | | |
| | | |
| Agency Management (Printed Name) | Signature | Date |

At agency discretion, provide copy to Agency Safety Committee.