



Quarterly Safety/Housekeeping Inspection Form

R7S-1-00

Date: _____

Quarter: (Check one) Jan - March , April - June __, July - Sept. __ Oct. - Dec

Campus: _____

Program Name/Building/Room Number: _____

(e.g. Business/Bldg A/A-203)

Inspector's Name: _____

Fire Safety and Emergency Equipment					
Item	Yes	No	N/A	Comments	
1	Are all fire extinguishers visible & accessible? Are they fully charged? (check for needle in the green) Is the pin in place & secure?				
2	Are fire extinguisher inspection tags in place and less than one year old? (check punched date for year & month)				
3	Is the fire alarm system functioning properly and has it been tested within the past year? (look for green inspection tag on alarm control panel)				
4	Are smoke alarms functioning correctly? (test each alarm, push test button)				
5	Are all exits marked with illuminated exit signs? (If battery operated, test by pushing button)				
6	Are evacuation plans posted near doors and in halls?				
7	Are all doors and hallways leading to an exit, free to access with no possibility of being locked in?				
8	Are exit routes kept free of obstructions?				
9	Do exit doors open outwards? Will fire & exit doors close and latch properly?				
10	Are fire/evacuation drills conducted each semester and summer session?				
10-A	Are tornado drills conducted annually?				
11	If there are portable heaters present in your area, do they have automatic shut off if tipped over? Are they operated away from flammable materials?				
12	Are emergency phone numbers posted by all phones? (police, medical, fire, ambulance)				
12-A	Are emergency phone numbers in the contact list of your cell phone? (campus security, police, medical, fire, ambulance)				



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Fire Safety and Emergency Equipment (continued)					
Item		Yes	No	N/A	Comments
12-B	For each class you teach do you have a way to know who is actually present in your class should there be an emergency or drill?				
12-C	Do you take this list with you when you exit the classroom during an emergency or drill?				
13	Are emergency lights functioning correctly? (test by pushing button)				
14	Are 1st aid kits visible & accessible? Are they stocked? Are expiration dates current?				
15	Are BBP (Blood Borne Pathogen) spill kits stocked and accessible?				
15-A	Are you familiar with the correct procedure to use the BBP kit?				
16	Is there at least 18" clearance for all sprinkler heads?				
17	Are boxes, paper, or other combustible items allowed to accumulate that would present a fire hazard?				
Building And Office Safety					
Item		Yes	No	N/A	Comments
1	Are there any slip / trip / fall hazards located inside or outside your program area or building? Describe				
2	In areas that stay wet, greasy, or slippery are floor mats or other anti-slip material used and in good condition?				
3	Are service holes, drains, etc. properly covered?				
4	Is the building well lit, inside & outside?				
5	Is housekeeping in the building adequate?				
6	Are floors in good condition with no loose or broken flooring?				
7	Does the building have any pest problems? If so describe.				
8	Are all ceiling tiles in place and in good condition throughout the building?				
9	Are stairways in good condition with handrails in place? Are stair treads in good condition?				
10	Is the building secure? Are all outside doors locked at the end of each day? Are all locks and other security devices functioning properly?				
11	If equipped, is the security system for the building working properly?				
12	Are all maintenance and mechanical areas secure? (i.e. boiler rooms, air handlers)				



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Building And Office Safety					
Item	Yes	No	N/A	Comments	
13	Do any windows have broken panes?				
14	Do windows open & close correctly?				
15	Are all elevators working correctly? Are elevators equipped with an emergency phone?				
16	Is the parking lot in good condition? (i.e. no potholes, parking lines visible, etc.)				
17	Are there any water leaks in the building? Note exact location of leaks if it can be determined.				
18	Are all plumbing systems working properly? (toilet flushing problems, drainage problems, leaks from faucets, pipes, etc.)				
19	Is the Hazard Control log posted?				
20	Are safety rules posted and visible?				
21	Are printed MSDS's accessible?				
22	Do employees stand on chairs/desks instead of approved ladders/stepstools?				
23	Can every disabled student have easy and clear access to computers, papers, instructor's desk, or other work areas? (wheel chairs, crutches, door handles, desk height, room to get legs under computer table)				
Electrical Safety and Storage Methods					
Item	Yes	No	N/A	Comments	
1	Are all breaker boxes and junction boxes properly labeled? Are empty breaker slots covered (no blanks)? Are there any hot spots? (Visible wiring, bare wiring) Do the box doors close properly?				
2	Check extension cords, are they properly grounded, adequately sized for the current being drawn, damaged in any way, and are they placed in a manner to prevent tripping?				
3	Are there any exposed wires, frayed cords or wires, torn or frayed insulation, loose or broken conduit, etc.?				
4	Are outlets & switches covered properly and in good condition?				
5	Are storage areas neat? Are items stacked properly? Do top shelves have overhang? Are heavier items stored below shoulder height?				
6	Are all custodial areas in good condition? Are chemicals stored in appropriate container? Is this area secure?				



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Electrical Safety and Storage Methods					
Item	Yes	No	N/A	Comments	
7	Are flammable items stored in proper cabinets and/or containers?				
8	Instructors: Are your cleaning supplies stored out of sight and tightly sealed?				
9	Are oxygen and/or acetylene tanks secured properly?				



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Other Building Safety Issues & Concerns Noted by the Inspector		
Item		Comments

***This section should contain campus specific instructions
(Example)***

Upon completion of the inspection please sign & date below. Problems noted on the form must be sent to Maintenance through the Maintenance/Service Work Order request form (R7M-1-01). Submit the inspection to the Safety Officer. The Safety Officer will then review and sign the completed inspection form.

Inspector's Signature

Date

Safety Officer

Date