# Date:

**Building:**

**Inspector's Name:**

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| **FIRE SAFETY AND EMERGENCIES** |
| **Item** | **Yes** | **No** | **N/A** | **Comments** |
| 1 | If allowed for use, do portable heaters have automatic shut off if tipped over? Are portable heaters operated away from flammable materials? |  |  |  |  |
| 2 | Is there at least an 18" clearance for all sprinkler heads? |  |  |  |  |
| 3 | Are boxes, paper, or other combustible items allowed to accumulate thatwould present a fire hazard? |  |  |  |  |
| 4 | Are all fire extinguishers visible & accessible? Are they fully charged? (check for needle in the green) Is the pin in place & secure? |  |  |  |  |
| 5 | Are fire extinguisher tags in place and less than one year old? (check punched date for year & month) |  |  |  |  |
| 6 | Is the fire alarm system functioning properly and has it been tested within the past year? (look for green inspection tag by alarm control panel) |  |  |  |  |
| 7 | Are smoke alarms functioning correctly? (test each alarm, push test button) |  |  |  |  |
| 8 | Are evacuation plans posted near doors? |  |  |  |  |
| 9 | Has a fire/evacuation drill been conducted within the past year? |  |  |  |  |
| 10 | Are all exits marked with exit signs and illuminated? (if battery operated, push test button) |  |  |  |  |
| 11 | Are exit routes kept free of obstructions? |  |  |  |  |
| 12 | Are all doors and hallways that lead to an exit, free to access with no possibility of being locked in? |  |  |  |  |
| 13 | Do exit doors open outwards? Will fire & exit doors close and latch properly? |  |  |  |  |
| 14 | Are emergency phone numbers posted? (ex: security, fire, ambulance) |  |  |  |  |
| 15 | Are emergency lights functioning correctly? (test by pushing button) |  |  |  |  |
| 16 | Are first aid kits visible & accessible? Are they stocked? Are expiration dates current? |  |  |  |  |
| 17 | Is there a person in the area trained in first-aid? If not, are the numbers and names of trained personnel available? |  |  |  |  |
| 18 | Are BBP spill kits stocked and accessible? |  |  |  |  |

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| **BUILDING AND OFFICE SAFETY** |
| **Item** | **Yes** | **No** | **N/A** | **Comments** |
| 1 | Is there litter or spilled liquid on the floor? |  |  |  |  |
| 2 | In areas that may be wet, greasy or slippery are floor mats or other anti- slip material used and in good condition? |  |  |  |  |
| 3 | Are floors in good condition with no loose or broken flooring? |  |  |  |  |
| 4 | Are floor surfaces chipped, does carpeting show worn spots or holes? |  |  |  |  |
| 5 | Are aisles free of boxes, wastebaskets, chairs and other obstacles that impede traffic? |  |  |  |  |
| 6 | Are service holes, man holes, drains, etc. properly covered? |  |  |  |  |
| 7 | Are stairways in good condition with handrails in place? Are stair treads in good condition? |  |  |  |  |
| 8 | Are all ceiling tiles in place and in good condition throughout the building? |  |  |  |  |
| 9 | Is the building well lit, inside & outside? |  |  |  |  |
| 10 | Is the building secure? Are all outside doors locked at the end of eachday? 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) |  |  |  |  |
| 13 | Do any windows have broken panes? |  |  |  |  |
| 14 | Are all elevators working correctly? Are elevators equipped with an emergency phone? |  |  |  |  |
| 15 | Is the parking lot in good condition? (i.e. no potholes, parking lines visible, etc.) |  |  |  |  |
| 16 | Are there any water leaks in the building? Note exact location of leaks if it can be determined. |  |  |  |  |
| 17 | Are all plumbing systems working properly? (toilet flushing problems, drainage problems, leaks from faucets, pipes, etc.) |  |  |  |  |
| 18 | Is the Hazard Control Log posted? |  |  |  |  |
| 19 | Are safety rules posted? |  |  |  |  |
| 20 | Do employees stand on chairs/desks instead of approved ladders/stepstools? |  |  |  |  |
| 21 | Are warning signs posted near repair work or redecorating? |  |  |  |  |
| 22 | Any employees observed performing unsafe behavior? |  |  |  |  |
| 23 | Is one or more desk or file drawer left open? |  |  |  |  |
| 24 | Are files top-heavy with empty drawers at the bottom and full drawers on top? |  |  |  |  |
| 25 | Are boxes, papers, and books stored on top of files, storage cabinets, and windowsills? |  |  |  |  |
| 26 | Is equipment turned off/powered down when not in use? |  |  |  |  |
| 27 | Do employees secure dangling jewelry or floppy clothing around machinery? |  |  |  |  |
| 28 | Is the paper cutter placed in a safe location and secure while not in use? |  |  |  |  |
| 29 | Are items with sharp edges stored properly? |  |  |  |  |
| 30 | Do employees practice good house keeping and maintain a safe environment in their respective work areas? |  |  |  |  |
| 31 | Has a complete walkthrough assessment of the facility been conducted todetermine the presence of hazardous materials? |  |  |  |  |
| 32 | Does the building have any pest problems? |  |  |  |  |

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| **ELECTRICAL SAFETY AND STORAGE METHODS** |
| **Item** | **Yes** | **No** | **N/A** | **Comments** |
| 1 | Are all breaker boxes labeled correctly? Are empty breaker slots covered? Are the doors closed? |  |  |  |  |
| 2 | Do panel boxes have any hot spots? If so, note location of hot spot & which panel box. |  |  |  |  |
| 3 | Check extension cords: are they properly grounded and adequately sized for the current being drawn? Are they placed in a manner to prevent tripping? |  |  |  |  |
| 4 | Are there any surge protectors plugged into other surge protectors? Only one surge protector allowed per outlet. |  |  |  |  |
| 5 | Check extension cords: are they damaged in any way? |  |  |  |  |
| 6 | Are cords placed where they might trip a passerby? |  |  |  |  |
| 7 | Do cords looked frayed? Are they bent around hooks or stepped on? |  |  |  |  |
| 8 | Are flimsy extension cords in use? (All extension cords should be 3- pronged) |  |  |  |  |
| 9 | Are all electrical equipment connected with three pronged plugs? |  |  |  |  |
| 10 | Are electrical outlet boxes or bonnets exposed so that they pose a tripping hazard? |  |  |  |  |
| 11 | Are storage areas neat? Are items stacked properly? Are heavier items stored below shoulder height? |  |  |  |  |
| 12 | Do top shelves have overhang? |  |  |  |  |
| 13 | Are all custodial areas in good condition? Are chemicals stored in appropriate container? Is this area secure? |  |  |  |  |
| 14 | Are flammable items stored in proper cabinets and/or containers? |  |  |  |  |
| 15 | Are oxygen and/or acetylene tanks secured properly? |  |  |  |  |
| **OTHER BUILDING SAFETY ISSUES & CONCERNS NOTED BY THE INSPECTOR** |
| **Item** | **Comments** |
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Upon completion send a copy to the Loss Prevention Representative and keep a copy for your file. Any hazards found shall be reported to the Loss Prevention Representative for corrections and/or follow-up.

# Inspector's Signature Date