

# Safety Inspection Report

The items listed below are provided as a guide in making your inspection and are not all-inclusive.

Mark boxes S (Satisfactory) or U (Unsatisfactory). Note any other unsafe conditions/practices not specified in the blank area provided.

Tenant _____ Department _____ Floor/Suite _____	PERIODIC INSPECTION			
	#1	#2	#3	#4
<b>FLOORS AND AISLES</b> ✓ Clear of debris. ✓ Surfaces smooth, coverings intact (no holes, loose tiles, torn carpeting, defective mats) ✓ Raised outlets covered with furniture. ✓ Cords placed out of walkways.	S or U <input type="checkbox"/> <input type="checkbox"/>	S or U <input type="checkbox"/> <input type="checkbox"/>	S or U <input type="checkbox"/> <input type="checkbox"/>	S or U <input type="checkbox"/> <input type="checkbox"/>
<b>CEILING AND WALLS</b> ✓ Materials securely fastened (ceiling tile, wall décor, moldings, light fixtures).	S or U <input type="checkbox"/> <input type="checkbox"/>	S or U <input type="checkbox"/> <input type="checkbox"/>	S or U <input type="checkbox"/> <input type="checkbox"/>	S or U <input type="checkbox"/> <input type="checkbox"/>
<b>HALLS AND EXITS</b> ✓ Unobstructed (clear of furniture and debris) ✓ Exits easily identified and illuminated ✓ Floor areas free of trip and slip hazards	S or U <input type="checkbox"/> <input type="checkbox"/>	S or U <input type="checkbox"/> <input type="checkbox"/>	S or U <input type="checkbox"/> <input type="checkbox"/>	S or U <input type="checkbox"/> <input type="checkbox"/>
<b>STORAGE AREAS</b> ✓ Materials stacked so as not to fall or tip over. ✓ Safe storage on top shelves (limit height, weight, bulk) ✓ Tall racks, shelves, cabinets securely bolted. ✓ Aisles clear. ✓ Trash container lids in place. ✓ Overhead lifting avoided whenever possible. 18" clearance to sprinkler heads.	S or U <input type="checkbox"/> <input type="checkbox"/>	S or U <input type="checkbox"/> <input type="checkbox"/>	S or U <input type="checkbox"/> <input type="checkbox"/>	S or U <input type="checkbox"/> <input type="checkbox"/>
<b>MISCELLANEOUS</b> ✓ No accumulation of trash or flammable materials. ✓ Wastebaskets are kept away from draperies.	S or U <input type="checkbox"/> <input type="checkbox"/>	S or U <input type="checkbox"/> <input type="checkbox"/>	S or U <input type="checkbox"/> <input type="checkbox"/>	S or U <input type="checkbox"/> <input type="checkbox"/>
<b>ELECTRICAL</b> ✓ No space heaters or personal heaters being used. ✓ Portable equipment (i.e. printers, fans, etc.) properly grounded (3-prong plug and UL-listed.) ✓ Outlets are not over loaded. ✓ No extension cords or multi-plug adapters are being used. ✓ Multiple outlet strips are acceptable. Must be UL-listed with circuit breakers.	S or U <input type="checkbox"/> <input type="checkbox"/>	S or U <input type="checkbox"/> <input type="checkbox"/>	S or U <input type="checkbox"/> <input type="checkbox"/>	S or U <input type="checkbox"/> <input type="checkbox"/>
<b>INTERNAL STAIRWAY</b> ✓ Condition of stair treads. ✓ Handrails secure and smooth. ✓ Landings clear of storage and debris. ✓ Lighting adequate – emergency lighting available.	S or U <input type="checkbox"/> <input type="checkbox"/>	S or U <input type="checkbox"/> <input type="checkbox"/>	S or U <input type="checkbox"/> <input type="checkbox"/>	S or U <input type="checkbox"/> <input type="checkbox"/>

<b>EMERGENCY PROVISION</b>	<b>S or U</b>	<b>S or U</b>	<b>S or U</b>	<b>S or U</b>
✓ First Aid supplies (dust proof container, sanitary, accessible, supplies are adequate and not expired).	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
✓ Fire Extinguishers properly tagged, mounted, accessible, visible, and location known by staff. Tags show proof of monthly inspection.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
✓ Emergency preparations (emergency phone numbers posted, evacuation and security procedures established, disaster kit stocked, and disaster kit items not expired).	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
✓ Exits marked, lighted, accessible.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
✓ Floor leaders assigned and trained.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>
✓ List of physical impaired personnel and their assigned monitors, up-to-date and submitted to Building Management.	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

<b>COMMENTS:</b> Indicate corrective action for every unsatisfactory condition noted.				
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Inspector's Name (*please print legibly*) and Phone Number

#1 \_\_\_\_\_ Date: \_\_\_\_\_

#2 \_\_\_\_\_ Date: \_\_\_\_\_

#3 \_\_\_\_\_ Date: \_\_\_\_\_

#4 \_\_\_\_\_ Date: \_\_\_\_\_

\*MSDS: Refer to ERC 033 "How to Read a Material Safety Data Sheet" for additional information.

