

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 |
| FLOORS AND AISLES ✓ 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"/> |
| CEILING AND WALLS ✓ 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"/> |
| HALLS AND EXITS ✓ 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"/> |
| STORAGE AREAS ✓ 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"/> |
| MISCELLANEOUS ✓ 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"/> |
| ELECTRICAL ✓ 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"/> |
| INTERNAL STAIRWAY ✓ 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"/> |

| EMERGENCY PROVISION | S or U | S or U | S or U | S or U |
|--|---|---|---|---|
| ✓ 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"/> |

| | | | | |
|---|--|--|--|--|
| COMMENTS: Indicate corrective action for every unsatisfactory condition noted. | | | | |
|---|--|--|--|--|

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.

