

Building Safety Survey

Building: _____ Supervisor: _____ Date Completed: _____
Inspected By: _____ Contacts: _____

Note **X** in the YES column means that no defect was observed at the time of the inspection.
X in the NO column means that action is required by the supervisor or FP&M.
X in the NA column means that the item is not applicable.

A. General Building

	Yes	No	NA
1. 911 Emergency phone number posted at each telephone	_____	_____	_____
2. Warning signs posted for hazardous areas and operations	_____	_____	_____
3. Floors free of tripping or slipping hazards	_____	_____	_____
4. All areas clean and uncluttered	_____	_____	_____
5. Ladders appropriate for task and in good repair	_____	_____	_____
6. Department machinery in good repair and switches accessible	_____	_____	_____
7. Department machinery moving parts and pinch points guarded	_____	_____	_____
8. Space heaters and unguarded fans absent	_____	_____	_____
9. Building evacuation routes posted	_____	_____	_____
10. OSHA Compliance Notice posted	_____	_____	_____

Item # Location

B. Fire Safety

1. Combustibles absent in corridors, stairways, near heat sources, and in concealed areas	_____	_____	_____
2. Corridor doors closed or equipped with electromagnetic closures	_____	_____	_____
3. Exits and aisles unobstructed and free of tripping hazards	_____	_____	_____
4. All fire extinguishers and fire alarm pull stations unobstructed	_____	_____	_____
5. Emergency evacuation policy available and known by building occupants	_____	_____	_____
6. Door closers installed where needed and are in good repair	_____	_____	_____

Item # Location

C. Electrical Safety

1. Ungrounded 2 pronged electrical plugs (excluding small commercial, UL approved appliances and grounded tools) are absent	_____	_____	_____
2. Electrical extension cords (excluding temporary use <1 day- cord with 3 conductor wires) are absent	_____	_____	_____
3. Damaged electrical cords and temporary electrical repairs are absent	_____	_____	_____
4. Electrical cube taps, "cheater" plugs, and unbreakered power strips absent	_____	_____	_____
5. Circuit breaker panels and disconnects unobstructed and labeled	_____	_____	_____
6. Adequate lighting for the task	_____	_____	_____
7. High wattage equipment (i.e. refrigerators, copiers, coffee machines) plugged directly into wall outlet	_____	_____	_____
8. All outlets equipped with 3-prong sockets	_____	_____	_____

Item # Location

D. Chemical Safety

	Yes	No	NA
1. Eye wash and safety shower unobstructed	_____	_____	_____
2. All chemical containers appropriately labeled	_____	_____	_____
3. Gas cylinders secured, away from heat sources and capped if not in use	_____	_____	_____
4. Chemical storage areas free of ignition sources	_____	_____	_____
5. Incompatible chemicals stored separately and all chemicals stored by hazard category	_____	_____	_____
6. All rooms appropriately placarded	_____	_____	_____
7.	_____	_____	_____
8. SDS available for chemicals	_____	_____	_____

Item # Location

E. Safety Equipment

1. Appropriate first-aid kit is available	_____	_____	_____
2. Appropriate personal protective equipment provided, stored clean and dry and is in good repair	_____	_____	_____
3. Respirator users (including disposable masks) are trained and fit tested	_____	_____	_____

Item # Location

Note The following items require involvement with Department of Facilities Planning and Management or Environmental Health and Safety and EH&S will process the necessary repair requests

F. Building Equipment Safety

1. All machines are in good repair	_____	_____	_____
2. All machinery moving parts and pinch points are guarded	_____	_____	_____
3. Clearance around floor mounted machinery is at least 24 inches and control switches are easily accessible	_____	_____	_____
4. Doors in good condition – fire doors latch closed	_____	_____	_____
5. Exit signs properly illuminated	_____	_____	_____

Item # Location
