

Building Safety Survey

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

A. General Building

	Yes	No	NA
1. Warning signs are posted for hazardous areas and operations	_____	_____	_____
2. Walking surfaces free from trip/slip hazards (deteriorating, slick, etc.)	_____	_____	_____
3. Covered by good housekeeping	_____	_____	_____
4. Ladders are appropriate for task and in good condition	_____	_____	_____
5. Machinery is in good condition and switches are accessible	_____	_____	_____
6. Machinery moving parts and pinch points are guarded	_____	_____	_____
7. Space heaters and unguarded fans are absent	_____	_____	_____
8. Emergency Action Plan is posted	_____	_____	_____
9. OSHA Compliance Notice is posted	_____	_____	_____

B. Fire Safety

1. Combustibles are absent in corridors, stairways, near heat sources, and concealed areas	_____	_____	_____
2. Room Corridor Doors are closed (may open by alarm-deactivating magnets)	_____	_____	_____
3. Good housekeeping is evident (Exits & Aisles are unobstructed. Areas are clean, uncluttered, and trash is properly disposed)	_____	_____	_____
4. All fire extinguishers and fire alarm pull stations are unobstructed	_____	_____	_____
5. Emergency evacuation policy available and known by building occupants	_____	_____	_____

C. Electrical Safety

1. Ungrounded two-three-pronged electrical plugs (excluding small commercial, UL approved appliances and grounded tools) are absent	_____	_____	_____
2. Electrical items are used correctly (i.e. cords in good condition, breaker UL power strips, high wattage equipment plugged in directly to outlet, no extension cords and no tandem power strips)	_____	_____	_____
3. Circuit breaker panels and disconnects are unobstructed and labeled	_____	_____	_____
4. Lighting adequate and functioning properly (dead bulbs, too dark, etc.)	_____	_____	_____
5. All outlets are equipped with three-prong sockets	_____	_____	_____
6. Exit signs illuminated and in working condition	_____	_____	_____

D. Chemical Safety

	Yes	No	NA
1. Eyewash and Safety Showers (unobstructed & flushed monthly)	_____	_____	_____
2. Containers are appropriately labeled, with names spelled out and closed	_____	_____	_____
3. Gas cylinders are secured, away from heat sources and capped if not in use	_____	_____	_____
4. Chemical storage areas are free of ignition sources	_____	_____	_____
5. Incompatible chemicals are stored separately and all chemicals are stored by hazard category or class	_____	_____	_____
6. Appropriate signage is presented on entry door and within lab (i.e. emergency contracts, IDPH, equipment markings)	_____	_____	_____
7. Chemical material inventories are current and on file at EH&S	_____	_____	_____
8. Safety Data Sheets are available for employees that use chemicals	_____	_____	_____

E. Safety Equipment

1. First-aid kit is available and stocked	_____	_____	_____
2. Personal Protective Equipment (worn, undamaged, & stored properly)	_____	_____	_____
3. Clearance around floor mounted machinery is at least 24 inches and control switches are easily accessible	_____	_____	_____