



SAFETY COMMITTEE SELF INSPECTION CHECKLIST

LOCATION: _____

Inspection Completed By: _____ Date: _____

	Yes	No	N/A		Yes	No	N/A
Building Exterior				Fire Extinguishers			
Building address clearly marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Proper type extinguishers provided	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building accessible in an emergency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extinguishers are readily accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire hydrants accessible (approx 150 feet away)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extinguisher inspected in last year	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Dept. connection marked/accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extinguisher monthly checks conducted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Building appears to be in good repair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Building free of vandalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical			
Exterior walls in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical system operating properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior windows in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical panels free of obstructions/locked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Walkways maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Wall receptacles and switches have plates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Parking lots maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Boxes and panels free of combustibles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Combustibles stored away from bldg.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Electrical hoses and panels covered	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetation cut back from the bldg.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	All circuit breakers/fuses clearly marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trash stored away from building	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Extension cords properly used	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Exterior lights operating properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GFCI's on receptacles near water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fencing and gates in good condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Computer/server room clear of obstruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Doors				Fire Alarm/Detection Systems			
Fire Doors are in working condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Tested within the last month	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fire Doors are kept closed & clear of obstruction	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	System free of trouble/alarm signals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
General Housekeeping				Automatic Sprinkler Systems			
Building clean and well maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	18" clearance below sprinkler heads	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Storage areas neatly arranged	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Metal containers for oily/solvent soaked rag	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Building Evacuation Features			
Trash emptied daily	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exit doors clearly marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Stairs/halls clean & free of obstructions	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Travel routes clearly marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Red analog phones have dial tone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exit doors in working condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Security cameras in good condition/working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Exit door accessible & unlocked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Emergency lights are working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heating & Air Conditioning				Evacuation diagrams posted in all areas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heat and A/C operating properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Mechanical rooms kept locked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Special Hazards			
Mechanical rooms free of storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Is the building free from the following:			
All vents clear of combustibles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Flammable liquids storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Use of space heaters limited	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Compressed gas storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
				Commercial type cooking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Smoking				Computer/server room	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Employees abiding by smoking/tobacco policy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Other hazardous chemicals/operations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
City ordinance sign in place	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
				Please note any other Special Hazards:			
Safety Kits Stocked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Items needed:							
AED Defibrillator							
Green light blinking	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Battery and pad expiration checked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Inspection by Others				ALL "NO" ANSWERS WERE REPORTED TO: _____			
Fire sprinkler system tested/working properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DATE: _____ BY: _____			
				<input type="checkbox"/> PHONE <input type="checkbox"/> EMAIL <input type="checkbox"/> VERBAL			

Please explain all "NO" answers