

FIRE AND OCCUPATIONAL SAFETY SELF-INSPECTION CHECK LIST

OFFICE LOCATION: _____
(_____ Report)
month/year

ALL AREAS

YES NO

- | | | |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | Restrooms Clean and Supplied. |
| <input type="checkbox"/> | <input type="checkbox"/> | Emergency Numbers (Fire, Medical, Police) Posted. |
| <input type="checkbox"/> | <input type="checkbox"/> | First Aid Kit Filled and Available. |
| <input type="checkbox"/> | <input type="checkbox"/> | Materials Properly Stored on Cabinet Tops, Shelves, and Bookcases. |
| <input type="checkbox"/> | <input type="checkbox"/> | Desk Drawers, File Cabinets, Locker Doors Closed. |
| <input type="checkbox"/> | <input type="checkbox"/> | Aisles Unobstructed. |
| <input type="checkbox"/> | <input type="checkbox"/> | No Broken Glass or Sharp-Edged Objects in Work Area. |
| <input type="checkbox"/> | <input type="checkbox"/> | Waste Containers Emptied Regularly. |
| <input type="checkbox"/> | <input type="checkbox"/> | Floors Absent of Spills or Obstruction. |
| <input type="checkbox"/> | <input type="checkbox"/> | Stairways Cleared of Obstructions. |
| <input type="checkbox"/> | <input type="checkbox"/> | Extension Cords not being Used Instead of Permanent Wiring. |
| <input type="checkbox"/> | <input type="checkbox"/> | Paper Cutter Blades Kept in Down Position When Not in Use. Shears, Scissors, Knives, Etc. Properly Stored. |
| <input type="checkbox"/> | <input type="checkbox"/> | Doorways Properly Marked with "EXIT" Signs and the Signs Illuminated. |
| <input type="checkbox"/> | <input type="checkbox"/> | Exit Stairwell Doors (Fire Doors) Kept Closed.
<i>(The exception is if rated fire door is held open by an electromagnetic door holder activated by a smoke detector.)</i> |
| <input type="checkbox"/> | <input type="checkbox"/> | Interior Exit Doors can be Opened in One Motion and Without Use of a Key or Special Knowledge or Effort. |
| <input type="checkbox"/> | <input type="checkbox"/> | Hand-Pulls Visible (No Obstruction) on Building Fire Alarm System. |

- Fire Extinguishers Visible (No Obstructions).
- Fire Extinguishers Tagged with Monthly Checks.
- Exit Lights Operable (If Equipped).
- Pencils Stored with Points Down.
- Ladders or Stools Available for Reaching High Storage Areas.
- Electrically Operated Equipment Kept in Good Working Order and Maintenance Performed After Unplugging.
- Flammable Liquid Storage Requirements Followed.
- Staff Aware of Disabled Persons in Their Area Who May Need Assistance Out of the Building. *(A Hearing impaired person may need assistance to advise them of a fire alarm sounding.)*
- Employees Aware of the Campus Fire Alarm Evacuation Procedures.

Other Violations Not Listed:

Inspected by: _____ Date: _____

Supervisor: _____ Date: _____

FIRE AND OCCUPATIONAL SAFETY SELF-INSPECTION CHECK LIST

SHOP AREA ADDITIONAL REQUIREMENTS

SHOP LOCATION: _____
(_____ Report)
month/year

YES **NO**

- | | | |
|--------------------------|--------------------------|---|
| <input type="checkbox"/> | <input type="checkbox"/> | Chemicals Properly Labeled and Stored. |
| <input type="checkbox"/> | <input type="checkbox"/> | Personal Protective Equipment Available and in Good Condition. |
| <input type="checkbox"/> | <input type="checkbox"/> | Electric Forklift Recharging Areas Marked. |
| <input type="checkbox"/> | <input type="checkbox"/> | Grinders Have Proper Spacing on Work Rest. |
| <input type="checkbox"/> | <input type="checkbox"/> | Goggles or Face Shields Available at Grinder Location. |
| <input type="checkbox"/> | <input type="checkbox"/> | Hand Tools Properly Stored. |
| <input type="checkbox"/> | <input type="checkbox"/> | Defective Tools Tagged and Removed From Use. |
| <input type="checkbox"/> | <input type="checkbox"/> | Handles of Hammers, Mauls, and Other Similar Tools in Good Condition. |
| <input type="checkbox"/> | <input type="checkbox"/> | Chisel Heads in Good Condition. |
| <input type="checkbox"/> | <input type="checkbox"/> | Gasoline Powered Equipment, Such as Saws, Properly Stored. |
| <input type="checkbox"/> | <input type="checkbox"/> | Gas Welding Rigs Properly Maintained. |
| <input type="checkbox"/> | <input type="checkbox"/> | Empty or Full Gas Cylinders Properly Stored or Marked. |
| <input type="checkbox"/> | <input type="checkbox"/> | Portable Power Tools in Good Condition and Properly Stored. |
| <input type="checkbox"/> | <input type="checkbox"/> | Electrical Powered Hand Tool Cords in Good Condition. |