

# General Self Inspection Program

Location, Area, or Department: \_\_\_\_\_ Date: \_\_\_\_\_

Surveyor: \_\_\_\_\_

## General Evaluation

	Needs Action	Needs Improvement	Good	Very Good
A. Property/Liability				
a. Fire protection	_____	_____	_____	_____
b. Housekeeping	_____	_____	_____	_____
c. Slip/trip/fall	_____	_____	_____	_____
d. Public safety	_____	_____	_____	_____
B. Employee Safety				
a. Safety meetings	_____	_____	_____	_____
b. Safety rules	_____	_____	_____	_____
c. Work conditions	_____	_____	_____	_____
d. Auto/equipment	_____	_____	_____	_____

## Property/Liability

	Yes	No
Fire protection	<input type="checkbox"/>	<input type="checkbox"/>
Emergency numbers posted	<input type="checkbox"/>	<input type="checkbox"/>
Fire extinguishers available/serviced	<input type="checkbox"/>	<input type="checkbox"/>
Fire alarm panel showing system is operational; no warning lights.	<input type="checkbox"/>	<input type="checkbox"/>
Automatic sprinkler system control valve locked in open position.	<input type="checkbox"/>	<input type="checkbox"/>
Automatic sprinkler heads clear of storage within three feet.	<input type="checkbox"/>	<input type="checkbox"/>
Flammable, combustible liquids stored in UL-listed containers.	<input type="checkbox"/>	<input type="checkbox"/>
Flammable, combustible liquid containers stored in proper cabinet or container.	<input type="checkbox"/>	<input type="checkbox"/>
Smoking, No Smoking areas designated/marked.	<input type="checkbox"/>	<input type="checkbox"/>
Any cigarette butts noticed in No Smoking areas.	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

## Housekeeping

Stairwells clear of combustible items.	<input type="checkbox"/>	<input type="checkbox"/>
Furnace, hot water heater, and electrical panel areas clear of combustible items.	<input type="checkbox"/>	<input type="checkbox"/>
Work and public areas are clear of extension cords, boxes, equipment, or other tripping hazards.	<input type="checkbox"/>	<input type="checkbox"/>
Floor surfaces kept clear of oils, other fluids, or water.	<input type="checkbox"/>	<input type="checkbox"/>
Stored items are not leaning or improperly supported; heavy items are not up high.	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

## Slip/Trip/Fall

Stair treads are in good condition; not worn, damaged or loose.	<input type="checkbox"/>	<input type="checkbox"/>
Handrails for all stairs/steps.	<input type="checkbox"/>	<input type="checkbox"/>
Guardrails for all elevated platforms.	<input type="checkbox"/>	<input type="checkbox"/>
Stair handrails are in good condition; not loose or broken.	<input type="checkbox"/>	<input type="checkbox"/>
Floor surfaces are even, with non-slip wax if applicable.	<input type="checkbox"/>	<input type="checkbox"/>
All rugs are held down or have non-slip backing.	<input type="checkbox"/>	<input type="checkbox"/>
Any holes, pits or depressions are marked with tape, barricades, or guardrails.	<input type="checkbox"/>	<input type="checkbox"/>
Wet floor signs are available and used.	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

# General Self Inspection Program

## Public Safety

	Yes	No
Public areas kept clear of storage and supplies.	<input type="checkbox"/>	<input type="checkbox"/>
Emergency lighting for public assembly areas in buildings.	<input type="checkbox"/>	<input type="checkbox"/>
Evacuation plans posted for public assembly areas in buildings.	<input type="checkbox"/>	<input type="checkbox"/>
Public areas have necessary warning or directional signs.	<input type="checkbox"/>	<input type="checkbox"/>
Construction work has barriers, covers, and markings.	<input type="checkbox"/>	<input type="checkbox"/>
Street and road signs noted in good condition, clear of obstructions.	<input type="checkbox"/>	<input type="checkbox"/>
Sidewalks smooth and even; no holes, no raised or broken areas.	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

---

## Employee Safety

### Safety Meetings

Held in the department.	<input type="checkbox"/>	<input type="checkbox"/>
Meetings held ____ monthly ____ quarterly ____ other _____ ; documented	<input type="checkbox"/>	<input type="checkbox"/>
Different topic each time.	<input type="checkbox"/>	<input type="checkbox"/>
Covers department safety rules.	<input type="checkbox"/>	<input type="checkbox"/>

### Safety Rules

Rules specific for this department.	<input type="checkbox"/>	<input type="checkbox"/>
Rules are written, posted in the department.	<input type="checkbox"/>	<input type="checkbox"/>
Reviewed with new employees.	<input type="checkbox"/>	<input type="checkbox"/>

### Work Conditions

Employees exposed to: ____ Heat ____ Cold ____ Rain/sleet/snow ____ Use of chemicals		
____ Noise ____ Work in confined spaces ____ Work in trenches		
____ Traffic ____ Blood/body fluids ____ Other _____		

Proper personal protective equipment available

Respirators, goggles, face shields, chemical gloves, traffic vests, appropriate clothing

Trench boxes/shoring for trenching, ear plugs/muffs, body armor (law enforcement)

Confined space equipment, harness, air testing equipment, ventilation equipment, tripod

Fire department turn-out gear, blood-borne pathogens kits

Personal protective equipment required to be worn.	<input type="checkbox"/>	<input type="checkbox"/>
--	--------------------------	--------------------------

Employees trained on proper use.	<input type="checkbox"/>	<input type="checkbox"/>
----------------------------------	--------------------------	--------------------------

Equipment properly maintained.	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------------	--------------------------	--------------------------

Shop equipment has proper guards to protect from pinch or caught-between type injuries.	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------

Chemicals used in the department.	<input type="checkbox"/>	<input type="checkbox"/>
-----------------------------------	--------------------------	--------------------------

MSDS sheets available; employees trained on hazards, proper use, proper PPE to use.	<input type="checkbox"/>	<input type="checkbox"/>
---	--------------------------	--------------------------

Comments: \_\_\_\_\_

---

## Auto and Equipment

Seat belts provided.	<input type="checkbox"/>	<input type="checkbox"/>
Seat belts required to be used.	<input type="checkbox"/>	<input type="checkbox"/>
Drivers noted wearing seat belts.	<input type="checkbox"/>	<input type="checkbox"/>
All lights working including strobe lights, turn signals.	<input type="checkbox"/>	<input type="checkbox"/>
Tires in good condition, tread, sidewalls.	<input type="checkbox"/>	<input type="checkbox"/>
Glass in good condition; not cracked, broken.	<input type="checkbox"/>	<input type="checkbox"/>
Reflective tape, signs in good condition.	<input type="checkbox"/>	<input type="checkbox"/>
Any periodic, documented, self-inspection of the vehicles/equipment.	<input type="checkbox"/>	<input type="checkbox"/>
Proper guards on mowers, other equipment.	<input type="checkbox"/>	<input type="checkbox"/>

Comments: \_\_\_\_\_

---