



Quarterly Building/Safety Inspection Checklist

Date: _____ Quarter: _____

Location/Building: _____

Address: _____

General/Building	N/A (explain)	YES	NO
1. Is carpet/floor free of defects?			
2. Are doors and windows properly functioning?			
3. Spot check first aid kits. Kit should not include consumable items.			
Office Safety	N/A (explain)	YES	NO
1. Are exit doors propped open by unauthorized devices?			
Storage Methods	N/A (explain)	YES	NO
2. Are items stored/stocked properly?			
Fire	N/A (explain)	YES	NO
1. Are fire extinguishers accessible and updated?			
2. Are fire exit routes unobstructed?			
3. Are all doors free of non-authorized opening devices?			
4. Are fire alarm panels tagged green?			
5. Are fire exits clearly marked?			
Electrical	N/A (explain)	YES	NO
1. Are all outlets located by sinks protected by GFI (Ground Fault Interruption)?			
2. Are all emergency lights working?			
3. Are all exit lights working?			
Equipment	N/A (explain)	YES	NO
1. Is the sprinkler system unobstructed?			
2. Are smoke detectors unobstructed?			

External Safety	N/A (explain)	YES	NO
1. Are the fire lanes clear of all access?			
2. Are entry ways in good repair (i.e., steps, railings)?			
3. Are wheelchair ramps in good repair?			
4. Are potentially hazardous areas marked (i.e., wet steps, floors)?			

Comments: