

**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** |  |  |  |
| 1. Are exit doors propped open by  unauthorized devices? |  |  |  |
| **Storage Methods** |  |  |  |
| 1. Are items stored/stocked  properly? |  |  |  |
| **Fire** |  |  |  |
| 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 |
| 3. 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** |  |  |  |
| 1. Is the sprinkler system unobstructed? |  |  |  |
| 2. Are smoke detectors  unobstructed? |  |  |  |
| **External Safety** |  |  |  |
| 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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