

ADMINISTRATIVE AREA SAFETY INSPECTION CHECKLIST

Organization:	Department:	Date:
Contact:	Title:	
Office Phone #:		

For assistance in using this checklist, contact the Base Safety Office at 269-2873/4 or 2921

Y	N	NA	ITEM	Y	N	NA	ITEM
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	1. General Safety a) Shop and storage areas clean and orderly.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c) If required, is appropriate foot protection worn where there is risk of foot injuries
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b) Exits are Marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d) PPE is stored properly, cleaned and inspected before each use
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c) Trip hazards have been eliminated (cords, personal, cleaning items)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e) Other _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d) Are all filing cabinets doors closed and heavy machines properly mounted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	4. Electrical Safety a) Are all breaker panels and emergency shut-offs labeled
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e) Working areas for office machines clear and organized.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b) Is there 36" clearance around circuit breaker panels
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f) Do fire sprinklers have an 18" clearance beneath and to the sides?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c) Are Electrical panels are covered
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g) Floor clean from spills and absorbent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d) Is exposed wiring and frayed/deteriorated cords repaired/replaced promptly, free of splices and taps
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h) Exits /corridors are clear, no obstruction or trip hazards.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e) All cord connected, electrically operated tools and equipment, effectively grounded
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	i) Evacuation plans available and practiced at least annually	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f) Ensure no extension cords are used in place of permanent wiring
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	j) Have Unit Fire Wardens been appointed.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g) Are electrical cords across walk ways protected/ covered
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	k) Are employees restricted from eating and drinking in work areas where hazardous materials are present?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h) Are there GFCI's used in wet areas (showers, sinks)
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	l) Ladders/stepping stools are serviceable and appropriate for the type of work	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	i) Do portable fans provided with full guards or screens having openings ½ inch or less
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	m) Are assigned GOV's clean and roadworthy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	j) Other _____
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	2. Emergency/Safety Equipment a) Eyewash stations/Emergency showers inspected, clear access	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Chemical Management a) Is a current inventory available?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b) If required, is Biohazard kit available and are employees aware of its location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b) Are Chemicals properly stored?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c) Fire Extinguisher present/inspected monthly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c) Are MSDSs available?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d) All emergency equipment distinctly marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d) Flammables stored in NFPA approved cabinets.
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e) Is an (AED) automated external defibrillator available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e) No smoking signs posted and observed
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f) Is there trained personnel available for the use and to inspect AED's	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f) Are employees provided training on local HAZCOM policies and procedures
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g) Other _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g) Are Chemicals properly labeled?
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	3. Personal Protective Equipment a) If required, is Hearing protection available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Safety Meetings a) Are monthly shop safety meetings conducted
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b) If required, are approved respirators provided for regular or emergency use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b) Are all New Employees Safety Indoctrination completed