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