

## GENERAL FACILITY INSPECTION CHECK LIST

LOCATION: \_\_\_\_\_ DATE: \_\_\_\_\_  
MANAGER: \_\_\_\_\_ DEPARTMENT: \_\_\_\_\_  
INSPECTOR: \_\_\_\_\_ JOB TITLE: \_\_\_\_\_

### Administration and Training

- Yes  No  N/A  A 1. Have all employees received General Safety Training? (New Employee Safety Training, fire, earthquake, lifting, emergency evacuation, etc.?)
- Yes  No  N/A  A 2. Are all employees familiar with the use of SDS's and where they are located?  
Provide location: \_\_\_\_\_
- Yes  No  N/A  A 3. Have all employees been instructed in how they are to operate the equipment they are assigned to use?
- Yes  No  N/A  A 4. Have all employees been trained in how to protect themselves from the hazards identified in their workplace?
- Yes  No  N/A  A 5. Are all employees current on any specialized training (lockout, confined space, carts, bailor etc.) needed?
- Yes  No  N/A  A 6. Have all employees attended Orientation & Safety training program?
- Yes  No  N/A  A 7. Are the safety records (inspections, training documents, etc.) maintained in a centralized file for easy access and current?
- Yes  No  N/A  A 8. Are OEM equipment manuals for all equipment available for use by employees?
- Yes  No  N/A  A 9. Do all employees have access to the Emergency Action Plan and know their responsibilities under that plan?
- Yes  No  N/A  A 10. Are the Cal/OSHA information poster, Worker's Compensation Information, and Annual Injury and Illness summaries posted?  
Date on annual postings **should be XXXXX of the current year.**
- Yes  No  N/A  A 11. Are annual workplace inspections being performed and documented? Hint: this is what you're doing now.

### Fire Safety

- Yes  No  N/A  F 1. Are exits, fire alarms, pull boxes, and sprinklers clearly marked and unobstructed?
- Yes  No  N/A  F 2. Are all aisles cleared with a minimum 36-inch pathway and building exit corridors completely cleared?
- Yes  No  N/A  F 3. Are Emergency Exit signs illuminated?
- Yes  No  N/A  F 4. Are fire separations intact (sheild between fryer pot and open flame, no holes in fire walls, no doors to exit corridors propped open, etc.?)
- Yes  No  N/A  F 5. Is a clearly identified, unobstructed, charged, currently inspected and tagged, wall- mounted fire extinguisher available within 75 feet of all work areas? For extinguisher service, contact Shops' maintenance dept (5-7593).
- Yes  No  N/A  F 6. Extinguisher type is correct for the area of placement? TYPE ABC - dry chemical generally effective on all types  
TYPE BC - CO2 or Halon to be used on chemical or electrical TYPE K - kitchen grease fires
- Yes  No  N/A  F 7. Maintain storage not less than 18 inches below sprinkler heads, and not less than 24 inches below ceiling in non-sprinkler areas.
- Yes  No  N/A  F 8. Maintain rack storage in warehouse so that all storage is below 12 feet from the floor.
- Yes  No  N/A  F 9. Propane and gasoline storage tanks store in SFM approved cabinets.
- Yes  No  N/A  F 10. Rollup fire doors are unobstructed and inspection has been certified within the last six months
- Yes  No  N/A  F 11. Kitchen hood fire suppression system has testing date tag and last testing date is within the last six months.
- Yes  No  N/A  F 12. Kitchen hood cleaning certification sticker is in place and last testing date is within the parameters of the posted schedule.
- Yes  No  N/A  F 13.

### Electrical Safety

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- Yes  No  N/A  E 1. Are all plugs, cords, and receptacles in good condition (no exposed conductors, broken insulation, or non-OEM repairs?)
- Yes  No  N/A  E 2. Are all circuit breaker and power disconnect panels accessible, with 30 inches of clearance and labels identifying the function of each switch?
- Yes  No  N/A  E 3. Are fused power strips being used in lieu of receptacle adapters? Are additional outlets needed in some areas?
- Yes  No  N/A  E 4. Are extension cords being used correctly? They must not run through walls, doors, ceiling, or prevent a trip hazard running across aisles. Extension cords are for temporary use only.
- Yes  No  N/A  E 5. Are ground fault circuit Interrupters installed or available for use in wet locations? One GFI receptacle per circuit.
- Yes  No  N/A  E 6. Is permanent building wiring installed away from unauthorized contact (in conduit, raceways, or walls?)

### Machine Safety

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- Yes  No  N/A  M 1. Is defective equipment promptly repaired? (If the defects pose an imminent danger or employee hazard, remove the equipment from service.)
- Yes  No  N/A  M 2. Are all machine guards for belts, gears, moving parts, and points of operation in place and adjusted properly?
- Yes  No  N/A  M 3. Are machine tool switches in good condition? (Easy access to disengage and remain off if de-energized and re-started?)
- Yes  No  N/A  M 4. Helium, CO2, and nitrogen tanks are secured to an anchored fixture.
- Yes  No  N/A  M 5. Are cranes, slings, ropes, hoists, jacks, employee lifts, employee lift platforms, jack stands, etc. inspected prior to each use, and used according to training requirements?

### General Safety

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- Yes  No  N/A  G 1. Are floors maintained clean, spills wiped up promptly, and anti-slip materials used where moisture is prevalent?
- Yes  No  N/A  G 2. Are cabinets, shelves, and equipment greater than 5 feet high secured to building structure to prevent tipping during an earthquake?
- Yes  No  N/A  G 3. Are the necessary tools in place to turn off gas and water supply into the building? Signs in place to identify these locations? Person identified to perform task?
- Yes  No  N/A  G 4. Correct cutting tools used to open boxes and dulled cutting blades are disposed of in rigid (non-medical sharps) containers to prevent injury to custodial personnel.
- Yes  No  N/A  G 5. Are forklifts inspected prior to all uses, equipped with required safety features, and operated safely?
- Yes  No  N/A  G 6. Is a fully stocked first-aid kit available? Is the location known to all employees in the area?
- Yes  No  N/A  G 7. Are cross-connections between potable water and sewer inlets promptly abated? (Generally in mop or dish washing sinks. Remove hoses which extend into sinks or down drains.)
- Yes  No  N/A  G 8. Are leaking backflow devices promptly repaired? (water should not be leaking from the airgap device when hot and/or cold water valves are opened)
- Yes  No  N/A  G 9. Vehicle Logs - daily driver and weekly safety inspection logs are maintained and current. Electric burden carts have inspection sticker and most recent inspection is within **6 months of the audit date.**

### Hazardous Materials/Personal Protection

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- Yes  No  N/A  H 1. Are chemicals stored to prevent spills?
- Yes  No  N/A  H 2. Are carcinogens handled safely to reduce employee exposure? (Report uses of regulated carcinogens to CSULB EHS.)
- Yes  No  N/A  H 3. Are chemicals separated and stored by hazard class (acids, bases, oxidizers, flammables, etc.)?
- Yes  No  N/A  H 4. Are chemical wastes properly segregated and stored with legible CSULB hazardous waste labels attached to the containers?
- Yes  No  N/A  H 5. Are all hazardous wastes disposed of properly and not poured into the sanitary sewer or storm sewer systems?
- Yes  No  N/A  H 6. Is an ANSI rated and currently inspected emergency eyewash available within 100 feet (10 seconds walk) where chemicals injurious to the eyes of employees are used?
- Yes  No  N/A  H 7. Are gloves suitable for the materials being used and the hazard warranting protection available to employees (soaking tanks, dish washing, chemical use, etc.)?
- Yes  No  N/A  H 8. Is hearing protection suitable for the hazards warranting protection available?
- Yes  No  N/A  H 9. Are safety shoes available for those employees subject to falling objects and other foot impact hazards?
- Yes  No  N/A  H 10. Are ANSI rated hard hats available for employees subject to falling objects, low overhead obstructions, or contact hazards?
- Yes  No  N/A  H 11. Are aprons or other suitable protective clothing available for employees subject to chemicals, oil, grease, etc.?
- Yes  No  N/A  H 12. Are lockout locks and tags available for employees who work on equipment served by hazardous energy sources?

### Office Safety

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- Yes  No  N/A  O 1. Are the safety records (inspections, training documents, etc.) maintained in a centralized file for easy access and current?
- Yes  No  N/A  O 2. Are all aisles cleared with a minimum 36-inch pathway and building exit corridors completely cleared?
- Yes  No  N/A  O 3. Are cabinets, shelves, and furniture over five feet tall secured to prevent toppling during earthquakes?
- Yes  No  N/A  O 4. Are books and heavy items and equipment stored on low shelves and secured to prevent them from falling on people during earthquakes?
- Yes  No  N/A  O 5. Is the office kept clean of trash and organized? Are recyclable materials promptly removed?
- Yes  No  N/A  O 6. Are plugs, cords, electrical panels, and receptacles in good condition? No exposed conductors or broken insulation?
- Yes  No  N/A  O 7. Is lighting adequate throughout the work environment?
- Yes  No  N/A  O 8. Are portable electric heaters being used? Is the user department aware of Executive Order 987 banning the use of resistance heaters in university facilities?
- Yes  No  N/A  O 9. Is a fully stocked first-aid kit available? Is the location known to all employees in the area?
- Yes  No  N/A  O 10. Are ergonomic issues being addressed for employees using computers?

### Certification of Completion

Manager: \_\_\_\_\_

Date: \_\_\_\_\_

Director Approval: \_\_\_\_\_

Risk Management: \_\_\_\_\_

**Report of Corrective Action**

**Form Instructions;** in the boxes below, provide a detailed description of each item identified during the audit as needing attention and/or correction. Any violations or corrections from previous audits that were not previously reported as closed must be listed at the top of the page and marked in the "Open Item" column. Audits that do not produce a list of corrective actions shall be noted with "No Corrections Required".  
 "Reference Line" refers to the line number of the item needing corrective action.

RVC Location: \_\_\_\_\_

Date: \_\_\_\_\_

VIOLATION/CORRECTION	Submitted for Maintenance or Repair	Is this an Open Item from Previous Audit?	Corrective Action Completion	Manager / Supervisor Initials
Reference Line:		YES <input type="checkbox"/> NO <input type="checkbox"/>		
Reference Line:		YES <input type="checkbox"/> NO <input type="checkbox"/>		
Reference Line:		YES <input type="checkbox"/> NO <input type="checkbox"/>		
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**Certification of Completion**

Manager: \_\_\_\_\_

Director: \_\_\_\_\_

Risk Management: \_\_\_\_\_

Date: \_\_\_\_\_