

LOCATION: \_\_\_\_\_

DATE: \_\_\_\_\_

MANAGER: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_

AUDIT PERFORMED BY: \_\_\_\_\_

JOB TITLE: \_\_\_\_\_

## ADMINISTRATION AND TRAINING



A1. Have all employees received General Safety Training? (New Employee Safety Training, fire, earthquake, lifting, emergency evacuation, etc.?)

YES       NO       N/A

A2. Are all employees familiar with the use of SDS's and where they are located?

Provide Location: \_\_\_\_\_

YES       NO       N/A

A3. Have all employees been instructed in how they are to operate the equipment they are assigned to use?

YES       NO       N/A

A4. Have all employees been trained in how to protect themselves from the hazards identified in their workplace?

YES       NO       N/A

A5. Are all employees current on any specialized training (lockout, confined space, carts, bailor etc.) needed?

YES       NO       N/A

A6. Have all employees attended Injury & Illness Prevention Program training?

YES       NO       N/A

A7. Are the safety records (inspections, training documents, etc.) maintained in a centralized file for easy access and are kept current?

YES       NO       N/A

A8. Are OEM equipment manuals for all equipment available for use by employees?

YES       NO       N/A

A9. Do all employees have access to the Emergency Action Plan and know their responsibilities under that plan?

YES       NO       N/A

A10. Are the Cal/OSHA information poster, Worker's Compensation Information, and Annual Injury and Illness summaries posted (Feb-Apr)? The date on annual postings should be of the current year.

YES       NO       N/A

## **FIRE SAFETY**

F1. Are exits, fire alarms, pull boxes, marked and unobstructed?

YES       NO       N/A

F2. Are all aisles cleared with a minimum 36-inch pathway and building exit corridors completely cleared?

YES       NO       N/A

F3. Are Emergency Exit signs illuminated?

YES       NO       N/A

F4. Are fire separations intact (shield between fryer pot and open flame, no holes in fire walls, no doors to exit corridors propped open, etc.?)

YES       NO       N/A

F5. Fire extinguisher is wall-mounted and available within 75 feet of all work areas. Extinguisher must also be clearly identified and unobstructed, fully charged, and tagged with monthly inspections noted on tag?

YES       NO       N/A

F6. 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

F7. 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

F8. Maintain rack storage in warehouse so that all stored materials are less than 12 feet from the floor.

YES       NO       N/A

F9. Propane and gasoline storage tanks stored in SFM approved cabinets.

YES       NO       N/A

F10. Rollup fire doors are unobstructed, and inspection has been certified within ONE YEAR from the date of audit.

YES       NO       N/A

F11. Kitchen hood fire suppression system has testing date tag and last testing date is within the last six months.

YES       NO       N/A

F12. Kitchen hood cleaning certification sticker is in place and last testing date is within the parameters of the posted schedule.

YES       NO       N/A

## ELECTRICAL SAFETY

E1. Are all plugs, cords, and receptacles in good condition (no exposed conductors, broken insulation, or non-OEM repairs?)

YES       NO       N/A

E2. Are all circuit breakers and power disconnecting panels accessible, within 30 inches of clearance and labels identifying the function of each switch?

YES       NO       N/A

E3. Are fused power strips being used in lieu of receptacle adapters? Are additional outlets needed in some areas?

YES       NO       N/A

E4. 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

E5. Are ground fault circuit Interrupters installed or available for use in wet locations? One GFI receptacle per circuit.

YES       NO       N/A

E6. Is permanent building wiring installed away from unauthorized contact (in conduit, raceways, or walls?)

YES       NO       N/A

## WALK-IN REFRIGERATORS AND FREEZERS

W1. Can door be opened from the inside?

YES       NO       N/A

W2. If door can be locked, can it be opened from the inside?

YES       NO       N/A

W3. Is a firefighter's axe kept inside, near door (unless doors are equipped with heating elements or room temperature is above 32 °).

YES       NO       N/A

W4. Is proper illumination provided?

YES       NO       N/A

W5. Do both inside and outside light switches activate and deactivate the lights?

YES       NO       N/A

W6. Is the floor maintained so that there is no slip hazard (spills cleaned up or buildup of ice removed).

YES       NO       N/A

## KITCHEN AREA



K1. Are floors clean and dry, or covered with appropriate non-skid matting?

YES       NO       N/A

K2. Are knives stored properly? Sharpened or replaced regularly?

YES       NO       N/A

K3. Mesh "cutting gloves" are in use when slicing food and cleaning equipment.

YES       NO       N/A

K4. Hot pads or oven mitts are provided and used by staff where appropriate.

YES       NO       N/A

K5. Are trash cans of the proper size and not over-flowing?

YES       NO       N/A

K6. Are hoods, filters, and fryers free from built-up grease?

YES       NO       N/A

K7. Is a K rated fire extinguisher available at or near each cooking station as a first option before engaging the hood fire suppression system?

YES       NO       N/A

## MACHINE SAFETY



M1. Is defective equipment promptly repaired? (If the defects pose an imminent danger or employee hazard, remove the equipment from service.)

YES       NO       N/A

M2. Are all machine guards for belts, gears, moving parts, and points of operation in place and adjusted properly?

YES       NO       N/A

M3. Are machine tool switches in good condition? (Easy access to disengage and remain off if de-energized and re-started?)

YES       NO       N/A

M4. Helium, CO2, and nitrogen tanks are secured to an anchored fixture. Caps are secured on the cylinders when not in use.

YES       NO       N/A

M5. 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?

YES       NO       N/A

## GENERAL SAFETY



G1. Are floors maintained clean, spills wiped up promptly, and anti-slip materials used where moisture is prevalent?

YES       NO       N/A

G2. Are warning signs/cones available and used to warn of wet floors?

YES       NO       N/A

G3. Are cabinets, shelves, and equipment greater than 5 feet high secured to building structure to prevent tipping during an earthquake?

YES       NO       N/A

G4. 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

G5. 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 person.

YES       NO       N/A

G6. Are forklifts inspected prior to all uses, equipped with required safety features, and operated safely?

YES       NO       N/A

G7. 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

G8. 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

G9. Vehicle Logs - daily driver and weekly safety inspection logs are maintained and current. Electric burden carts have inspection stickers and most recent inspection is within 6 months of the audit date.

YES       NO       N/A

G10. Restrooms are maintained in a clean condition, stocked with all paper supplies, and hot water temperature reaches at least 108\*, but not more than 115°.

YES       NO       N/A

G11. Are non-skid mats positioned in appropriate areas where periods of long-standing work is performed?

YES  NO  N/A

## HAZARDOUS MATERIALS/PERSONAL PROTECTION



H1. Are chemicals stored to prevent spills?

YES  NO  N/A

H2. Are carcinogens handled safely to reduce employee exposure? (Report uses of regulated carcinogens to CSULB EHS.)

YES  NO  N/A

H3. Are chemicals separated and stored by hazard class (acids, bases, oxidizers, flammables, etc.)?

YES  NO  N/A

H4. Are chemical wastes properly segregated and stored with legible CSULB hazardous waste labels attached to the containers?

YES  NO  N/A

H5. Are all hazardous wastes disposed of properly and not poured into the sanitary sewer or storm sewer systems?

YES  NO  N/A

H6. 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

H7. Are safety shoes available for those employees subject to falling objects, slippery floors, and other foot impact hazards? *Oil and Slip resistant shoes are required in all foodservice locations.*

YES  NO  N/A

H8. Are aprons or other suitable protective clothing available for employees subject to chemicals, oil, grease, etc.?

YES  NO  N/A

H9. Are lockout locks and tags available for employees who work on equipment served by hazardous energy sources?

YES  NO  N/A

## OFFICE SAFETY



O1. Are the safety records (inspections, training documents, etc.) maintained in a centralized file for easy access and current?

YES  NO  N/A

O2. Are all aisles cleared with a minimum 36-inch pathway and building exit corridors completely cleared?

YES       NO       N/A

O3. Are cabinets, shelves, and furniture over five feet tall secured to prevent toppling during earthquakes?

YES       NO       N/A

O4. 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

O5. Is the office kept clean of trash and organized? Are recyclable materials promptly removed?

YES       NO       N/A

O6. Are plugs, cords, electrical panels, and receptacles in good condition? No exposed conductors or broken insulation or insulation that has pulled away from the plug itself.

YES       NO       N/A

O7. Is lighting adequate throughout the work environment?

YES       NO       N/A

O8. Are portable electric heaters being used? CSU Executive Order 987 bans the use of resistance heaters in university facilities.

YES       NO       N/A

O9. Is a fully stocked first-aid kit available? Is the location known to all employees in the area?

YES       NO       N/A

O10. Are ergonomic issues being addressed for employees using computers?

YES       NO       N/A

# REPORT OF CORRECTIVE ACTION

**Form Instructions:** in the table 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.**

Reference Line (i.e.; G2, E5 etc.)	Corrective Action Required	Date Submitted for Maintenance or Repair	Open Item from Previous Audit?	Corrective Action Completion Date	Manager / Supervisor Initials
			<input type="checkbox"/> YES <input type="checkbox"/> NO		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		
			<input type="checkbox"/> YES <input type="checkbox"/> NO		

## Certification of Completion

 **MANAGER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

 **DIRECTOR/ASSOCIATE DIRECTOR:** \_\_\_\_\_ **DATE:** \_\_\_\_\_