

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

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

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

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

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

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

## ADMINISTRATION AND TRAINING



A1. Are the safety records (inspections, training documents, etc.) maintained in a centralized file for easy access and current?

YES       NO       N/A

A2. Have all employees received General Safety Training? (New Employee Safety Training, fire, earthquake, lifting, emergency evacuation, etc.?)

YES       NO       N/A

A3. Have all employees attended the Injury & Illness Prevention Program training?

YES       NO       N/A

A4. Do all employees have access to the Emergency Action Plan and know their responsibilities under that plan?

YES       NO       N/A

A5. Are chemical products used in the office being purchased in small quantities?

YES       NO       N/A

A6. Are all employees familiar with the use of SDS's and where they are located?

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

YES       NO       N/A

A7. Are the Cal/OSHA information poster, Worker's Compensation Information, and Annual Injury and Illness summaries posted (Feb - Apr)? (Note: Date on annual postings should be of the current year.)

YES       NO       N/A

## GENERAL SAFETY



G1. Are exits, fire alarms, pull boxes, and sprinklers clearly marked and unobstructed?

YES       NO       N/A

G2. Are aisles and corridors unobstructed to allow unimpeded evacuations?

YES       NO       N/A

G3. Is a clearly identified, unobstructed, charged, currently inspected, and tagged, wall-mounted fire extinguisher available within 75 feet of all work areas?

YES       NO       N/A

G4. Are ergonomic issues being addressed for employees using computers?

YES       NO       N/A

G5. Is a fully stocked first-aid kit available? Is the location known to all employees in the area? Are only require items in the first aid kits?

YES       NO       N/A

G6. Are cabinets, shelves, and furniture over five feet tall secured to prevent toppling during earthquakes?

YES       NO       N/A

G7. 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

G8. Is the office kept clean and organized of trash and recyclable materials promptly removed?

YES       NO       N/A

G9. Are plugs, cords, electrical panels, and receptacles in good condition? No exposed conductors or broken insulation?

YES       NO       N/A

## ELECTRICAL SAFETY



E1. Are circuit breaker panels accessible and labeled?

YES       NO       N/A

E2. Are fused power strips being used in lieu of receptacle adapters? Are additional outlets needed in some areas?

YES       NO       N/A

E3. Is lighting adequate throughout the work environment?

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. (Note: Extension cords are for temporary use only.)

YES       NO       N/A

E5. 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

# 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:** \_\_\_\_\_