

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. Have emergency exit doors and panic bars in the work area been tested?

☐ YES ☐ NO ☐ N/A

F3. Are all aisles cleared with a minimum 36-inch pathway and building exit corridors completely cleared?

☐ YES ☐ NO ☐ N/A

F4. Are Emergency Exit signs illuminated?

☐ YES ☐ NO ☐ N/A

F5. Have the handicap access buttons/doors undergone testing to check their proper operation?

☐ YES ☐ NO ☐ N/A

F6. 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

F7. 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

F8. 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

F9. 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

F10. Maintain rack storage in warehouse so that all stored materials are less than 12 feet from the floor.

☐ YES ☐ NO ☐ N/A

F11. Propane and gasoline storage tanks stored in SFM approved cabinets.

☐ YES ☐ NO ☐ N/A

F12. Rollup fire doors are unobstructed, and inspection has been certified within ONE YEAR from the date of audit.

☐ YES ☐ NO ☐ N/A

F13. Kitchen hood fire suppression system has testing date tag and last testing date is within the last six months.

☐ YES ☐ NO ☐ N/A

F14. 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

EVACUATION CHAIR

EC1. Visual Inspection: Is the seat material secure at fixing points, is it clean and free of rips? Is the dust cover in good condition? Are the wheels free to rotate without impediment?

☐ YES ☐ NO ☐ N/A

EC2. Moving Parts Inspection: Does your chair unfold smoothly? If your chair has a seat belt, do all adjustments work? Does the Kickstand extend and retract correctly?

☐YES ☐NO ☐N/A

EC3. Seat/Harness and Safety Belts Inspection: Does the belt buckle operate correctly? Is the headrest free to move along handle?

☐YES ☐NO ☐N/A

EC4. Handles and Controls: Do front and rear operator handles engage and release? Is the front wheel assembly operational and secure? Is the tread/belt along the bottom of the evacuation chair in good condition and functioning properly to control the descent speed?

☐YES ☐NO ☐N/A

WORKPLACE HAZARD ASSESSMENT & EVALUATION

WV1. All employees are fully aware of and trained on the use of our panic alarm system and emergency buttons alarms at onboarding?

☐YES ☐NO ☐N/A

WV2. Are evacuation maps that include emergency exit routes and exits to evacuate the building located throughout the building?

☐YES ☐NO ☐N/A

WV3. Do you have a specific protocol that managers follow to check all the cameras at your establishment? Are video surveillance cameras and mirrors properly placed around the location as a proper surveillance measure?

☐YES ☐NO ☐N/A

WV4. Are there adequate workplace security systems such as door locks, access to a telephone with an outside line and designated safe area?

☐YES ☐NO ☐N/A

WV5. Are emergency telephone numbers for law enforcement, fire, and medical services properly displayed for employees to find in the event of a workplace emergency?

☐YES ☐NO ☐N/A

WV6. Do you have a specific protocol in place that managers follow to ensure employees are aware on how and when to report workplace violence?

☐YES ☐NO ☐N/A

WV7. Is there an established procedure for closing the establishment that incorporates a buddy system to ensure safety and prevent workplace violence?

☐YES ☐NO ☐N/A

WV8. Has a buddy system for cash handling or transporting cash between locations to enhance security and reduce the risk of theft been implemented?

☐YES ☐NO ☐N/A

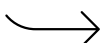
REPORT OF CORRECTIVE ACTION

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 (REFERENCE WORK ORDER # IF APPLICABLE)	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		
			<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		

Continue to Next Page





ADDITIONAL INFORMATION/EXPLANATION

If you selected “no” to any of the questions and you wish to provide a detailed explanation, update or description for context, you can do so below. Please be sure to identify the line item referenced.

Reference Line (i.e.; G2, E5 etc.)	Context/Update Details

CERTIFICATION OF COMPLETION

 MANAGER SIGNATURE: _____ DATE: _____

 DIRECTOR/ASSOCIATE DIRECTOR: _____ DATE: _____