

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

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

WW1. 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

WW2. Are evacuation maps that include emergency exit routes and exits to evacuate the building located throughout the building?

YES NO N/A

WW3. 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

WW4. 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

WW5. 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

WW6. 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 (Reference Work Order # If Applicable)	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:** _____