



#	Inspection Elements (Note comments and corrective actions in Action Plan at end of document)	✓ Yes/No or N/A		
		Yes	No	N/A
	a) PPE is available and in clean and useable condition (e.g., safety glasses, gloves, face shields, respirators, hearing protection, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) Fire extinguishers are fully charged, safety pin intact, with tag showing annual and monthly inspection, and mounted in accessible designated locations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c) First-aid kits are available and stocked in accessible, designated locations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d) AED indicator light is green (maybe a check mark or OK) and is not chirping or indicating trouble? Verify electrode pads and battery are within installation/expiration dates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e) Sharps containers are available for disposing of needles/syringes, razors, scissors and other sharps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f) Evacuation plans are posted and clearly show primary and secondary emergency exit routes, location of fire extinguishers, first aid kits, emergency pull stations, and a "you are here" symbol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4</b>	<b>STORAGE:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a) Are materials properly secured by stacking, blocking, and/or interlocking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) Is the area free of accumulations that create hazards from fire or pest harborage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c) Is there at least 18" or more between materials and ceiling sprinkler head deflectors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d) Is there at least 24" or more between materials and ceiling in non-sprinkled building?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>5</b>	<b>ELECTRICAL:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a) Electrical equipment and cords are free from recognized hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) Electrical outlet cover plates are installed and not damaged or broken?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c) Personal appliances such as mini refrigerators, microwaves, and space heaters are plugged directly into wall receptacle or a power tap device equipped with a surge protector and is listed in accordance with UL 1363.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d) Extension cords are for temporary use only?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e) Multi-outlet power strips are prohibited from being plugged in a series?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f) A random spot-check of GFCI electrical outlets confirm test buttons are operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g) Lamps and overhead lights have proper guards to prevent breakage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>6</b>	<b>HAZARDOUS CHEMICALS:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a) All containers are properly labeled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) Is a DOC 21-764 Flammable, Toxic, and Caustic Material (FTCM) Log completed for controlled chemicals used by incarcerated individuals? Are Safety Data Sheets readily accessible for all chemicals used/stored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c) Storage area is free of spilled or leaking chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d) Flammable liquids are properly stored in approved containers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>7</b>	<b>FOOD SERVICE:</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a) Internal release devices are operational on all walk-in freezers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) Lamps in freezers/refrigerators have guards/moisture covers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c) Dishwashers - documentation is available of water temperatures being regularly checked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d) Freezers/refrigerators - documentation is available of temperatures being regularly checked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e) Cleanup equipment necessary to conduct prompt cleanup of any material that could cause slip or fall is evident and easily accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f) Floors are kept as dry and grease-free as possible. Wet and slippery areas are clearly marked with caution signs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

