

### MONTHLY SAFETY AND SANITATION INSPECTION

Location/building/area:

      

Inspector Signature Date

| **#** | **Inspection Elements**  **(Note comments and corrective actions in Action Plan at end of document)** | **✓ Yes/No or N/A** | | |
| --- | --- | --- | --- | --- |
| **Yes** | **No** | **N/A** |
| **1** | **BUILDING EXTERIOR:** **To include parking areas, driveways, walkways, stairs.**   1. Footpaths – clear of obstacles, in good condition, drain covers and plates are level with surface, proper signage encourages employees and incarcerated individuals to stay on designated walkways, if necessary? |  |  |  |
| 1. Storm water drains are kept clear and free of leaves, dirt, and other debris? |  |  |  |
| 1. Visibility at night – walkways, stairways, and entrances are well lit and clearly visible, and trip hazards well marked? |  |  |  |
| 1. Raised areas, curbs, and stairs have color contrast on outside edge? (Safety Committee to review and establish priority level) |  |  |  |
| 1. De-icer is readily available for dispersal during inclement weather? |  |  |  |
| 1. Stairways with 4 or more risers, and/or openings or contrasting surfaces that are 4 feet or greater in height, are fitted with handrails? |  |  |  |
| **2** | **BUILDING INTERIOR: To include general housekeeping in common areas, corridors, restrooms, stairways, foyers, and entryway/exits.**   1. Common areas and corridors are free of recognizable hazards (e.g., sharp, or protruding objects, slip and trip hazards, holes or damage to floors, bump hazards, are dry and have good lighting.)? |  |  |  |
| 1. Water collection style entrance mats are in good repair and changed out as needed? |  |  |  |
| 1. Threshold to building entrance/exit does not exceed ¼ inch surface variation? |  |  |  |
| 1. Exit doors and passageways are free from obstructions? |  |  |  |
| 1. Visible exit signs are posted and Illuminated signs are in proper working order? |  |  |  |
| 1. Step edges are highlighted with color contrast. (Safety Committee to review and establish priority level) |  |  |  |
| 1. Lighting levels are good, including emergency lighting? |  |  |  |
| 1. Stairway access/egress and staircase landings kept clear, unobstructed? |  |  |  |
| 1. Drinking fountains, ice machines, and hot shots are clean and sanitary, ice scoop is stored outside of machine, and non-slip floor mats are in place? |  |  |  |
| 1. Restrooms and showers are clean and sanitary? 2. Wet and slippery areas are clearly marked with caution signs? |  |  |  |
| 1. Hand soap dispensers and hand towels are available and stocked? |  |  |  |
| 1. Waste containers are provided, emptied daily, and in clean/sanitary condition? |  |  |  |
| 1. Mops are placed in a position that allows them to air-dry without soiling wall, equipment, supplies, or dripping on floor causing a slip hazard? |  |  |  |
| 1. Observation of porters mopping indicates they are trained to mop during low traffic times, and they are using techniques that allow for safe movement through the area. Evidence that wet floor signs used? |  |  |  |
| 1. Air vent covers are unblocked, clean, and free of accumulated dust? |  |  |  |
| **3** | **PERSONAL PROTECTIVE EQUIPMENT (PPE), FIRE AND LIFE SAFETY: To include PPE, fire extinguishers, first-aid kits, Automatic External Defibrillators (AEDs), Narcan, sharps control, and emergency evacuation:**   1. PPE is available and in clean and useable condition (e.g., safety glasses, gloves, face shields, respirators, hearing protection.)? |  |  |  |
| 1. Fire extinguishers are fully charged, safety pin intact, with tag showing annual and monthly inspection, and mounted in accessible designated locations. |  |  |  |
| 1. First-aid kits are available, and stocked in accessible, designated locations? |  |  |  |
| 1. AED indicator light is green (maybe a check mark or OK) and is not chirping or indicating trouble? Check that weekly inspections are being conducted to ensure electrode pads and battery are within installation/expiration dates. |  |  |  |
| 1. Check that Narcan stations are inspected weekly to verify contents are available for use and within expiration dates. |  |  |  |
| 1. Sharps containers are available for disposing of needles/syringes, razors, scissors, and other sharps? |  |  |  |
| 1. 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? |  |  |  |
| **4** | **STORAGE:**   1. Are materials properly secured by stacking, blocking, and/or interlocking? |  |  |  |
| 1. Is the area free of accumulations that create hazards from fire or pest harborage? |  |  |  |
| 1. Is there at least 18” or more between materials and ceiling sprinkler head deflectors? |  |  |  |
| 1. Is there at least 24” or more between materials and ceiling in non-sprinkled building? |  |  |  |
| **5** | **ELECTRICAL:**   1. Electrical equipment and cords are free from recognized hazards? |  |  |  |
| 1. Electrical outlet cover plates are installed and not damaged or broken? |  |  |  |
| 1. 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. |  |  |  |
| 1. Extension cords are for temporary use only? |  |  |  |
| 1. Multi-outlet power strips are prohibited from being plugged in a series? |  |  |  |
| 1. A random spot-check of GFCI electrical outlets confirm test buttons are operational? |  |  |  |
| 1. Lamps and overhead lights have proper guards to prevent breakage? |  |  |  |
| **6** | **HAZARDOUS CHEMICALS:**   1. All containers are properly labeled? |  |  |  |
| 1. Is a DOC 21-764 Flammable, Toxic, and Caustic Material (FTCM) Log completed for controlled chemicals used by incarcerated individuals? |  |  |  |
| 1. Are Safety Data Sheets readily accessible for all chemicals used/stored? |  |  |  |
| 1. Storage area is free of spilled or leaking chemicals? |  |  |  |
| 1. Flammable liquids are properly stored in approved containers? |  |  |  |
| **7** | **FOOD SERVICE:**   1. Internal release devices are operational on all walk-in freezers? |  |  |  |
| 1. Lamps in freezers/refrigerators have guards/moisture covers? |  |  |  |
| 1. Dishwashers - documentation is available of water temperatures being regularly checked? |  |  |  |
| 1. Freezers/refrigerators - documentation is available of temperatures being regularly checked? |  |  |  |
| 1. Cleanup equipment necessary to conduct prompt cleanup of any material that could cause slip or fall is evident and easily accessible? |  |  |  |
| 1. Floors are kept as dry and grease-free as possible. Wet and slippery areas are clearly marked with caution signs? |  |  |  |
| **8** | **MAINTENANCE, SHOPS, INDUSTRIAL OPERATIONS, AND HOBBY CRAFT AREAS**: (The following areas should be inspected by someone familiar with maintenance, industrial operations.)   1. Are machine guards in place and operational? |  |  |  |
| 1. Grinder work rests are properly adjusted to within 1/8” of wheel? |  |  |  |
| 1. Are plumbed Emergency Eyewash Stations functional, accessible, and is there documentation showing water flow is tested weekly? |  |  |  |
| 1. Are self-contained Eyewash Stations functional, accessible, and is there documentation showing weekly inspections, including manufacturer’s expiration date? (visual inspection only – do not test flush) |  |  |  |
| 1. Oily/contaminated rags are properly stored in covered metal containers, emptied, and cleaned daily? |  |  |  |
| 1. Compressed air lines used for cleaning have fixtures to reduce pressure to less than 30 PSI? |  |  |  |
| 1. Personal protective equipment is available and in clean and useable condition (e.g., safety glasses, gloves, face shields, hearing protection)? |  |  |  |
| 1. Cleanup equipment necessary to conduct prompt cleanup of any material that could cause slip or fall is evident and easily accessible? |  |  |  |

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| **ITEM #** | **DEFICIENCY** | **CORRECTIVE ACTION REQUIRED** | **DATE CORRECTED** |
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