

**QUARTERLY SAFETY AND SANITATION INSPECTION**

Location/building/area:

      

Inspector Signature Date

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| --- | --- | --- | --- |
| 1st Qtr. (Jan. Feb. Mar.) | 2nd Qtr. (April, May, Jun.) | 3rd Qtr. (July, Aug., Sept.) | 4th Qtr. (Oct. Nov. Dec.) |

| **#** | **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? | | | |  |  |  |
| 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 such as: 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? | | | |  |  |  |
| 1. 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), 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 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? | | | |  |  |  |
| 1. Are Fire Drills conducted at least quarterly? | | | |  |  |  |
| **Date of drill** | **Start time** | **End time** | **Critique of drill** | | | |
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| 1. Are Emergency Response Drills conducted at least quarterly? | | | |  |  |  |
| **Date of drill** | **Start time** | **End time** | **Type of drill** | | | |
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| **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 outlets 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 and not a power strip. | | | |  |  |  |
| 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. 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** | **VEHICLE SAFETY: Do vehicles contain the following documents and equipment?**   1. Vehicle registration certificate? | | | |  |  |  |
| 1. Owner’s manual? | | | |  |  |  |
| 1. Form SF137 Accident Report? | | | |  |  |  |
| 1. A copy of DOC 230.500 Vehicle Use? | | | |  |  |  |
| 1. Instructions for Department fuel card? | | | |  |  |  |
| 1. Certificate of Liability Insurance? | | | |  |  |  |
| 1. Instructions in case of an emergency? | | | |  |  |  |
| 1. Are “Hang Tags” in 15 passenger vans and driver “Experience/Acknowledgment Statements on file? | | | |  |  |  |
| 1. Three reflective road triangles? | | | |  |  |  |
| 1. First Aid Kit fully stocked with serviceable materials? | | | |  |  |  |
| 1. BC rated fire extinguisher with current inspections? | | | |  |  |  |
| **8** | **SAFETY BULLETIN BOARD:** **Do Safety Bulletin boards contain required posters & documents?**   1. L&I WISHA poster “Job Safety and Health Law”? | | | |  |  |  |
| 1. L&I poster “Notice to Employees”? | | | |  |  |  |
| 1. Certificate of coverage – Industrial Insurance? | | | |  |  |  |
| 1. Current DOSH inspection citations (if any were issued)? | | | |  |  |  |
| 1. DOC HAZCOM Bulletin? | | | |  |  |  |
| 1. Copy of current safety committee minutes? | | | |  |  |  |
| 1. DOC 03-133 Accident/Injury Report – or instructions for how to access and use the electronic form? | | | |  |  |  |
| 1. DOC 03-151 Hazard Report form – or instructions for how to access and use the electronic form? | | | |  |  |  |
| 1. DOC monthly Safety Bulletin? | | | |  |  |  |
| 1. Annual OSHA 300A Summary Report (**to be posted February 1st through April 30th only**)? | | | |  |  |  |

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| **ITEM #** | **DEFICIENCY** | **CORRECTIVE ACTION REQUIRED** | **DATE CORRECTED** |
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**COPY ~~-~~** Safety Committee Chairperson