**HEADQUARTERS QUARTERLY SAFETY**

**AND SANITATION INSPECTION**

Building/floor:       Zone:

**INSPECTION**

|  |  |  |
| --- | --- | --- |
| Name      | Signature | Date      |
| [ ]  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** | **Yes** |
| **1** | **HOUSEKEEPING:**1. Work rooms are clean and orderly?
 | [ ]  | [ ]  | [ ]  |
| 1. Copiers and printers are well ventilated?
 | [ ]  | [ ]  | [ ]  |
| 1. Floors are free from objects/boxes
 | [ ]  | [ ]  | [ ]  |
| 1. Aisles and passageways are clear of obstructions?
 | [ ]  | [ ]  | [ ]  |
| 1. Carpets are firmly attached to the floor and without snaps or tears?
 | [ ]  | [ ]  | [ ]  |
| **2** | **MEDICAL AND FIRST AID:**1. First-aid kits are available, clearly marked, and stocked in accessible, designated locations?
 | [ ]  | [ ]  | [ ]  |
| **3** | **MEANS OF EXIT:**1. Employees have easy access to exits?
 | [ ]  | [ ]  | [ ]  |
| 1. Exits are unlocked to allow egress?
 | [ ]  | [ ]  | [ ]  |
| 1. Exits are clearly marked and sign lights are functioning?
 | [ ]  | [ ]  | [ ]  |
| 1. Exits and exit routes have emergency lighting?
 | [ ]  | [ ]  | [ ]  |
| **4** | **STORAGE:**1. Storage areas are kept free of tripping, fire, explosion, and pest hazards?
 | [ ]  | [ ]  | [ ]  |
| 1. Adequate clearance allowed (36” per fire code) in aisles where materials must be moved?
 | [ ]  | [ ]  | [ ]  |
| 1. Heavy items (25 lbs. or more) are not stored on shelves higher than 4 feet?
 | [ ]  | [ ]  | [ ]  |
| 1. Inspect for 18” clearance from the sprinkled ceiling per fire code?
 | [ ]  | [ ]  | [ ]  |
| **5** | **ELECTRICAL:**1. No extension cords are in use?
 | [ ]  | [ ]  | [ ]  |
| 1. Computers are protected by a surge suppressor?
 | [ ]  | [ ]  | [ ]  |
| 1. Multi-outlet power strips are prohibited from being plugged in a series?
 | [ ]  | [ ]  | [ ]  |
| **8** | **SAFETY BULLETIN BOARD:**1. DOC monthly Safety Bulletin?
 | [ ]  | [ ]  | [ ]  |
| 1. Copy of current safety committee minutes?
 | [ ]  | [ ]  | [ ]  |

|  |  |  |  |
| --- | --- | --- | --- |
| **ITEM #** | **DEFICIENCY** | **CORRECTIVE ACTION REQUIRED** | **DATE CORRECTED** |
|  |  |       |       |
|  |  |       |       |
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Distribution: **ORIGINAL** - In Safety Manual or with Safety Representative **COPY** - Safety Committee Chairperson