**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.) |

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| --- | --- | --- | --- | --- |
| **#** | **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? |  |  |  |

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