



**DEPARTMENT OF PUBLIC SAFETY
OFFICE SELF-INSPECTION
SAFETY AUDIT REPORT FORM**



Date:		Time:		
Office/Bureau:				
Physical Address:				
Supervisor(s) Conducting Inspection:				
Personnel Present:				
WALKING-WORKING SURFACES				
1. Are floors and other walking surfaces in good material condition (i.e. no cracks, holes, depressions) and are these areas free of clutter, and obstructions? (OSHA 1910.22)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
2. Are floors free from oil and grease spills? (OSHA 1910.22)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
3. Are holes on walking surfaces (i.e. drains) covered? (OSHA 1910.23)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
4. Is adequate aisle space provided? (OSHA 1910.22)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
5. Are carpeted areas free from trip hazards such as tears, holes, and separated seams? (OSHA 1910.22)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
6. Are the threshold plates secured around the doors? (OSHA 1910.37)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
7. Are existing stairs and steps in sound material condition? (OSHA 1910.23)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
8. Are there standard handrails (30"-34") on stairs and steps equipped with four or more risers? (OSHA 1910.23)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	
9. Are there standard guardrails (42") on all storage lofts, platforms, balconies, etc. that are more than four feet (4') off the floor/ground? (OSHA 1910.23)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A	

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10. Do fixed stairs and steps comply with the Federal Register width requirement? (OSHA 1910.24) (UBC 3305) (Industrial areas 22" and building areas 36") Yes No N/A

11. Are stairs and platforms free of trip/slip hazards? (OSHA 1910.22) Yes No N/A

12. Are lofts and balconies where personnel or machinery could be exposed to falling objects guarded with standard four inch (4') toe boards? (OSHA 1910.23) Yes No N/A

Comments:

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EXIT ROUTES, EMERGENCY ACTION PLANS & FIRE PREVENTION PLANS		
1. Are all the exits free of obstructions or materials that block egress? (OSHA 1910.36 / 37)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
2. Are the exit signs over the doors present and illuminated? (OSHA 1910.37)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
3. Are exits clearly marked and is the direction of the exits clearly visible throughout the building? (NFPA 101)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
4. Is a minimum clearance of 44 inches provided for hallways and major egress routes from offices and buildings?	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
5. If the building is designed for occupancy by more than 50 people, do main exit doors swing outward in the direction of egress from the building? (NFPA 101)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
6. Is the path leading from the exterior exits reasonable straight and free from obstructions such as railings, barriers or gates? (NFPA 101)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
7. Are emergency evacuation plans available and posted in readily visible locations throughout the area? (OSHA 1910.38)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
8. Have documented emergency evacuation drills been conducted within the past 12 months? (OSHA 1910.38)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
9. Are there at least two exits of each work area? (OSHA 1910.37)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
10. Do fire emergency doors have panic hardware, other quick release devices, or are designed in such a way that they cannot be locked from the inside? (OSHA 1910.37)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
11. Are fire doors held open by non-approved methods? (Fire doors must remain closed at all times except when in use and be able to close automatically by fusible link or electromagnetically). (OSHA 1910.38)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A
12. Do all telephones display a label bearing the emergency phone numbers and facility location? (OSHA 1910.38)	<input type="checkbox"/> Yes	<input type="checkbox"/> No <input type="checkbox"/> N/A

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13. To prevent obstructing the sprinkler spray pattern, is a clearance of 18" or more provided beneath all sprinkler heads? (OSHA 1910.159)

Yes No N/A

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MEDICAL/FIRST AID			
1. Are all windows in good condition as to not present a cut hazard to employees (ANSI 16, CFR 1201)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. Are readily available First Aid Kits provided and fully stocked for the unit? (OSHA 1910.151)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3. Do all assigned vehicles have full stocked First Aid Kits (OSHA 1910.151)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
Comments:			
ELECTRICAL			
1. Are any exposed electrical conductors, frayed cords or deteriorated insulation present? (OSHA 1910.303)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
2. If #1 is "YES", have these conditions been scheduled for repair or properly tagged to identify the conditions (OSHA 1910.303)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
3. Do junction boxes, receptacle outlets, switches, etc. have the proper box covers and are these devices in good material condition? (OSHA 1910.304)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
4. Are circuit breaker panels properly marked as to circuit designations? (OSHA 1910.303)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
5. Are all fixed metal equipment grounded? (OSHA 1910.304)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
6. If required, does equipment connected by cord and plug have ground connections and is the connection properly made and serviceable? (OSHA 1910.304)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
7. Do all flexible extension cords in use have a ground wire (3 wire type cord) and are the plugs equipped with the ground pin and the plug insulator disk? (OSHA 1910.305)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A
8. Are flexible extension cords and cables routed so that they do not run through holes in the wall, ceiling or windows? (OSHA 1910.305)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> N/A

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9. Are flexible extension cords free of splices and electrical tape? (OSHA 1910.305) Yes No N/A

10. Are there any overloaded outlets/circuits? (OSHA 1910.304) Yes No N/A

Comments:

FIRE PROTECTION

1. Are monthly fire extinguisher inspections being performed and properly documented? (OSHA 1910.157) Yes No N/A

2. Are fire extinguisher stations properly marked or Identified? (OSHA 1910.157) Yes No N/A

3. Is access to or visibility of the fire extinguishers obstructed? (OSHA 1910.157) Yes No N/A

4. Is the type of fire extinguisher adequate for the type of fire hazards that exist in that particular area? (OSHA 1910.157) Yes No N/A

5. Is floor space around circuit breaker panels obstructed? (NFPA 101) Yes No N/A

6. To prevent obstructing the sprinkler spray patten, is a clearance of 18 inches or more provided beneath all sprinkler heads? (OSHA 1910.159) Yes No N/A

7. Are drawers and shelves clear of trash and disposable scrap materials? Yes No N/A

8. Are isles clear of stored/discarded items? Yes No N/A

Comments:

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ERGONOMICS

- 1. Are there any broken chairs or office equipment in need of repair? Yes No N/A
- 2. Do all chairs have 5 casters? Yes No N/A
- 3. Is the office free of any slip/trip/fall hazards? Yes No N/A
- 4. Do all desk and file drawers have stops on them? Yes No N/A
- 5. Is weight evenly distributed in all file cabinets? Yes No N/A

Comments:

AMERICANS WITH DISABILITIES ACT

- 1. Do any employees require any special accommodations? Yes No N/A
- 2. Have reasonable accommodations been met? Yes No N/A

Comments:

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DISCREPANCIES

Identify any issues/discrepancies, enter date submitted to Commander/Division Director/Bureau Chief for repair, and indicate the status of the correction. Attach any correspondence regarding the need and request for correction/repair.

Issue/Discrepancy	Date Submitted	Status
1.		
2.		
3.		
4.		
5.		
6.		
7.		
8.		
9.		
10.		

SAFETY MEETING COMPLIANCE

List the last 6 Safety meetings by date and subject

Date	Subject
1.	
2.	
3.	
4.	
5.	
6.	

