



Building Inspection Form

Inspection Date: _____ Campus/Department Inspected: _____

Inspector (Print): _____ Title: _____ Signature: _____

- | | Yes | No |
|---|--------------------------|--------------------------|
| 1. Housekeeping – Is the work area clean and orderly? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Floors – Are floors in good condition (smooth, clear surfaces without holes, cracks, or humps)? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Aisles – Are aisles and passageways clear, dry, and free of tripping hazards? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Stairways – Are stairs in good condition, with handrails, and adequate lighting? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Storage – Are materials, products, or supplies properly and safely piled to a workable height? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Ladders – Are ladders provided where needed, of standard construction, and in good physical condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Machines & Equipment – Are machines and equipment in safe operating condition and are the necessary guards provided and used? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Hand Tools – Are the right tools for the job being used and are they in good condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Electrical – Are all required grounds provided on power tools and extension cords and Is equipment in good operating condition? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Lighting – Is adequate lighting provided in all work areas? | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Eye Protection – Are all employees provided with suitable eye protection when around operations that produce flying particles? | <input type="checkbox"/> | <input type="checkbox"/> |
| 12. First Aid – Are first aid supplies provided if needed? | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Fire Extinguishers – Are fire extinguishers easily accessible and properly serviced? | <input type="checkbox"/> | <input type="checkbox"/> |
| 14. Entrances – Are entrances kept dry or provided with nonskid mats? | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Exits – Are emergency exits marked, clear and easily accessible ?
Are exit doors unlocked and do they swing toward the outside? | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Exterior (sidewalks, parking lots, etc) – Are sidewalks and parking lots smooth and free of cracks, holes and tripping hazards? | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Training – Are all employees trained in proper lifting techniques and material handling? | <input type="checkbox"/> | <input type="checkbox"/> |
| 18. Emergency Equipment – locations identified and clear of obstructions? | <input type="checkbox"/> | <input type="checkbox"/> |
| 19. Emergency Lighting – provided for evacuation routes? | <input type="checkbox"/> | <input type="checkbox"/> |
| 20. Emergency Lighting - tested? Provide date : | <input type="checkbox"/> | <input type="checkbox"/> |
| 21. Flammable Liquids – stored in an approved flammable liquid storage cabinet? | <input type="checkbox"/> | <input type="checkbox"/> |
| 22. Signs/Posters – Are safety instructions and warning signs posted where needed to include postings required by the US DOL? | <input type="checkbox"/> | <input type="checkbox"/> |
| 23. MSDS – and chemical inventory list available? | <input type="checkbox"/> | <input type="checkbox"/> |
| 24. Systems – Are sprinkler systems tagged properly?
Are fire alarm systems tagged properly?
Are range hood extinguishing systems tagged properly? | <input type="checkbox"/> | <input type="checkbox"/> |
| 25. Boiler Inspection – Certificate current/active? | <input type="checkbox"/> | <input type="checkbox"/> |
| 26. Other - _____ | | |

Target Correction Date

Date Completed

Completed by (print)

Is re-inspection required by an Risk Management Dept.? Yes No

Date: _____ of re-inspection