

## OFFICE/CLASSROOM SAFETY INSPECTION CHECKLIST

CAMPUS \_\_\_\_\_

DATE \_\_\_\_\_

BUILDING \_\_\_\_\_

ROOM \_\_\_\_\_

**Instructions. Check (☒) each item below as "Satisfactory" or "Unsatisfactory." Add any pertinent comments and the location of hazards in the space provided for each item checked "Unsatisfactory."**

| Condition  | N/A                      | Sat                      | Unsat                    | Comment/Location |
|--|--------------------------|--------------------------|--------------------------|------------------|
| <b>FLOORS</b>  |                          |                          |                          |                  |
| No wet/slip, fall hazard   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| No trip hazard   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| No cords across walkway  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| Other _____  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| <b>STAIRS RAMPS</b>  |                          |                          |                          |                  |
| Lighting adequate  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| Non-slip surface   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| Handrails available & secure   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| Other _____  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| <b>GENERAL SAFETY</b>  |                          |                          |                          |                  |
| No aisles obstructed   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| Area free of falling hazards   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| First aid material available   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| Emergency lighting functioning   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| Lighting adequate  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| Ladders/stools in safe condition   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| Housekeeping is good   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| Emergency phone numbers posted   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| Other _____  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| <b>FIRE EQUIPMENT/EXITS</b>  |                          |                          |                          |                  |
| Fire extinguishers accessible  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| Fire extinguishers tagged, serviced  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| Exits properly illuminated   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| Exits clear and unobstructed   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| Other _____  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| Other _____  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| <b>FIRE HAZARDS</b>  |                          |                          |                          |                  |
| Flammable aerosols and liquids storage and handling                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| Storage areas labeled  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| Defective electrical cords   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| Other _____  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| <b>HAZARDOUS MATERIALS</b>   |                          |                          |                          |                  |
| MSDS's available   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| Containers properly labeled  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| Containers properly stored   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| Other _____  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |                  |
| <b>CORRECTIVE ACTION TAKEN (indicate if work order has been initiated)</b> |                          |                          |                          |                  |
|  |                          |                          |                          |                  |

\_\_\_\_\_  
Inspector's Signature

\_\_\_\_\_  
Print Name