

NEW YORK STATE DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION
DAILY SAFETY CHECKLIST

LOCATION AND BUILDING: _____

DATE: _____

# OF ITEMS	DESCRIPTION OF ITEMS	VISUAL CONDITION OF ITEMS			PROBLEMS NOTED FOR EACH ITEM	
		SHIFTS				
		1	2	3		
	Extinguisher					
	Nozzle and Valve					
	Standpipe and Hose					
	SCBA					
	Fire Alarm System					
	Exit Signs					
	Posted Evacuation Signs					
	Dryer Lint Trap					
	First Aid Kit Seal #: _____ BVM/Narcan Kit					
	Stretcher					
	AED					
	Kiosk Tablet Synch Cable Present and Intact					

FOR EACH OF THE FOLLOWING, CHECK THE APPROPRIATE ANSWER. IF "N/A" PLEASE NOTE.

	SHIFT #1		SHIFT #2		SHIFT #3	
Exits and Passageways	SAT ____	UNSAT ____	SAT ____	UNSAT ____	SAT ____	UNSAT ____
Emergency Lights	SAT ____	UNSAT ____	SAT ____	UNSAT ____	SAT ____	UNSAT ____
Storage Spaces	SAT ____	UNSAT ____	SAT ____	UNSAT ____	SAT ____	UNSAT ____
Waste Receptacles	SAT ____	UNSAT ____	SAT ____	UNSAT ____	SAT ____	UNSAT ____
Rodent Pest Control	SAT ____	UNSAT ____	SAT ____	UNSAT ____	SAT ____	UNSAT ____
Storage/Handling of Flammables	SAT ____	UNSAT ____	SAT ____	UNSAT ____	SAT ____	UNSAT ____
Combustibles	SAT ____	UNSAT ____	SAT ____	UNSAT ____	SAT ____	UNSAT ____
Toxics	SAT ____	UNSAT ____	SAT ____	UNSAT ____	SAT ____	UNSAT ____
Caustics	SAT ____	UNSAT ____	SAT ____	UNSAT ____	SAT ____	UNSAT ____
Safety Devices have been inspected and are operational	SAT ____	UNSAT ____	SAT ____	UNSAT ____	SAT ____	UNSAT ____

Report the presence of any machinery hazards, repairs to be made to same, and/or recommendations for correction of same. Use back of this form if more space is needed. _____

Was a Maintenance Repair Request prepared for any of these deficiencies? YES ____ NO ____

SIGNATURE AND TITLE OF INSPECTORS: _____ 1st Shift_____ 2nd Shift_____ 3rd Shift** 3rd SHIFT GOING OFF WILL FORWARD TO FIRE/SAFETY OFFICER