AREA\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AUDIT DATE: \_\_\_\_\_\_\_\_\_\_\_

AUDITOR:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

The Facility Manager and Safety Officer shall complete this audit. Note the location of any deficiency and complete a work order (e-mail). The work order shall be sent to xxxxxxxxx at xxxxxxxxxxx.

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| --- | --- | --- | --- |
| **Exterior** | **YES** | **Requires**  **Action** | **NA** |
| Are walkways clear of obstacles that could cause a tripping hazard? |  |  |  |
| Are parking lots free of tripping hazards? |  |  |  |
| Are walkways, parking lots, and stairs kept free of snow and ice? |  |  |  |
| Is parking lot lighting adequate? |  |  |  |
|  |  |  |  |
| **Housekeeping** |  |  |  |
| Are floors kept clean? |  |  |  |
| Are ceiling tiles free of stains? |  |  |  |
| Are all ceiling tiles in place and in good condition? |  |  |  |
| Are carpets keep clean and free of any visible mold or musty smell? |  |  |  |
| Are carpets free of holes, tears, and worn spots? |  |  |  |
| Are all walkways free of obstructions? |  |  |  |
| Are partitions walls maintained and cleaned? |  |  |  |
| Are all fabric surfaces cleaned on a periodic schedule? |  |  |  |
| Are air registers clean? |  |  |  |
|  |  |  |  |
| **Fire Safety** |  |  |  |
| Are all EXITs free of obstructions? |  |  |  |
| Are EXIT ways clear and unobstructed? |  |  |  |
| Are all EXIT signs lighted? |  |  |  |
|  |  |  |  |
| **Electrical Safety** |  |  |  |
| Does the emergency lighting operate? |  |  |  |
| Are fire extinguishers inspected monthly? |  |  |  |
| Is the Evacuation Plan up to date? |  |  |  |
| Are the evacuation routes posted? |  |  |  |
| **Electrical Safety Cont.…** | **YES** | **Requires**  **Action** | **NA** |
| Is all staff trained on the Evacuation Plan? |  |  |  |
| Are all Fire Doors (stairway doors) kept closed? |  |  |  |
| Are emergency numbers posted? |  |  |  |
| Have the Evacuation Wardens properly trained? |  |  |  |
| Has there been a evacuation drill in the past 6 months? |  |  |  |
| Are all electrical outlet covers in place? |  |  |  |
| Are all cords out of the way of walking surfaces? |  |  |  |
| Are all cords and plugs in good condition? |  |  |  |
| Is the use of extension cords prohibited? |  |  |  |
| Do all electrical cords look safe (not frayed or cut)? |  |  |  |
| Are portable heaters prohibited? |  |  |  |
| Are all “breaker panels” marked? |  |  |  |
| Are “power taps” used properly? |  |  |  |
| Is all equipment properly grounded? |  |  |  |
| Ground Fault Circuit interrupter (GFCI) within 6 feet of sinks? |  |  |  |
| Breaker panels clear for at least 3 feet? |  |  |  |
|  |  |  |  |
| **Chemical Hazards** |  |  |  |
| Is the chemical Inventory up to date? - |  |  |  |
| Have all staff received Hazardous Communication training? |  |  |  |
| Are Material Safety Data Sheets available and current? |  |  |  |
| Do outside companies supply MSDS’s when working in or around the building with chemicals? |  |  |  |
|  |  |  |  |
| **General Office Conditions** |  |  |  |
| Are first aid kits properly stocked? |  |  |  |
| Is lighting adequate in all areas? |  |  |  |
| Does the elevator have a current inspection date? |  |  |  |
| Is the ventilation adequate? |  |  |  |
| Food vending areas clean? |  |  |  |
| Kitchen/Cafeteria clean? |  |  |  |
| Are State and Federal Posters in place? |  |  |  |
| Are all required written programs in place:  Hazard Communications  Lockout/Tagout |  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |  |
| **Ergonomics** |  |  |  |
| Have the workstations been ergonomically evaluated? |  |  |  |
| Are desk and chairs adjusted properly for the employee? |  |  |  |
| Have all Video Display operators been trained in the Maine VDT law? |  |  |  |
| Are VDT exercises done? |  |  |  |