



# HEADQUARTERS QUARTERLY SAFETY AND SANITATION INSPECTION

Building/floor: \_\_\_\_\_ Zone: \_\_\_\_\_

## INSPECTION

Name	Signature	Date
<input type="checkbox"/> 1 <sup>st</sup> Qtr. (Jan. Feb. Mar.)	<input type="checkbox"/> 2 <sup>nd</sup> Qtr. (April, May, Jun.)	<input type="checkbox"/> 3 <sup>rd</sup> Qtr. (July, Aug., Sept.)
		<input type="checkbox"/> 4 <sup>th</sup> Qtr. (Oct. Nov. Dec.)

#	Inspection Elements (Note comments and corrective actions in Action Plan at end of document)	✓ Yes/No or N/A			
		Yes	No	Yes	
1	<b>HOUSEKEEPING:</b>				
	a) Work rooms are clean and orderly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b) Copiers and printers are well ventilated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	c) Floors are free from objects/boxes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	d) Aisles and passageways are clear of obstructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2	<b>MEDICAL AND FIRST AID:</b>				
	a) First-aid kits are available, clearly marked, and stocked in accessible, designated locations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	3	<b>MEANS OF EXIT:</b>			
		a) Employees have easy access to exits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		b) Exits are unlocked to allow egress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Exits are clearly marked and sign lights are functioning?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4	<b>STORAGE:</b>				
	a) Storage areas are kept free of tripping, fire, explosion, and pest hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b) Adequate clearance allowed (36" per fire code) in aisles where materials must be moved?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	c) Heavy items (25 lbs. or more) are not stored on shelves higher than 4 feet?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5	<b>ELECTRICAL:</b>				
	a) No extension cords are in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b) Computers are protected by a surge suppressor?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
8	<b>SAFETY BULLETIN BOARD:</b>				
	a) DOC monthly Safety Bulletin?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
	b) Copy of current safety committee minutes?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

ITEM #	DEFICIENCY	CORRECTIVE ACTION REQUIRED	DATE CORRECTED

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

Distribution: **ORIGINAL** - In Safety Manual or with Safety Representative      **COPY** - Safety Committee Chairperson