



MONTHLY SAFETY & SANITATION INSPECTION

Location/Building/Area: _____

Inspector _____ Signature _____ Date _____

#	Inspection Elements (Note comments and corrective actions in Action Plan at end of	✓ Yes/No or N/A		
		Yes	No	N/A
1	BUILDING EXTERIOR: To Include Parking Areas, Driveways, Walkways, Stairs:			
	a) Footpaths – clear of obstacles, in good condition, drain covers and plates are level with surface, proper signage encourages staff and offenders to stay on designated walkways, if necessary?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) Storm water drains are kept clear and free of leaves, dirt and other debris?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c) Visibility at night – walkways, stairways, and entrances are well lit and clearly visible, and trip hazards well marked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d) Raised areas, curbs, and stairs have color contrast on outside edge? (safety committee to review and establish priority level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e) De-icer is readily available for dispersal during inclement weather?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2	f) Stairways with 4 or more risers, and/or openings or contrasting surfaces that are 4 feet or greater in height, are fitted with handrails? (Once evaluated and corrections made, this no longer requires to be evaluated monthly)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	BUILDING INTERIOR: To Include General Housekeeping in Common Areas, Corridors, Restrooms, Stairways, Foyers and Entryway/Exits:			
	a) Common areas and corridors are free of recognizable hazards such as: sharp or protruding objects, slip and trip hazards, holes or damage to floors, bump hazards, are dry and have good lighting, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) Water collection style entrance mats changed out as needed by building porter?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c) Threshold to building entrance/exit does not exceed ¼ inch surface variation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d) Exit doors and passageways are free from obstructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e) Visible exit signs are posted and illuminated signs are in proper working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f) Step edges are highlighted with color contrast? (safety committee to review and establish priority level)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g) Lighting levels are good, including emergency lighting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	h) Stairway access / egress and staircase landings kept clear, unobstructed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	i) Drinking fountains, ice machines and hot shots are clean and sanitary, ice scoop is stored outside of machine, and non-slip floor mats are in place?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	j) Restrooms and showers are clean and sanitary? Wet and slippery areas are clearly marked with caution signs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	k) Hand soap dispensers and hand towels are available and stocked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	l) Waste containers are provided, emptied daily, and in clean/sanitary condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m) Mops are placed in a position that allows them to air-dry without soiling wall, equipment, supplies, or dripping on floor causing a slip hazard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
n) Observation of porters mopping indicates they are trained to mop during low traffic times and they are using techniques that allow for safe movement through the area. Evidence that Wet floor signs used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

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		Yes	No	N/A
	o) Air vent covers are unblocked, clean, and free of accumulated dust?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3	PPE, FIRE & LIFE SAFETY: To Include PPE, Fire Extinguishers, First-aid Kits, Automatic External Defibrillators (AEDs), Sharps Control, and Emergency Evacuation:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a) Personal protective equipment is available and in clean and useable condition (e.g., safety glasses, gloves, face shields, respirators, hearing protection, etc.)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) Fire extinguishers are fully charged, safety pin intact, with tag showing annual and monthly inspection, and mounted in accessible designated locations.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c) First-aid kits are available and stocked in accessible, designated locations?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d) AED indicator light is green (maybe a check mark or OK) and is not chirping or indicating trouble? Verify electrode pads and battery are within installation/expiration dates.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e) Sharps containers are available for disposing of needles/syringes, razors, scissors and other sharps?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f) Evacuation plans are posted and clearly show Primary and Secondary emergency exit routes, location of fire extinguishers, first aid kits, emergency pull stations, and a "you are here" symbol?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4	STORAGE:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a) Are materials properly secured by stacking, blocking, and/or interlocking?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) Is the area free of accumulations that create hazards from fire or pest harborage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c) Is there at least 18" or more between materials & ceiling sprinkler head deflectors?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d) Is there at least 24" or more between materials & ceiling in non-sprinkled building?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5	ELECTRICAL:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a) Electrical equipment and cords are free from recognized hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) Electrical outlet cover plates are installed and not damaged or broken?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c) Personal appliances such as mini refrigerators, microwaves and space heaters, are plugged directly into wall receptacle or a power tap device equipped with a surge protector and is listed in accordance with UL 1363.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d) Extension cords are for temporary use only?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e) Multi-outlet Power strips are prohibited from being plugged in a series?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f) A random spot-check of GFCI electrical outlets confirm test buttons are operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g) Lamps and overhead lights have proper guards to prevent breakage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6	HAZARDOUS CHEMICALS:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a) All containers are properly labeled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) Is a FTCLM Log completed for controlled chemicals used by offenders? Are SDS's readily accessible for all chemicals used/stored?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c) Storage area is free of spilled or leaking chemicals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d) Flammable liquids are properly stored in approved containers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7	FOOD SERVICE:	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a) Internal release devices are operational on all walk-in freezers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) Lamps in freezers/refrigerators have guards/moisture covers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c) Dishwashers - documentation is available of water temperatures being regularly checked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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		Yes	No	N/A
	d) Freezers/refrigerators - documentation is available of temperatures being regularly checked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e) Cleanup equipment necessary to conduct prompt cleanup of any material that could cause slip or fall is evident and easily accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f) Floors are kept as dry and grease-free as possible. Wet and slippery areas are clearly marked with caution signs?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8	MAINTENANCE, SHOPS, INDUSTRIAL OPERATIONS, & HOBBY CRAFT AREAS: (The following areas should be inspected by someone familiar with maintenance, industrial operations, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	a) Are machine guards in place and operational?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	b) Grinder work rests are properly adjusted to within 1/8" of wheel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	c) Are plumbed Emergency Eyewash Stations functional, accessible, and is there documentation showing water flow is tested weekly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	d) Are self-contained Eyewash Stations functional, accessible, and is there documentation showing weekly inspections, including manufacturer's expiration date? (visual inspection only – do not test flush)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	e) Oily/contaminated rags are properly stored in covered metal containers, emptied and cleaned daily?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	f) Compressed air lines used for cleaning have fixtures to reduce pressure to less than 30 PSI?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	g) Personal protective equipment is available and in clean and useable condition (e.g., safety glasses, gloves, face shields, hearing protection)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	h) Cleanup equipment necessary to conduct prompt cleanup of any material that could cause slip or fall is evident and easily accessible?	<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.

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