



QUARTERLY SAFETY AND SANITATION INSPECTION

Location/building/area: _____

Inspector _____ Signature _____ Date _____

| | | | |
|--|--|---|--|
| <input type="checkbox"/> 1 st Qtr. (Jan. Feb. Mar.) | <input type="checkbox"/> 2 nd Qtr. (April, May, Jun.) | <input type="checkbox"/> 3 rd Qtr. (July, Aug., Sept.) | <input type="checkbox"/> 4 th 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 | 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 employees and incarcerated individuals 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? | <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"/> |
| | 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"/> |
| 2 | 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"/> |
| | o) Air vent covers are unblocked, clean, and free of accumulated dust? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3 | PERSONAL PROTECTIVE EQUIPMENT (PPE), FIRE AND 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"/> |

| # | Inspection Elements (Note comments and corrective actions in Action Plan at end of document) | | | ✓ Yes/No or N/A | | |
|----------|--|-------------------|-----------------|--------------------------|--------------------------|--------------------------|
| | | | | Yes | No | N/A |
| | a) PPE is available and in clean and useable condition (e.g., safety glasses, gloves, face shields, respirators, hearing protection, etc.)? | | | | | |
| | 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"/> |
| | g) Are Fire Drills conducted at least quarterly? | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Date of drill | Start time | End time | Critique of drill | | |
| | | | | | | |
| | | | | | | |
| | h) Are Emergency Response Drills conducted at least quarterly? | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | Date of drill | Start time | End time | Type of drill | | |
| | | | | | | |
| | | | | | | |
| 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 and ceiling sprinkler head deflectors? | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | d) Is there at least 24" or more between materials and 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 and not a power strip. | | | <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) Are Safety Data Sheets 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 | VEHICLE SAFETY: Do vehicles contain the following documents and equipment? | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | a) Vehicle registration certificate? | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | b) Owner's manual? | | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| # | Inspection Elements (Note comments and corrective actions in Action Plan at end of document) | ✓ Yes/No or N/A | | |
|----------|---|--------------------------|--------------------------|--------------------------|
| | | Yes | No | N/A |
| | c) Form SF137 Accident Report? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | d) A copy of DOC 230.500 Vehicle Use? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | e) Instructions for Department fuel card? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | f) Certificate of Liability Insurance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | g) Instructions in case of an emergency? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | h) Are "Hang Tags" in 15 passenger vans and driver "Experience/Acknowledgment Statements on file? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | i) Three reflective road triangles? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | j) First Aid Kit fully stocked with serviceable materials? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | k) BC rated fire extinguisher with current inspections? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 8 | SAFETY BULLETIN BOARD: Do Safety Bulletin boards contain required posters & documents? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | a) L&I WISHA poster "Job Safety and Health Law"? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | b) L&I poster "Notice to Employees"? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | c) Certificate of coverage – Industrial Insurance? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | d) Current DOSH inspection citations (if any were issued)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | e) DOC HAZCOM Bulletin? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | f) Copy of current safety committee minutes? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | g) DOC 03-133 Accident/Injury Report – or instructions for how to access and use the electronic form? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | h) DOC 03-151 Hazard Report form – or instructions for how to access and use the electronic form? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | i) DOC monthly Safety Bulletin? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| | j) Annual OSHA 300A Summary Report (to be posted February 1 st through April 30 th only)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

| ITEM # | DEFICIENCY | CORRECTIVE ACTION REQUIRED | DATE CORRECTED |
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