1. Name of Property and Building No. (if known), or Construction Project Name:

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1. Address or Physical Location:

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1. Is the property adjacent to a river or body of water, and the name? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
2. Number of stories or levels \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| PARKING LOT | YES | NO | N/A | *Unable to Determine* |
| Is the property shovelled and/or plowed during the winter? |  |  |  |  |
| Is the parking lot area free of any safety concerns (i.e. overgrown landscaping, uneven or damaged pavement)? |  |  |  |  |
| Are there any obstructions blocking fire hydrant access? |  |  |  |  |
| Is there functional lighting provided in the parking lot? |  |  |  |  |
| Other: |  |  |  |  |
| ***Concerns & Comments*:** |  |  |  |  |

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| --- | --- | --- | --- | --- |
| LANDSCAPING | YES | NO | N/A | *Unable to Determine* |
| Does landscaping interfere with utility access or overhead lines? |  |  |  |  |
| Are there any dead or unhealthy trees on the property? |  |  |  |  |
| Is an irrigation system in place and in use? |  |  |  |  |
| Other: |  |  |  |  |
| ***Concerns & Comments*:** |  |  |  |  |

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| GENERAL SAFETY | YES | NO | N/A | *Unable to Determine* |
| Is adequate and functional lighting provided in all occupied areas? |  |  |  |  |
| Are the elevator inspection certificates current and accessible? |  |  |  |  |
| Are all building elevator(s) functioning in a proper manner? |  |  |  |  |
| Are work areas free of trip hazards (cords/wires, electrical fixtures, etc.)? |  |  |  |  |
| Is furniture (e.g. chairs, desks, filing cabinets) in good and safe condition? |  |  |  |  |
| Is overhead storage utilized properly so as not to create unsafe conditions? |  |  |  |  |
| Other: |  |  |  |  |
| ***Concerns & Comments*:** |  |  |  |  |

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| HAZARDOUS MATERIALS STORAGE | YES | NO | N/A | *Unable to Determine* |
| Are all combustible and flammable materials properly stored? |  |  |  |  |
| Is there any combustible storage in unprotected attics or crawl spaces? |  |  |  |  |
| Are cabinets and containers containing chemicals properly labeled? |  |  |  |  |
| Are spill-containment materials readily available in case of a release? |  |  |  |  |
| Are Safety Data Sheets (SDS) available for hazardous substances? |  |  |  |  |
| Other: |  |  |  |  |
| ***Concerns & Comments*:** |  |  |  |  |

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| ELECTRICAL SYSTEMS | YES | NO | N/A | *Unable to Determine* |
| Are electrical boxes, outlets and switches properly covered? |  |  |  |  |
| Are all electrical panels closed and properly latched? |  |  |  |  |
| Are electrical panels accessible and free of obstruction? |  |  |  |  |
| Are extension cords used for temporary purposes only? |  |  |  |  |
| Do any extension cords run through walls, ceilings, or doors? |  |  |  |  |
| Is equipment requiring higher voltage plugged into proper outlets? |  |  |  |  |
| Are any frayed or damaged wires/cords observed in the building? |  |  |  |  |
| Other: |  |  |  |  |
| ***Concerns & Comments*:** |  |  |  |  |

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| HEATING/COOLING SYSTEMS | YES | NO | N/A | *Unable to Determine* |
| Is the boiler control room door closed and locked? |  |  |  |  |
| Are any combustible materials stored near heat sources? |  |  |  |  |
| Are work areas free of trip hazards (cords, electrical fixtures, etc.)? |  |  |  |  |
| Are heating and cooling ducts outlets free of obstructions? |  |  |  |  |
| Other: |  |  |  |  |
| ***Concerns & Comments*:** |  |  |  |  |

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| ENVIRONMANTAL EXPOSURES | YES | NO | N/A | *Unable to Determine* |
| Are flammable/combustible liquids used in the building? |  |  |  |  |
| Are process welding operations conducted in the building? |  |  |  |  |
| Are spray finishing operations conducted in the building? |  |  |  |  |
| Are dipping/coating operations conducted in the building? |  |  |  |  |
| Are process ovens or furnaces used in the building? |  |  |  |  |
| Other: |  |  |  |  |
| ***Concerns & Comments*:** |  |  |  |  |

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| ENVIRONMENTAL CONTROLS/HOUSEKEEPING | YES | NO | N/A | *Unable to Determine* |
| Are all carpeted areas free of safety concerns such as trip hazards? |  |  |  |  |
| Are uncarpeted floors clean, slip-resistant, and in good repair? |  |  |  |  |
| Are warning signs or mats provided when floors are wet? |  |  |  |  |
| Is trash removed from the building on a daily basis? |  |  |  |  |
| Are work areas free of rodents, insects, and vermin? |  |  |  |  |
| Are storage areas clean and clear of debris or clutter? |  |  |  |  |
| Other: |  |  |  |  |
| ***Concerns & Comments*:** |  |  |  |  |

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| ACCESS CONTROL/FIRE SAFETY | YES | NO | N/A | *Unable to Determine* |
| Are devices or alarms, which were installed to restrict the improper use of an exit functioning so that they cannot impede emergency use of such exits? |  |  |  |  |
| Are exit doors unlocked during business or occupied hours? |  |  |  |  |
| Are all emergency exit doors clearly marked and functioning properly? |  |  |  |  |
| Are emergency lights and lighted exit signs in working order? |  |  |  |  |
| Are doors constructed to be readily opened from the egress side? |  |  |  |  |
| Are all exits marked by a readily visible sign with letters at least six inches high and three-fourth inches wide? If not, are directions to the exits marked by signs? |  |  |  |  |
| Are means of egress (i.e. hallways and stairways) continually maintained free of any obstructions or impediments? |  |  |  |  |
| Are halls, stairwells, and exits clear of boxes, furnishings, clutter, etc.? |  |  |  |  |
| Are stairways well lighted, and handrails and stair treads in place? |  |  |  |  |
| Are closed stairways provided with a railing on at least one side? |  |  |  |  |
| Are AEDs and extinguishers properly maintained and accessible? |  |  |  |  |
| Other: |  |  |  |  |
| ***Concerns & Comments*:** |  |  |  |  |

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| OTHER BUILDING CONDITION | YES | NO | N/A | *Unable to Determine* |
| Are doors and locks in good working order? |  |  |  |  |
| Are ceiling tiles intact, undamaged, and in place? |  |  |  |  |
| Are all windows unbroken and free from any type of damage? |  |  |  |  |
| Are there signs of weather damage or mold growth in the facility? |  |  |  |  |
| Do air conditioning vents and ducts appear to be clean upon visual inspection? |  |  |  |  |
| Is artwork (paintings, artifacts, etc.) displayed in public or semi-private areas? |  |  |  |  |
| Other: |  |  |  |  |
| ***Concerns & Comments*:** |  |  |  |  |

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| CONSTRUCTION SITE INSPECTION | Yes | No | N/A or Explain |
| Has a Contractor Safety Survey been completed, where applicable? |  |  |  |
| Is the worksite perimeter fenced and accessible only to workers? |  |  |  |
| Has an OSHA Competent Person been assigned to the project? |  |  |  |
| Are any unsafe actions, negligent behavior, or horseplay observed? |  |  |  |
| Is mechanical equipment maintained in good working order? |  |  |  |
| Is good site housekeeping maintained and free of trip hazards? |  |  |  |
| Are workers wearing PPE appropriate for jobs being performed? |  |  |  |
| Are Fall Protection measures in use for all elevated surfaces? |  |  |  |
| Are warning signs (laser in use, danger-keep out, etc.) present? |  |  |  |
| Is the company Safety Plan on site and available for review? |  |  |  |
| Are valid permits posted (hot work, confined space entry, etc.)? |  |  |  |
| Are Safety Data Sheets (SDS) and hazard information accessible? |  |  |  |
| Other: |  |  |  |
| **Concerns & Observations:** |  |  |  |

Inspection conducted by:

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|  |  |  |  |  |  |
|  |  | Name |  | Date |  |

Report copy provided to:

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|  |  |  |  |  |  |
|  |  | Name |  | Date |  |