

# \_\_\_\_\_ QUARTER/MONTHLY INSPECTION BUILDING FORM

Date: \_\_\_\_\_

Building: \_\_\_\_\_

Inspector's Name: \_\_\_\_\_

<b>FIRE SAFETY AND EMERGENCIES</b>					
	Item	Yes	No	N/A	Comments
1	If allowed for use, do portable heaters have automatic shut off if tipped over? Are portable heaters operated away from flammable materials?				
2	Is there at least an 18" clearance for all sprinkler heads?				
3	Are boxes, paper, or other combustible items allowed to accumulate that would present a fire hazard?				
4	Are all fire extinguishers visible & accessible? Are they fully charged? (check for needle in the green) Is the pin in place & secure?				
5	Are fire extinguisher tags in place and less than one year old? (check punched date for year & month)				
6	Is the fire alarm system functioning properly and has it been tested within the past year? (look for green inspection tag by alarm control panel)				
7	Are smoke alarms functioning correctly? (test each alarm, push test button)				
8	Are evacuation plans posted near doors?				
9	Has a fire/evacuation drill been conducted within the past year?				
10	Are all exits marked with exit signs and illuminated? (if battery operated, push test button)				
11	Are exit routes kept free of obstructions?				
12	Are all doors and hallways that lead to an exit, free to access with no possibility of being locked in?				
13	Do exit doors open outwards? Will fire & exit doors close and latch properly?				
14	Are emergency phone numbers posted? (ex: security, fire, ambulance)				
15	Are emergency lights functioning correctly? (test by pushing button)				
16	Are first aid kits visible & accessible? Are they stocked? Are expiration dates current?				
17	Is there a person in the area trained in first-aid? If not, are the numbers and names of trained personnel available?				
18	Are BBP spill kits stocked and accessible?				

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<b>BUILDING AND OFFICE SAFETY</b>					
	<b>Item</b>	<b>Yes</b>	<b>No</b>	<b>N/A</b>	<b>Comments</b>
1	Is there litter or spilled liquid on the floor?				
2	In areas that may be wet, greasy or slippery are floor mats or other anti-slip material used and in good condition?				
3	Are floors in good condition with no loose or broken flooring?				
4	Are floor surfaces chipped, does carpeting show worn spots or holes?				
5	Are aisles free of boxes, wastebaskets, chairs and other obstacles that impede traffic?				
6	Are service holes, man holes, drains, etc. properly covered?				
7	Are stairways in good condition with handrails in place? Are stair treads in good condition?				
8	Are all ceiling tiles in place and in good condition throughout the building?				
9	Is the building well lit, inside & outside?				
10	Is the building secure? Are all outside doors locked at the end of each day? Are all locks and other security devices functioning properly?				
11	If equipped, is the security system for the building working properly?				
12	Are all maintenance and mechanical areas secure? (i.e. boiler rooms, air handlers)				
13	Do any windows have broken panes?				
14	Are all elevators working correctly? Are elevators equipped with an emergency phone?				
15	Is the parking lot in good condition? (i.e. no potholes, parking lines visible, etc.)				
16	Are there any water leaks in the building? Note exact location of leaks if it can be determined.				
17	Are all plumbing systems working properly? (toilet flushing problems, drainage problems, leaks from faucets, pipes, etc.)				
18	Is the Hazard Control Log posted?				
19	Are safety rules posted?				
20	Do employees stand on chairs/desks instead of approved ladders/stepstools?				
21	Are warning signs posted near repair work or redecorating?				
22	Any employees observed performing unsafe behavior?				
23	Is one or more desk or file drawer left open?				
24	Are files top-heavy with empty drawers at the bottom and full drawers on top?				
25	Are boxes, papers, and books stored on top of files, storage cabinets, and windowsills?				
26	Is equipment turned off/powering down when not in use?				
27	Do employees secure dangling jewelry or floppy clothing around machinery?				
28	Is the paper cutter placed in a safe location and secure while not in use?				
29	Are items with sharp edges stored properly?				
30	Do employees practice good house keeping and maintain a safe environment in their respective work areas?				
31	Has a complete walkthrough assessment of the facility been conducted to determine the presence of hazardous materials?				
32	Does the building have any pest problems?				

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**ELECTRICAL SAFETY AND STORAGE METHODS**

Item		Yes	No	N/A	Comments
1	Are all breaker boxes labeled correctly? Are empty breaker slots covered? Are the doors closed?				
2	Do panel boxes have any hot spots? If so, note location of hot spot & which panel box.				
3	Check extension cords: are they properly grounded and adequately sized for the current being drawn? Are they placed in a manner to prevent tripping?				
4	Are there any surge protectors plugged into other surge protectors? Only one surge protector allowed per outlet.				
5	Check extension cords: are they damaged in any way?				
6	Are cords placed where they might trip a passerby?				
7	Do cords look frayed? Are they bent around hooks or stepped on?				
8	Are flimsy extension cords in use? (All extension cords should be 3-pronged)				
9	Are all electrical equipment connected with three pronged plugs?				
10	Are electrical outlet boxes or bonnets exposed so that they pose a tripping hazard?				
11	Are storage areas neat? Are items stacked properly? Are heavier items stored below shoulder height?				
12	Do top shelves have overhang?				
13	Are all custodial areas in good condition? Are chemicals stored in appropriate container? Is this area secure?				
14	Are flammable items stored in proper cabinets and/or containers?				
15	Are oxygen and/or acetylene tanks secured properly?				

**OTHER BUILDING SAFETY ISSUES & CONCERNS NOTED BY THE INSPECTOR**

Item		Comments

Upon completion send a copy to the Loss Prevention Representative and keep a copy for your file. Any hazards found shall be reported to the Loss Prevention Representative for corrections and/or follow-up.

\_\_\_\_\_  
**Inspector's Signature**

\_\_\_\_\_  
**Date**