



BUILDING SAFETY INSPECTION

Date _____ Building # _____

Inspector _____

Check Items “YES”, “NO” or write “NA” in the boxes.

	GENERAL BUILDING SAFETY CHECKLIST	YES	NO	ROOM #
1.	Have SAFETY discussions been held? If so, what date?			
2.	Are fire extinguishers readily available, undamaged and inspected?			
3.	Are smoke detectors in place and operating properly?			
4.	Are fire reporting procedures posted?			
5.	Are building evacuation procedures posted?			
6.	Are all exists clearly marked? Is exit hardware operating?			
7.	Are electrical circuits and outlets working properly?			
8.	Are emergency and fire exit lights operating?			
9.	Are electric panel boxes blocked /obstructed?			
10.	Are wall plugs and switches properly covered?			
11.	Are extension and appliance cords in good condition?			
12.	Are good housekeeping practices observed? Trash emptied?			
13.	Are windows and doors unbroken and operating properly?			
14.	Is lighting adequate and working?			
15.	Are floors, walls, and ceilings in good repair?			
16.	Are all flammables and combustibles removed from building?			
17.	Are MSDS/Chemical inventory list filed properly?			
18.	Is the building fire alarm system operational?			
19.	Are furniture and appliances in good repair?			
20.	Is the first aid kit well stocked?			
21.	Are protective light lenses in place?			
22.	Are ventilation systems operating, and fan protective screens in place?			
23.	Are chemicals properly labeled /sealed /secured?			
24.	Are all wet area electric outlets “GFCI” protected?			
25.	Are furnace / AC systems adequate / operational?			
26.	Are there adequate cigarette disposal units outside the building?			
27.	Are the exterior grounds neat and free from debris?			
28.	Have YOU taken corrective action on any deficiencies?			

Please complete this form and forward to the Campus Safety Committee Chairperson.
Maintain a copy for your files.