

## **FACILITY SAFETY INSPECTION CHECKLIST AND CORRECTIVE ACTION PLAN INSTRUCTIONS**

March 5, 2002

This narrative and instructions is the same verbage found in General Services Memonrandum # 02-04 which was signed into policy on March 11, 2002.

The need of a standardized Facilities Inspection Checklist for use by all units within the department was identified and the Department of Health's Safety and Loss Prevention Committee commissioned it's development. A research and development team was formed. The checklist was presented to and approved by the committee on February 20, 2002. The following information will be helpful in use of the checklist and the corrective plan:

OSHA standards adopted from 29CFR, Part 1910, were used as a guideline for the checklist. This checklist is to be used as the standard throughout the department, but may be modified to meet individual facilities' requirements by adding site-specific items in Section F. Local/division safety coordinators are responsible for the coordination of the safety liaisons at each of their offices/sites, and ensuring completion of the inspection forms. At the Capital Circle Office Center in Tallahassee, the division safety coordinators act in the capacity of local safety coordinators and are responsible to see that the inspections are made and the checklist is completed for all areas occupied by their staff.

Inspections are to be conducted on a quarterly basis, as a minimum. Completed checklists should be returned to the local/division safety coordinator of the office/division to present their findings to the local safety committee for follow up. These checklists shall be retained for one year after inspection provided applicable audits have been released and corrective action plans have been met as noted in the file retention schedule GS1-S, page 14.

The checklist has been designed so that a "yes" answer is the compliant response to all questions. Negative responses will require explanations in the comments section and completion of a corrective action plan which is to be monitored until the problem has been resolved. The corrective action plan will be retained with the safety checklist. The local/division safety coordinator should be consulted for questions that safety liaisons were unable to determine an answer. Completed checklists should be dated and signed by the person(s) conducting the inspection.

Corrective action plans should list any problems or concerns noted during the inspection, what action is being taken to correct the problem, the person responsible for corrective action, a targeted completion date, and the date the action is completed. If safety liaisons are unable to take corrective action, the local/division safety coordinator should be consulted.



## Facility Safety Inspection Checklist

Facility/Site Inspected: \_\_\_\_\_ Date Completed: \_\_\_\_\_

GENERAL SAFETY Inspection Completed by: \_\_\_\_\_

**Explain all negative responses. Include locations in your explanations of specific concerns. Use N/A when appropriate.**

A. GENERAL SAFETY		YES	NO	N/A	Unable to Determine
1.	Is adequate and functioning lighting provided in all work areas?				
2.	Is the elevator(s) inspection certificate(s) up-to-date?				
3.	Are the elevator(s) functioning properly? <i>document any specific complaints about the elevator <u>not</u> working properly in the "Comments" section below.)</i>	<i>Please</i>			
4.	Are work areas free of tripping hazards (cords/wires, free-standing electrical fixtures, etc.)? <i>document specific areas of concern in the "Comment" section)</i>	<i>(Please</i>			
5.	Is furniture (e.g. desks, chairs, filing cabinets) in good and safe condition?				
6.	Is overhead storage utilized properly, so as not to create unsafe work environments?				
7.	Are all boxes, shelving units, furniture, etc., 18 inches or further away from any fire sprinkler heads?				
8.	Are basic First Aid supplies adequate?				
9.	Are Material Safety Data Sheets (MSDS) available and accessible to all employees?				

**General Safety Concerns And Other Comments:**

## Facility Safety Inspection Checklist

Facility/Site Inspected: \_\_\_\_\_ Date Completed: \_\_\_\_\_

FIRE & ELECTRICAL HAZARDS Inspection Completed by: \_\_\_\_\_

**Explain all negative responses. Include locations in your explanations of specific concerns. Use N/A when appropriate.**

B.	FIRE & ELECTRICAL HAZARDS PREVENTION AND SAFETY	YES	NO	N/A	Unable to Determine
10.	Is an adequate number of portable fire extinguishers provided so that they are readily accessible in the case of an emergency?				
11.	Are portable fire extinguishers mounted, located and easily identifiable?				
12.	Are portable fire extinguishers visually inspected each month? <i>(There is an inspection card on all fire extinguishers that needs to be dated and signed monthly.)</i>				
13.	Are annual maintenance checks of portable fire extinguishers completed and do inspection tags on each extinguisher reflect the date completed?				
14.	Are all fire alarms functioning properly and tested annually? Date of most recent test: _____				
15.	Are planned and unplanned fire drills conducted at regular intervals? Date of most recent drill: _____				
16.	Are electrical outlets adequate <b>(no overloads or unapproved extension cords in use)</b> ?				
17.	Are electrical and extension cords used to connect equipment undamaged?				
18.	Are all employee lounge areas free of any visual evidence of a fire hazard or violation? <i>(Please document any specific concerns in the "Comment" section below)</i>				
19.	Are electrical panels labelled properly and free of defects?				
20.	Are areas surrounding the electrical panel(s) free of flammable, hazardous, combustible material?				
	20. (a) If no, is there a minimum clearance of 36" surrounding the electrical panel(s), as required by the State Fire Code?				
21.	Are electrical closets free of storage?				

**Fire & Electrical Hazard Prevention and Safety Concerns And Other Related Comments :**

## Facility Safety Inspection Checklist

Facility/Site Inspected: \_\_\_\_\_ Date Completed: \_\_\_\_\_

**GENERAL ENVIRONMENTAL CONTROL** Inspection Completed by: \_\_\_\_\_

**Explain all negative responses. Include locations in your explanations of specific concerns. Use N/A when appropriate.**

C.	GENERAL ENVIRONMENTAL CONTROL - HOUSEKEEPING	YES	NO	N/A	Unable to Determine
22.	Are carpeted floors clean and are there no areas where there are loose carpet, rips or bumps? <i>(Indicate specific carpeting concerns and their locations in the "Comments" section below)</i>				
23.	Are all carpeted areas free of safety concerns, such as tripping hazards?				
24.	Are uncarpeted floors clean, slip-resistant, in good repair with treads in place? <i>(Indicate specific flooring concerns and their locations in the "Comments" section below)</i>				
25.	Are warning signs and/or mats provided when floors are wet?				
26.	Are restroom facilities clean and sanitary?				
27.	Are restroom facilities adequately stocked with the necessary supplies?				
28.	Are staff lounge and eating areas clean and sanitary?				
29.	Are drinking fountains clean and in good working order?				
30.	Are work areas free of rodents, insects and vermin? ----- 30.(a) Any potential for rodent, mosquito, fly or roach breeding/infestation should be documented in the "Comments" section below.				
31.	Are ceiling fan blades safe and clean?				
32.	Are the waste receptacles emptied regularly?				
33.	Are the adequate type (tight-fitting covers where needed) and number of waste receptables provided?				
34.	Are storage areas clean and clear of debris or clutter?				
35.	Are walls and woodwork clean?				
36.	Are there cleaning schedules for issues employees are responsible for, such as cleaning refrigerators, microwaves, stoves, toasters, dishes, etc.?				

**General Environmental Control - Housekeeping Concerns And Other Comments:**

## Facility Safety Inspection Checklist

Facility/Site Inspected: \_\_\_\_\_ Date Completed: \_\_\_\_\_

EGRESS Inspection Completed by: \_\_\_\_\_

**Explain all negative responses. Include locations in your explanations of specific concerns. Use N/A when appropriate.**

D.	EGRESS	YES	NO	N/A	Unable to Determine
37.	Are devices or alarms, which were installed to restrict the improper use of an exit, installed and functioning so that they cannot impede emergency use of such exit?				
38.	Are all emergency exit doors clearly marked and functioning properly?				
39.	Are emergency and exit lights in working order?				
40.	Are doors arranged to be readily opened from the egress side whenever the building is occupied?				
41.	Are all exits marked by a readily visible sign with letters at least six inches high and three-fourth inches wide?				
42.	Where exits are not readily visible, are the accesses to the exits marked by readily visible signs?				
43.	Are means of egress (i.e. hallways and stairways) continually maintained free of all obstructions or impediments?				
44.	Are halls, stairwells, and exits clear of boxes, furnishings, clutter, etc?				
45.	Are stairways well lighted, handrails in good condition and stair treads in place?				
46.	Are closed stairways provided with a railing on at least one side?				

**Egress Concerns And Other Comments:**

## Facility Safety Inspection Checklist

Facility/Site Inspected: \_\_\_\_\_ Date Completed: \_\_\_\_\_

MAINTENANCE Inspection Completed by: \_\_\_\_\_

Explain all negative responses. Include locations in your explanations of specific concerns. Use N/A when appropriate.

E.	MAINTENANCE (Exterior and Interior)	YES	NO	N/A	Unable to Determine
47.	Are doors and locks in good working order?				
48.	Are ceiling tiles intact, undamaged and in place?				
49.	Are there no signs of weather damage or mold growth in the facility?				
50.	Are all windows unbroken and free from any type damage?				
51.	Do air conditioning vents and ducts appear to be clean upon visual inspection?				
52.	Are outside lights in good working order?				
53.	Does the exterior of the building present no safety concern?				
54.	Is the parking lot area free of any safety concern (i.e. overgrown landscaping, uneven pavement, traffic hazards)?				

**Maintenance (Exterior and Interior) Concerns And Other Comments:**



If you have questions, please call the Department of Health (DOH) Facilities Management Section at (850) 245-4088 or SunCom 205-4088.

Special recognition is afforded to the Facility Inspection Checklist Development Team consisting of Dorea Sowinski, Chairperson, Division of Disability Determination; Dave Jacobsen, Division of Emergency Medical Services, Bureau of Community Health Resources; Elizabeth Groves and Claudia Lupetin, Broward County Health Department; Tracy Mortberg, Volusia County Health Department; Martha Hernandez and Angel Acevedo, Dade County Health Department; and Susanne McDaniel, DOH Safety Coordinator Alternate who served as team facilitator.

NOTE: The checklist and corrective action plan are designed in Excel. The set print area and page breaks have been set for printing, but may require re-defining to printout properly on your individual computer printer.





## FACILITY SAFETY CHECKLIST CORRECTIVE ACTION SUMMARY

Facility/Site Inspected: \_\_\_\_\_ Date Inspection Completed: \_\_\_\_\_

Address: \_\_\_\_\_

Inspection Team Members: \_\_\_\_\_

### CORRECTIVE ACTION PLAN

Facility Safety Checklist Item #	SPECIFIC SAFETY CONCERN	CORRECTIVE ACTION	PERSON(S) RESPONSIBLE	Targeted Completion Date	Date Action Completed

**The Facility Safety Checklist and Corrective Action Plan has been reviewed by the proper officials and the corrective actions have been implemented.**

Prepared and Reviewed by:	Title	Date and Time