Area Inspection Checklist

Location

Inspection Conducted By: ___________________________ Date: ________________

How to Use This Checklist

Answer each question with a “Yes” or “No”. Any “No” answers are to be fully explained in the Inspection Discrepancies section of this form along with recommended corrective actions. Arrange for the correction of discrepancies and sign off and date each one as they are corrected. Attach copies of work orders or other documents to checklist and forward to the Risk Manager.

General Work Environment

_______ Are all worksites clean and orderly?
_______ Are furnishings (chairs, desks, tables, file cabinets, etc.) and panel systems in a safe and usable condition?
_______ Are all work areas adequately illuminated?
_______ Are restrooms and washrooms kept clean, sanitary and in proper working condition?
_______ Are aisles and passageways kept clear?
_______ Are materials or equipment stored in such a way that sharp projections will not interfere with the walkway?
_______ Are all exits marked with an exit sign and illuminated by a reliable light source?
_______ Are the directions to exits, when not immediately apparent, marked with visible signs?
_______ Are doors that are neither exits nor access to exits and which could be mistaken for exits, appropriately marked?
_______ Are all exits kept free of obstructions?
_______ Are all cabinets and shelving units over 6 feet in height attached to the wall?
_______ Are all cabinets and shelving units over 5 feet in height that could block or hinder evacuation during an emergency (if they were to fall over) attached to the wall?
_______ Are all maintenance access areas clear?

Employer Posting

_______ Are emergency telephone numbers posted?
_______ Is the Cal/OSHA Safety and Health Protection On the Job poster displayed where it can be seen by employees?

Medical Services & First Aid

_______ Are first aid kits easily accessible to each work area, with necessary supplies available, periodically inspected and replenished as needed?
Fire Protection

_______ Are fire extinguishers mounted in readily accessible locations?
_______ Are fire extinguishers mounted so that employees do not have to travel more than 50 feet to get to the extinguisher?
_______ Are extinguishers free from obstructions or blockage?
_______ Are all extinguishers serviced, maintained and tagged at intervals not to exceed one year?
_______ Is a record maintained of required monthly checks of extinguishers?
_______ Are employees periodically instructed in the use of extinguishers and fire protection procedures?

Ergonomics

_______ Are employees instructed in the proper manner of lifting heavy objects?
_______ Has [the Risk Manager] conducted work station evaluations for all employees?

Electrical

_______ Are electrical appliances such as microwave ovens, vending machines, etc. grounded?
_______ Do extension cords being used have a grounding conductor?
_______ Are multiple plug adapters other than power surge protectors in use?
_______ Are all cords and cables in good condition?
_______ Are all cord, cable and raceway connections intact and secure?
INSPECTION CHECKLIST

Employer Posting

_______ Is the Cal/OSHA poster **Safety and Health Protection on the Job** displayed?
_______ Are emergency telephone numbers posted?
_______ Are signs concerning exiting from buildings, room capacities, exposures to x-ray, microwave, or other harmful radiation or substances posted?

Record Keeping

_______ Is there an ongoing safety training program?
_______ Is training being provided in both general and specific safe work practices?
_______ Are employee safety and health training records maintained?
_______ Are copies of training records being sent to the Risk Manager?
_______ Is documentation of safety inspections and corrections maintained?
_______ Are safety committee meeting records maintained?
_______ Are copies of all health and safety records being sent to the Risk Manager?
_______ Has the Departmental Injury and Illness Prevention Plan been written and implemented?
                 ______________________ Date copy of Plan sent to the Risk Manager
_______ Has an Area Safety Coordinator been selected and trained?
_______ Is there a system for identifying, evaluating, and correcting workplace hazards?

Department Injury & Illness Prevention Plan

_______ Has the Departmental Injury and Illness Prevention Plan been written and implemented?
                 ______________________ Date copy of Plan sent to the Risk Manager
_______ Has an Area Safety Coordinator been selected and trained?
_______ Is there a system for identifying, evaluating, and correcting workplace hazards?
_______ Is training being provided in both general and specific safe work practices?
_______ Are copies of training records being sent to the Risk Manager?
_______ Is there an ongoing safety training program?

Medical Services & First Aid

_______ Are emergency phone numbers posted?
_______ Are first aid kits easily accessible to each work area, with necessary supplies available, periodically inspected and replenished as needed?
_______ Are means provided for quick drenching or flushing of the eyes and body in areas where corrosive liquids or materials are handled?
_______ Are employees instructed in proper first aid and other emergency procedures?

Fire Protection

_______ Are employees aware of the fire hazards of the materials and processes to which they are exposed?
_______ Are fire doors and shutters unobstructed and protected against obstructions, including their counterweights?
Are fire extinguishers mounted in readily accessible locations?
Are fire extinguishers mounted so that employees do not have to travel more than 75 feet for a class "A" fire or 50 feet for a class "B" fire?
Are extinguishers free from obstructions or blockage?
Are all extinguishers serviced, maintained and tagged at intervals not to exceed one year?
Are all extinguishers fully charged and in their designated places?
Is a record maintained of required monthly checks of extinguishers?
Are employees periodically instructed in the use of extinguishers and fire protection procedures?
If a Halon 1301 fire extinguisher is used, can employees evacuate within the specified time for that extinguisher?
Are appropriate fire extinguishers mounted within 75 feet of outside areas containing flammable liquids, and within 10 feet of any inside storage area for such materials?

Emergency Action Plan

Have emergency escape procedures and routes been developed and communicated to all employees?
Do employees, who remain to operate critical plant operations before they evacuate, know the proper procedures?
Is the employee alarm system that provides a warning for emergency action recognizable and perceptible above ambient conditions?
Do employees know their responsibilities:
    For reporting emergencies?
    During an emergency?

General Work Environment

Are all worksites clean and orderly?
Are work surfaces kept dry or appropriate means taken to assure the surfaces are slip-resistant?
Are all spilled materials or liquids cleaned up immediately?
Are all work areas adequately illuminated?
Are restrooms and washrooms kept clean and sanitary?
Are all outlets for water not suitable for drinking clearly identified?
Are aisles and passageways kept clear?
Are holes in the floor, sidewalk or other walking surface repaired properly, covered or otherwise made safe?
Are materials or equipment stored in such a way that sharp projections will not interfere with the walkway?
Are steps on stairs and stairways designed or provided with a surface that renders them slip resistant?
Are stairway handrails capable of withstanding a load of 200 pounds, applied in any direction?
Are all exits marked with an exit sign and illuminated by a reliable light source?
Are the directions to exits, when not immediately apparent, marked with visible signs?
Are doors, passageways or stairways, that are neither exits nor access to exits and which could be mistaken for exits, appropriately marked?
Are exit signs provided with the word "EXIT" in lettering at least 5 inches high and the stroke of the lettering at least 1/2 inch wide?
Are all exits kept free of obstructions?
Ergonomics

_______ Can the work be performed without eye strain or glare to the employees?
_______ Are there pressure points on any parts of the body (wrists, forearms, back of thighs)?
_______ Are there sufficient rest breaks, in addition to the regular rest breaks, to relieve stress from repetitive-motion tasks
_______ Are tools, instruments and machinery shaped, positioned and handled so that tasks can be performed comfortably?
_______ Are all pieces of furniture adjusted, positioned and arranged to minimize strain on all parts of the body?
_______ Are employees' physical capacities assessed before being assigned to jobs requiring heavy work?
_______ Are employees instructed in the proper manner of lifting heavy objects?

Personal Protective Equipment & Clothing

_______ Are protective goggles or face shields provided and worn when there is any danger of flying particles or corrosive materials?
_______ Are approved safety glasses required to be worn at all times in areas where there is risk of eye injuries such as punctures, abrasions, contusions or burns?
_______ Are employees who need corrective lenses (glasses, contact lenses) in working environments with harmful exposures, required to wear only approved safety glasses, protective goggles, or to use other medically approved precautionary procedures?
_______ Are protective gloves, aprons, shields, or other means provided to protect against cuts, corrosive liquids and chemicals?
_______ Are hard hats provided and worn where danger of falling objects exists?
_______ Is appropriate foot protection required where there is risk of foot injuries from hot, corrosive, or poisonous substances; falling objects; or crushing or penetrating actions?
_______ Are approved respirators provided for regular or emergency use where needed?
_______ Are there written standard operating procedures for the selection and use of respirators where needed?
_______ Has the Risk Manager been given a list of all employees that do tasks that require the use of a respirator?
_______ Have all employees using respirators received training?
_______ Have all employees using respirators taken and passed the appropriate medical examination?
_______ Are all employees using respirators being recertified for respirator use annually, including the physical?
_______ Are the appropriate NIOSH approved respirators being used?
_______ Are they regularly inspected and cleaned, sanitized and maintained?
_______ Is all protective equipment maintained in a sanitary condition and ready for use?
_______ Do you have eye wash facilities and a quick drench shower within a work area where employees are exposed to injurious corrosive materials?
_______ When lunches are eaten on the premises, are they eaten in areas where there is no exposure to toxic materials or other health hazards?
_______ Are adequate work procedures, protective clothing and equipment provided and used when cleaning up spilled toxic or otherwise hazardous materials or liquids?

Noise

_______ Has there been a determination that noise levels in the facilities are within acceptable levels?
_______ Is there an ongoing preventive health program to educate employees in safe levels of noise and exposure, effects of noise on their health, and use of personal protection?
_______ Is the training repeated annually for employees exposed to continuous noise above 85 dBA?
_______ Is approved hearing protective equipment (noise attenuating devices) available to every
employee working in areas where continuous noise levels exceed 85 dBA?

_______ If you use ear protectors, are employees properly fitted and instructed in their use and care?

**Hazardous Substances Communication**

_______ Are hazardous substances identified which may cause harm by inhalation, ingestion, skin absorption, or contact?

_______ Are employees aware of the hazards involved with the various chemicals they may be exposed to in their work environment, such as ammonia, chlorine, epoxies, caustics?

_______ Is there a list of hazardous substances used in the area, by room?

_______ Has the departmental Hazard Communication Plan been written and implemented?

____________ Date copy of plan sent to the Risk Manager.

_______ Has the Hazard Communication Work Area Representative been selected?

_______ Is each container for a hazardous substance (i.e. vats, bottles, storage tanks) labeled with product identity and a hazard warning?

_______ Is there an MSDS readily available for each hazardous substance used?

_______ Is there an employee training program for hazardous substances?

Does this program include:

_______ An explanation of what an MSDS is and how to use and obtain one?

_______ MSDS contents for each hazardous substance or class of substances?

_______ Explanation of "Right to Know"?

_______ Identification of where employees can see the employer's written hazard communication program and where hazardous substances are present in their work area?

_______ The physical and health hazards of substances in the work area, how to detect their presence, and specific protective measures to be used?

_______ Details of the hazard communications program, including how to use the labeling system and MSDS's?

_______ How employees will be informed of hazards of non-routine tasks, and hazards of unlabeled pipes?

**Hazardous Chemical Exposures**

_______ Are employees trained in the safe handling practices of hazardous chemicals such as acids, caustics, etc.?

_______ Are employees aware of the potential hazards involving various chemicals stored or used in the workplace such as acids, bases, caustics, epoxies, phenols?

_______ Are eye wash fountains and safety showers provided in areas where corrosive chemicals are handled?

_______ Are all containers such as vats and storage tanks labeled as to their contents?

_______ Are all employees required to use personal protective clothing and equipment when handling chemicals (i.e. gloves, eye protection, respirators)?

_______ Are flammable or toxic chemicals kept in closed containers when not in use?

_______ Have standard operating procedures been established and are they being followed when cleaning up chemical spills?

_______ Where needed for emergency use, are respirators stored in a convenient, clean and sanitary location?

_______ Are respirators intended for emergency use adequate for the various uses for which they may be needed?

_______ Are employees prohibited from eating in areas where hazardous chemicals are present?

_______ Is personal protective equipment provided, used and maintained whenever necessary?

**Portable Ladders**
_______ Are all ladders maintained in good condition, joints between steps and side rails tight, all hardware and fittings securely attached, and moveable parts operating freely without binding or undue play?
_______ Are non-slip safety feet provided on each ladder?
_______ Are non-slip safety feet provided on each metal or rung ladder?
_______ Are ladder rungs and steps free of grease and oil?
_______ Are portable metal ladders legibly marked with signs reading "CAUTION" "Do Not Use Around Electrical Equipment" or equivalent wording?

**Electrical**

_______ Are electrical appliances such as microwave ovens, coffee makers, vending machines, etc. grounded?
_______ Do extension cords being used have a grounding conductor?
_______ Are multiple plug adapters (except power surge protectors) prohibited?
_______ Are all cords and cables in good condition?
_______ Are flexible cords and cables free of splices or taps?
_______ Are all cord, cable and raceway connections intact and secure?

**Bloodborne Pathogen Exposure Control**

_______ Are employees against potential exposure to infectious agents in body fluids?
_______ Has a list of potentially exposed employees been sent to the Risk Manager?
_______ Have occasions of potential occupational exposure been identified and documented?
_______ Has a training and information program been provided for employees exposed to or potentially exposed to blood and/or body fluids?
_______ Have infection control procedures been instituted where appropriate, such as ventilation, universal precautions, workplace practices, personal protective equipment?
_______ Is personal protective equipment provided to employees?
_______ Is the necessary equipment (i.e. mouthpieces, resuscitation bags, other ventilation devices) provided for administering mouth-to-mouth resuscitation on patients?
_______ Are facilities/equipment to comply with workplace practices available, such as hand-washing sinks, biohazard tags and labels, needle containers, detergents, disinfectants to clean up spills?
_______ Are all equipment and environmental and working surfaces cleaned and disinfected after contact with blood or potentially infectious materials?
_______ Is infectious waste placed in closable, leak proof containers, bags or puncture-resistant holders with proper labels?
_______ Has medical surveillance including HBV evaluation, antibody testing and vaccination been made available to potentially exposed employees?
_______ How often is training done and does it cover:
    ______ Universal Precautions?
    ______ Personal protective equipment?
    ______ Workplace practices which should include blood drawing, room cleaning, laundry handling, clean-up of blood spills?
    ______ Needle stick exposure/management?
    ______ Hepatitis B vaccination?

**Location**

Inspection Conducted By: ________________________________ Date: __________________
GENERAL LABORATORY INSPECTION CHECKLIST

Hazardous Materials

_______ Is chemical inventory complete, current and readily accessible to employees?
_______ Are MSDS’s available and readily accessible to employees?
_______ Are containers of stock solutions properly identified (e.g. buffers labeled and marked with the word “buffer”)?
_______ Are original product names or full chemical names (not formulas) and hazards clearly identified on all labels?
_______ Are containers of non-hazardous substances (e.g. water) labeled clearly to avoid confusion?
_______ Are synthesized, unnamed chemicals labeled by their reactants and possible products (or by a useful generic description) and with their probable health and physical hazards?
_______ Are containers such as vats and storage tanks labeled as to their contents?
_______ Is all visible piping labeled with contents and direction of flow?
_______ Has a designated area been established for the use of regulated carcinogens? (See Charles Drew University Chemical Hygiene Plan)

Storage

_______ Are incompatible materials segregated by chemical class?
_______ Has infectious waste been placed in closable, leak-proof containers, bags or puncture-resistant holders with proper labels? (See Charles Drew University Medical Waste Management Plan)
_______ Have all materials which have exceeded the manufacturer’s suggested expiration date been properly disposed of?
_______ Are all containers of peroxide-forming chemical dated upon receipt and disposed of within manufacturer’s suggested expiration dates?
_______ Has secondary containment been provided for the storage of quantities greater than 55 gallons, 500 pounds or 200 cubic feet?
_______ Are all chemical containers capped and sealed, except when actively adding or removing materials from them?
_______ Are chemicals being disposed of by evaporation in a fume hood and/or into the room or atmosphere? (Prohibited!)
_______ Are logs being maintained of delivery and disposition of all hazardous materials?
_______ Are flammable liquids in quantities greater than 10 gallons being stored in an NFPA approved flammable liquid storage cabinet with a self-closing door?
_______ Are all flammable liquid storage cabinets free of combustible materials (cardboard, paper, etc.)?

Safety Showers and Eye Washes

_______ Are safety showers and eye washes unobstructed and readily accessible?
_______ Are safety showers and eyes washes inspected and activated weekly and recorded on the inspection tag?

Fume Hoods

_______ Have all fume hoods been certified within the last year?
_______ Are the fume hood air flow indicators present and operating properly?
_______ Are chemicals being stored within lab fume hoods? (Prohibited!)

Location

Inspection Conducted By: ____________________________  Date: ______________