

GENERAL SAFETY-FIRE-SECURITY SURVEY CHECKLIST

CAMPUS _____

INSPECTION DATE _____

BUILDING NAME _____

INSPECTOR: _____

ASSISTED BY: _____

| Item | Satisfactory | Unsatisfactory | Not Applicable |
|--|--|--|--|
| <u>OUTSIDE/INSIDE BUILDING</u> | | | |
| <p>1. ADA (Americans with Disabilities Act) Entry/Exit (If area is designed to be accessible)</p> <p>Are automatic door openers working?</p> <p>Are parking spaces signed?</p> <p>Are parking spaces accessible?</p> <p>Is route from parking spaces to bldg. in good repair?</p> <p>Are fire alarms indicating devices audible and visible?</p> <p>Are bathrooms accessible?</p> <p>Are ramps accessible and clear?</p> <p>Are ramps in good repair?</p> <p style="text-align: right;"><i>Repair: Fix-It or x1141</i></p> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <u>OUTSIDE BUILDING</u> | | | |
| <p>1. Stairs</p> <p>Are stairs even in height?</p> <p>Are there broken treads/nosings?</p> <p>Do stairs have depressions due to wear?</p> <p>Are stairs slippery?</p> <p style="text-align: right;"><i>Repair: Fix-It or x1141</i></p> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <p>2. Handrails</p> <p>Is there a handrail when there are four or more risers?</p> <p>Will they withstand normal use?</p> <p style="text-align: right;"><i>Repair: Fix-It or x1141</i></p> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| <p>3. Blue lights/emergency phones</p> <p>Are they in working order?</p> <p>Are fixtures in good condition?</p> <p>Are they obstructed by foliage, etc.?</p> <p><i>Repair: telephoneservices@udel.edu or 2411</i></p> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| <p>4. Docks/Loading Areas:</p> <p>Is the area clean and free of debris?</p> <p>Do you have spill provisions on site?</p> <p style="padding-left: 20px;">- spill control material.</p> <p style="padding-left: 20px;">- storm drain spill prevention cover if applicable</p> <p style="text-align: right;"><i>Building occupants responsible for correction</i></p> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

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|---|--|--|--|
| 5. Dumpster Areas: Is there trash accumulation around dumpster area? <i>Building occupants responsible for correction</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Outdoor Storage Area: Items stored outside sheltered from the elements? Any items need to be drained of fluids? <i>Building occupants responsible for correction</i> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| INSIDE BUILDING | | | |
| 1. Walking surfaces Are they even and in good repair? Are there missing tiles, torn carpeting? Are the floorboards worn? Are they slippery? <i>Repair: Fix-It or x1141</i> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 2. Stairs Are stairs even in height? Are there broken treads/nosings? Do stairs have depressions due to wear? <i>Repair: Fix-It or x1141</i> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 3. Handrails Is there a handrail when there are four or more risers? Will they withstand normal use? <i>Repair: Fix-It or x1141</i> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| 4. Guardrails Are they at all floor openings? Are they at least 42" high, secured, with no balusters missing? <i>Repair: Fix-It or x1141</i> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| 5. Lighting in corridors Is there sufficient lighting? Are fixtures in good condition? <i>Repair: Fix-It or x1141</i> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| 6. Lighting in stairwells Is there sufficient lighting on all steps and platforms? Are fixtures in good condition? <i>Repair: Fix-It or x1141</i> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| 7. Lighting at exits Are directions to exits posted on all floors? Are exits regularly illuminated? Are exit signs illuminated? | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

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| <i>Repair: Fix-It or x1141</i> | | | |
| 8. Emergency lighting (battery powered units) Are lights in working order? Are fixtures in good condition? <i>Repair: Fix-It or x1141</i> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| 9. Storage-corridors Are corridors being used for storage? <i>Building occupants responsible for correction.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. Storage-stairwells Are stairwells being used for storage? <i>Building occupants responsible for correction.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 11. Refuse containers Are containers being emptied regularly? Are there sufficient containers? Are they in good condition? Is glass in appropriate containers? <i>Frequency of collection: Fix-It or x1141</i> <i>Building occupants responsible for correction.</i> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 12. Trash-accumulation Is trash being accumulated in exits, hallways or stairwells? <i>Building occupants responsible for correction.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 13. Fire Doors Are fire rated doors equipped with self-closing devices, latching hardware? Are fire doors uninhibited by wedges or stops? <i>Concern: Occupational Health and Safety x8475</i> <i>Building occupants responsible for correction</i> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| 14. Door hardware Is all hardware operable? <i>Repair: Fix-It or x1141</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 15. Doors-exit Is access clear? <i>Building occupants responsible for correction.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 16. Wall openings Are there holes in walls? <i>Repair: Fix-It or x1141</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 17. Ceiling openings Are all ceiling tiles in place? Are there holes in ceiling? <i>Repair: Fix-It or x1141</i> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |

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| 18. Fire extinguishers Are all fire extinguishers fully charged and in place? Is access clear? Have they been inspected in the last month? <i>Concern: Occupational Health and Safety x8475</i> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 19. Fire alarm system a) Is there visible damage? b) Is the sprinkler riser area free of storage or obstruction? c) Is combustible storage within 18" of ceiling in sprinklered area? d) Are there any damaged or painted sprinkler heads? <i>Items a, d: Repair: Fix-It or x1141</i> <i>Items b, c: Building occupants responsible for correction.</i> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 20. Red phones Are phones in working order? Are phones obstructed from view? <i>Building occupants responsible for correction.</i> <i>Repair: Public Safety x 2222</i> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| 21. Ventilation General-Is there good air movement from supply grilles and return registers? Local exhaust (i.e. hoods) Is there a current inspection sticker on the lab hood? <i>Repair: Fix-It or x1141</i> <i>Concern: Occupational Health and Safety x8475</i> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |
| 22. General air quality Are strong or offensive odors present? Does irritation to eyes or mucus membranes occur? <i>Concern: Occupational Health and Safety x8475</i> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| 23. General right-to-know Are posters obvious? Are unlabeled chemical containers present? <i>Building occupants responsible for correction.</i> <i>Posters available from Occupational Health and Safety x8475</i> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| 24. Flammable/Combustible liquids Are liquids in proper containers? Are containers labeled? Is there excessive storage of chemicals? Are liquid waste containers in secondary containment? <i>Building occupants responsible for correction</i> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> |

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| 25. Emergency eyewash/showers Are they damaged? Is there a current inspection sticker? <i>Repair: Fix-It or x1141</i> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| 26. "No admittance" areas Are all areas secured? <i>Building occupants responsible for correction.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 27. First aid kits Are kits properly filled? <i>Building occupants responsible for correction.</i> <i>Refills: Occupational Health and Safety x8475</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 28. Evacuation plan Is plan posted? <i>Building occupants responsible for correction.</i> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 29. Extension cords Are cords under carpet? Are cords cut or frayed? <i>Building occupants responsible for correction</i> <i>Use of extension cords other than temporary is a violation of the National Electric Code.</i> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| 30. Tripping hazards caused by wires Are wires laying in walkways? Are wires suspended 7' above floor level in work area? <i>Building occupants responsible for correction.</i> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| 31. Electrical outlets Are outlets overused with too many plugs? Are receptacles broken or uncovered? <i>Building occupants responsible for correction.</i> <i>Repair: Fix-It or x1141</i> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |
| 32. Other (Not covered on list.) | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> | <input type="checkbox"/> <input type="checkbox"/> |

EXPLANATION OF UNSATISFACTORY ITEMS:

ITEMS MARKED AS UNSATISFACTORY WILL BE ADDRESSED BY: _____

Signature

OHS/ms/01/08/07

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