

GLENN COUNTY OFFICE SITE INSPECTION FORM

The purpose of this form is to help you identify and correct unsafe work practices and conditions before an accident occurs. Begin each inspection by making safety observations. Then, conduct a thorough inspection utilizing this form. Please note any comments or areas requiring corrective action, as well as the person responsible for the corrective action. Follow up to ensure the issues have been resolved and note the date it was corrected. Office site inspections should be conducted on a bi-annual basis.

DEPARTMENT INFORMATION					
Department:			Location Inspected:		
Inspected By:		Signature:		Date:	Time:
ADMINISTRATIVE	Yes	No	N/A	Corrective Action or Comments	Date Corrected
Are the required labor law and Cal OSHA posters posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Has an employee been designated for the overall activities of the department's health and safety program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there a department safety committee that meets regularly? Is documentation of the meetings maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there a written Injury and Illness Prevention Program (IIPP) in place? Does staff review the IIPP annually?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there a written Emergency Action Plan? Are employees familiar with it? Have employees been trained on their role in the plan?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are emergency evacuation routes and emergency phone numbers posted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Is there a written Hazard Communication Program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the employee injury log maintained? (Cal OSHA 300 Form.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is the Cal OSHA 300A Log posted from February 1 st through April 30 th each year and maintained for 5 years?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there a hazard reporting program for employee concerns regarding safety? Is staff familiar with the process?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are there First Aid Kits available with adequate materials? Are the kits inspected regularly and maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
HOUSEKEEPING	Yes	No	N/A	Corrective Action or Comments	
Are all work areas, aisles and hallways clean, orderly and free of obstruction(s), tripping hazards and sharp corners or objects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are floors clean, dry, sanitary and free of slip hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are files and supplies stored safely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are combustible scrap, debris, and waste stored safely in designated areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are kitchen and restroom facilities kept in a sanitary condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

EGRESS	Yes	No	N/A	Corrective Action or Comments	
Are aisles and working areas clean and free of boxes, waste baskets, chairs and other obstacles that impede egress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are all exits clearly marked?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are all doors and exits clear of obstructions and materials?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are means of egress kept unblocked, well lit and unlocked during work hours?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
ELECTRICAL/LIGHTING	Yes	No	N/A	Corrective Action or Comments	
Are extension cords in good condition, only used for temporary installations, and not connected in a series?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do electrical appliances have ground pins or double insulation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are electrical cords free from frays or damage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Do all power strips have circuit breakers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
FIRE PREVENTION	Yes	No	N/A	Corrective Action or Comments	
Are appliances such as coffee pots and microwaves in good working order and inspected for signs of wear, heat or fraying cords?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are combustible materials kept away from electrical/heat producing equipment?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Are fire extinguishers mounted, visible and accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are the fire extinguishers fully charged and inspected monthly and noted on the inspection tag? (Date and initial.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are the fire extinguishers serviced annually, and also marked on the inspection tag?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are employees properly trained to use fire extinguishers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
WORK AREA	Yes	No	N/A	Corrective Action or Comments	
Is there adequate lighting?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is ventilation adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is office furniture/equipment in good working order and free of defects?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are desk, file cabinets and book case drawers closed when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is weight distributed in file cabinets to avoid a top-heavy condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are paper cutting blades in locked position when not in use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
PERSONAL PROTECTIVE EQUIPMENT (PPE)	Yes	No	N/A	Corrective Action or Comments	
Is PPE readily available if a hazardous condition warrants its use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Is the use of PPE enforced when warranted?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are employees trained on the use of PPE, when to use it, when to make adjustments, etc.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is all PPE maintained in a sanitary condition and ready for use?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are procedures in place for disposing of or decontaminating PPE?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
SLIP, TRIP AND FALL	Yes	No	N/A	Corrective Action or Comments	
Are all working and walking surfaces free from slip, trip and fall hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are carpet/floor tiles secure – free from tears or tripping hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are holes in floor, sidewalk, or other walking surfaces repaired properly or otherwise made safe?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are cords that run along or across walk areas taped down or otherwise secured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
ERGONOMICS	Yes	No	N/A	Corrective Action or Comments	
Are general ergonomic principles being practiced?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is staff familiar with adjustment features of their workstation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is staff familiar with the process to request an ergonomic evaluation?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are employees trained in proper lifting techniques?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

HAZARD COMMUNICATION	Yes	No	N/A	Corrective Action or Comments	
Are MSDS readily available for each hazardous substance used?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are employees trained on the Hazard Communication program?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is there a list/inventory of hazardous substances used in your workplace?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Is each container of hazardous substance labeled with product indemnity and hazardous warnings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
STAIRS AND STAIRWAYS	Yes	No	N/A	Corrective Action or Comments	
Is the lighting adequate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are handrails on all stairways having four or more risers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are step risers on stairs uniform from top to bottom?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
Are steps on stairs and stairways designed to be slip resistant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

Copies to: Department Office
County Asst. Safety Officer