



Non-Lab Area Inspection Checklist

Contact / Office Occupant:	Department:
Building / Floor / Room #:	Date of Inspection:
Inspector(s):	

If the ticketed responses are in any of the grey boxes on the inspection checklist, then you are required to take corrective action. Once each identified problem has been rectified, please check the box in the "rectified" column. When completed, the supervisor should sign and return the form to JABSOM EHSO. A follow-up inspection will follow to ensure discrepancies have been completed.

1	OFFICES / NON LAB AREAS	Yes	No	N/A	Rectified	COMMENTS
1.1	Are high standards of housekeeping being maintained?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.2	Exits are free of any trip hazards or obstruction? (minimum 28 inches clearance in aisles)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.3	All exit signs suitably illuminated?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.4	Are safety guards in place for equipment with moving parts (belts, blades, fans, etc)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.5	Are the cords of all electrical equipment in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.6	Are cords used properly (no piggy-backing of surge protectors; clear of burners, sinks, aisles; no use of extension cords)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.7	Fire extinguisher in area certified and readily accessible?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.8	Is there at least 18 inches clearance from the ceiling?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.9	Appliances with exposed heating units are unplugged when not in use? (i.e. toasters, coffee pots)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.10	Christmas trees treated with fire retardant?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.11	All fire-rated doors are kept closed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.12	Is there an emergency action plan / contact info posted in area?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.13	Is emergency plan / procedure known by employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
1.14	Is the OSHA "It's the Law" poster posted? (Reference: 29 CFR 1903.2)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

ADDITIONAL COMMENTS/ISSUES:

Checklist with Corrective Action updates due back to JABSOM EHSO on or before: _____

Audit completed by: _____ Date: _____

Print Name

Signature

I certify that all rectifications required are complete, or have been referred to the person with authority to fix it beyond my control.

Contact/Office Manager: _____ Date: _____

Print Name

Signature



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Created: April 21, 2008 – Updated: July 1, 2009
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2	WORKSHOPS / FACILITIES – in addition to above	Yes	No	N/A	Rectified	COMMENTS
2.1	Are feasible engineering and/or administrative controls used to keep noise exposures within allowable limits	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.2	Is hearing protection (ear plugs / muffs) required, provided and used in identified work areas (where noise exceeds 85 decibels over an 8 hour exposure, or an instantaneous 90 decibels)?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.3	Are machine guards provided to protect employees from the hazards of nip points, rotating parts, flying chips and sparks?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.4	Are all machines designed for a fixed location securely anchored to prevent walking or moving?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.5	Is compressed air used for cleaning purposes reduced to less than 30 psi and provided with chip guarding?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.6	Are personnel prohibited from wearing personal bracelets, watches, rings, or other metal objects when trouble shooting, repairing, or calibrating electrical/electronic equipment with exposed electricity	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.7	Is there a current and accurate MSDS available for each hazardous material at the workplace?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.8	Is gas powered equipment stored within the building? Reference: UFC, Sec. 1103.3.2.6: Fueled equipment, including but not limited to motorcycles, mopeds, lawn-care equipment and portable cooking equipment, shall not be stored, operated or repaired within a building?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.9	Are flammables stored near exit access doorways or in an area that would impede egress?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.10	Are all ladders / scaffolds in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.11	Are designated employees trained in the proper selection, fit, inspection, use maintenance and storage of respirators	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.12	Have appropriate "Danger", "Caution", and Safety Instructions signs, and Accident Prevention tags been used or posted in order to prevent accidental injury or illness?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.13	Are equipment inspection records maintained	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		
2.14	Are all OSHA trainings in place? (Ladder safety, Lockout/Tagout)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

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Contact/Office Manager: _____

Print Name

Date: _____

Signature