



OFFICE & FACILITY SELF- INSPECTION FORM

(INSTRUCTIONS: boxes are to be checked to initiate the check mark if N/A or discrepancy or fill comments.)

This form is to inspect and report the condition of facilities or office space owned by Douglas County.

Department Information:

Department Name:	Date: ___/___/___
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Location:

Building Use:

Instructions: Please check "Yes" or "No" for each question or check "N/A" if the question does "Not Apply". Please include comments for all "No" answers in the space provided. Attach separate sheets, diagrams, and pictures if necessary.

(Check the following for all Douglas County Buildings)

Housekeeping-Interior

	Yes	No	N/A
1. Are the following locations kept free of rubbish, waste paper, old furniture, etc.?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Basement?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Attic?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Elevator?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Auditorium / Backstage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2. Are special closets provided for storage of cleaning and floor polishing supplies?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Are the spaces beneath stairs kept free from storage of any material?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Are all stairs in satisfactory condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5. Are stair handrails in good condition and securely fastened?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6. Are floor surfaces (carpet, tile, etc.) in good condition without trip/slip hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7. Are all lights in working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
8. Are all windows and glass in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. Is all furniture in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. Are all aisles and hallways clear of obstructions?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. Is the Workers Compensation Panel of Doctors posted in common areas where all employees have access to it?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: Auto-Font 200 characters max

Furnace:

12. Is the heating/furnace in good working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Is the furnace room kept free of waste paper, trash or other combustible storage?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14. Are the safety valves on hot water heaters in working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: Auto-Font 200 characters max

Electricity:

15. If any fuses or circuit breakers require frequent replacement or restoration, have these circuits been checked by a competent electrician, for overloading?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16. Are all panel boards, switch, and fuse cabinets clean?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17. Are all electric heating (or heated) appliances equipped with properly working controls?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
18. Note any temporary wiring under "Comments" and give reason for its installation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Yes	No	N/A
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Fire Alarm:

19. Are employees trained in the importance of turning in an alarm immediately, before attempting to extinguish a fire?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20. Do all employees know where the fire alarms are located?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
21. Do all employees know the fire evacuation plan and where it is located?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: Auto-Font 200 Characters Max

Other Alarm:

22. Are other alarms in good working order and are employees who have control keys trained in the importance of keeping them in their possession at all times?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: Auto-Font 200 characters max

Fire Extinguishers:

23. Do all extinguishers bear a tag with the latest inspection date or recharge date?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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If not, please list below.

(Attach additional pages if necessary)

Extinguisher Location

Last Date Inspected/Recharged

24. Are employees trained in the use of extinguishers?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: Auto-Font 200 characters max

Stair Doors and Other Fire Doors:

25. Are "Automatic" fire doors kept in operating condition?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: Auto-Font 200 characters max

Automatic Sprinkler System:

26. Are all sprinkler control valves sealed in open position?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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27. Are all valves and gauges checked weekly?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: Auto-Font 200 characters max

Workshops (or Manual Training Rooms):

28. In these rooms:

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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- Is smoking prohibited?
- Are paint and solvents safely stored?
- Is sawdust and combustible waste removed daily?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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29. Are all machines (power saws, lathes, etc.) properly guarded so operator cannot put hands into moving parts?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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30. Are shelving units properly maintained and kept under suggested weight limits?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Kitchen:

31. Are kitchen range ventilating hoods, filters, and ducts kept free of grease accumulations by frequent cleaning?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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32. Is there a fire extinguisher approved for grease fires located in the kitchen?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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33. Are refrigeration motors and cooling coils cleaned?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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34. Are knives properly stored?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Yes	No	N/A
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Laundry:

35. Are automatic controls on clothes dryer in good working order?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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36. Is lint collector from clothes dryer cleaned regularly?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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37. Are all electric laundry devices properly grounded?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: Auto-Font 200 characters max

Dispensaries:

38. Are oxygen and nitrous cylinders stored in separate fire resistive room, vented to the outside and used for no other purpose?

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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39. Are such highly flammable anesthetic gases as cyclopropane, ether ethylene and

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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ethyl chloride stored in a separate fire resistive room, vented to the outside, and used for no other purpose?			
40. Are gas cylinders stored away from all heat?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41. Is the wiring of all electrical equipment and devices in rooms in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
42. Are all medicines and drugs kept secure and accessible only to authorized personnel?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
43. Are all eyewash stations in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
44. Are all used needles and syringes disposed of in the proper containers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: Auto-Font 200 characters max

Housekeeping-Exterior:

45. Is roofing, from ground observation in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
46. Are all gutters and down spouts in apparent good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
47. Are exterior walls and windows in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
48. Are stairs and porch areas in good condition, free of trip hazards, and with secure handrails where needed?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
49. Are all stairs and porch areas equipped with lights in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
50. Is all playground equipment in good condition and free from hazard?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
51. Are all sidewalks in good condition, even and free from tripping hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
52. Are all parking areas and driveways properly marked, even, and free of trip hazards?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
53. Are all parking areas and driveways properly lit?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
54. Are fences in good condition?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
55. Are the grounds kept free of trash and waste paper, particularly in building alcoves and corners where it might accumulate?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
56. Are all exterior lights and lighting in working order?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
57. Are building entrances and outer wall areas lit by floodlights at night?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
58. Is there shrubbery or other "cover" near the building that could conceal vandals?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Comments: Auto-Font 200 characters max

Additional Notes: Auto-Font 200 characters max below

Employee Name: _____

Employee Signature: _____

*Please attach any additional pictures, diagrams or statements.
Submit Form to Office of Risk & Safety.*