

UL LAFAYETTE BUILDING SAFETY INSPECTION FORM

BSI-10-08

NOTE: If a condition is discovered that requires immediate attention, dial 482-6440

NOTE: For questions regarding this form, call Joey Pons or Taz Winingar at 482-1840

SECTION 1: GENERAL INFORMATION

Building Name: _____

Building Area/Floor: _____

Inspection performed by: _____

Date: _____

Floor plan with evacuation route in place: Y N N/A

Hazard Control Log in place? Y N N/A

Are all listed hazards addressed? Y N N/A

NOTE: If no, attach copy of Hazard Control Log to this form

Fire Extinguishers checked (date on tag is inspection date-expiration is one year after): Y N N/A

Exit Signs working: Y N N/A

Emergency Departmental Radio and other Emergency Equipment Operational Y N N/A

Office Furniture and Fixtures In Good Working Condition Y N N/A

SECTION 2: HALLWAYS, STAIRWAYS, GROUNDS, AND ELEVATORS

Areas clear of obstructions: Y N N/A

Areas free of slip and fall hazards: Y N N/A

Grounds areas free of obstructions and holes: Y N N/A

Elevators working & Evacutrac in place: Y N N/A

SECTION 3: ELECTRICAL AND PLUMBING

Electrical systems check OK: Y N N/A

Plumbing systems check OK: Y N N/A

SECTION 4: HAZMAT/FLAMMABLES

Proper storage Y N N/A

MSDS available: Y N N/A

Waste properly contained: Y N N/A

SECTION 5: FUME HOODS AND OTHER HAZARDOUS AREAS

PPE available: Y N N/A

Safety guard: Y N N/A

First Aid available: Y N N/A

Warning labels intact: Y N N/A

Good Housekeeping: Y N N/A

NOTE: If "no" is checked for any of these in Sections 2-5 please describe here:

SECTION 6: AREAS THAT DO NOT FALL UNDER SECTIONS 1-5

Please describe: _____

Signed By: _____

DSC: _____ EH&S Director: _____