Duplin County Safety Survey

To be completed monthly and submitted to Matt Barwick

Name: _____ Department: _____Month: _____Year: _____

- FIRE PROTECTION
  - Fire Extinguishers:
    1. Are fire extinguishers available, mounted correctly and charged? Choose an Option
    2. Are fire extinguishers visual inspected on a monthly? Choose an Option
  - Fire Alarm Systems:
    1. If there is a fire alarm system for the building, is it fully operational (All systems Online and OK on panel) ? Choose an Option
    2. Is the fire alarm system tested annually? Choose an Option
  - Sprinkler Systems
    1. Are records of inspections of sprinkler systems maintained? Choose an Option
    2. Is there 18 inches of clearance below sprinkler heads? Choose an Option
    3. Are there any obvious leaks from any piping? Choose an Option
  - Flammable and Combustible Materials
    1. Are flammable liquids stored in a protected area? Choose an Option
    2. Is ventilation provided for storage rooms? Choose an Option
    3. Are approved containers and labels used for flammable liquids? Choose an Option
  - Tobacco Products and Vaping:
    1. Is the "Tobacco Products" policy enforced? Choose an Option
    2. Is there proper “no tobacco products, vaping” signage? Choose an Option
  - Other Concerns for fire protection
    1. Are doors to equipment rooms kept closed and locked? Choose an Option
    2. Are equipment rooms clean and free of excess storage? Choose an Option
    3. Are electrical panels kept closed and 36 inch clearance around panels maintained? Choose an Option
    4. Are circuit breakers clearly marked? Choose an Option
    5. Are there any temporary extension cords (not power strips) in use? Choose an Option
    6. Are electrical cords in good condition (plugs not bent, not exposed or frayed wires knots tied in cords)? Choose an Option
- SAFETY
  - Stairs and Stairways
    1. Are stair rails on all stairs having 4 or more risers? Choose an Option
    2. Are railings stable and properly arranged? Choose an Option
    3. Are stairways clean and free of obstructions? Choose an Option
    4. Are steps clearly defined and illuminated? Choose an Option
    5. Is there a First Aid Kit in the building that is properly stocked? Choose an Option
  - Means of Egress:
    1. Are emergency exits clearly marked? Choose an Option
    2. Are means of egress kept clear? Choose an Option
    3. Is emergency lighting provided and tested monthly with written documentation? Choose an Option
    4. Is there an emergency evacuation plan for the building? Choose an Option
    5. Is the evacuation plan clearly posted in all prominent places? Choose an Option
    6. All employees instructed on your department’s Emergency Evacuation Plan? Choose an Option

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7. Has there been a fire drill conducted in your building within the last 12 months? Choose an Option
8. Can the fire alarm be heard throughout the building? Choose an Option
9. Are all areas kept free of trip hazards? Choose an Option
10. Doors not intended for public use secured? Choose an Option
11. All doors available for exit in the case of an emergency? Choose an Option
12. Are emergency telephone numbers posted by all employee's telephones? (Fire, Police, EMS etc.) Choose an Option
13. Any spills or leaks that could cause a slip, trip or fall hazard? Choose an Option

- General Conditions – Inside of Building
  1. Is housekeeping satisfactory? Choose an Option
  2. Ground Fault Circuit Interrupters provided where needed? Choose an Option
  3. Is illumination adequate? Choose an Option
  4. Are restrooms clean? Choose an Option
  5. ADA compliance on accessibility? Choose an Option
  6. Is building security adequate? Choose an Option
  7. Are all electrical, telephone, and computer cords under desks secured so that they do not become trip hazards? Choose an Option
  8. Unauthorized space heaters, humidifiers and other personal owned appliances are not permitted. Is this being followed? Choose an Option
  9. Are Material Safety Data Sheets (MSDS) for chemicals used or stored in your department available for employees to review and for inspectors to view upon request? Choose an Option
- General Conditions – Outside of Building
  1. Sidewalks kept clear and in good condition? Choose an Option
  2. Pedestrian crosswalks identified? Choose an Option
  3. Parking lots in good condition? Choose an Option
  4. Trees and shrubbery maintained to allow roadway visibility? Choose an Option
  5. Is the parking lot and exterior of the building well illuminated? Choose an Option
  6. ADA compliance on building accessibility? Choose an Option
  7. Is security adequate? Choose an Option

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