



WEBB COUNTY SELF INSPECTION CHECKLIST

Department & Location: _____

Date of Inspection _____ Date of Last Inspection _____

Names of Inspection Personnel _____

Physical inspection should be made monthly to identify any items needing improvement. When any of the questions are answered "NO" make appropriate comments on the back of this page to identify corrective action needed or taken.

Webb County Safety Inspection List		YES	NO
A. GENERAL HOUSEKEEPING BULLETIN BOARD POSTING & MONTHLY LOGS	1. All personnel exits accessible and unblocked?	<input type="checkbox"/>	<input type="checkbox"/>
	2. Oily rags kept in approved metal container and emptied daily? Waste properly disposed?	<input type="checkbox"/>	<input type="checkbox"/>
	3. Are stairways and aisles clear, well lighted, unblocked?	<input type="checkbox"/>	<input type="checkbox"/>
	4. Are floors free from loose material, debris, holes, protruding nails, worn carpeting?	<input type="checkbox"/>	<input type="checkbox"/>
	5. Is the office clutter free, organized and adequate?	<input type="checkbox"/>	<input type="checkbox"/>
	6. Is outside waste storage at least 25 feet from buildings?	<input type="checkbox"/>	<input type="checkbox"/>
	7. Are extension cords being used properly? Are they out of the way in areas where employees walk?	<input type="checkbox"/>	<input type="checkbox"/>
	8. Are desk and file drawers kept closed when not in use?	<input type="checkbox"/>	<input type="checkbox"/>
	9. Are there stepladders or stools to get to materials on higher shelves?	<input type="checkbox"/>	<input type="checkbox"/>
	10. Are required postings properly displayed on bulletin board for all employees to view worker's comp insurance regulations, wage and hour info. and all other state regulations?	<input type="checkbox"/>	<input type="checkbox"/>
	11. Are Safety Meetings conducted and submitted to Risk Management on a monthly basis and filed?	<input type="checkbox"/>	<input type="checkbox"/>
	12. Is your department familiar with online training, Risk Mgt. Center? Yes/NO. Is it being utilized? Yes/NO	<input type="checkbox"/>	<input type="checkbox"/>
B. SMOKING REGULATIONS	1. No smoking areas prominently posted with "No Smoking" Signs?	<input type="checkbox"/>	<input type="checkbox"/>
	2. Designated smoking areas are free of combustibles?	<input type="checkbox"/>	<input type="checkbox"/>
	3. Designated smoking areas have properly sized receptacles?	<input type="checkbox"/>	<input type="checkbox"/>
C. FIRE EXTINGUISHER	1. Fire extinguisher properly located and accessible?	<input type="checkbox"/>	<input type="checkbox"/>
	2. All extinguishers properly charged and tagged with date of recharge?	<input type="checkbox"/>	<input type="checkbox"/>
D. PERSONAL PROTECTIVE EQUIPMENT	1. Is required equipment provided, maintained, and used properly?	<input type="checkbox"/>	<input type="checkbox"/>
	2. Does equipment meet requirement? Is it reliable?	<input type="checkbox"/>	<input type="checkbox"/>
	3. Do employees use PPE whenever it's needed?	<input type="checkbox"/>	<input type="checkbox"/>
	4. Are employees trained in the use of personal protective equipment?	<input type="checkbox"/>	<input type="checkbox"/>
E. FIRE DOORS MEANS OF EXIT	1. Are exit door's unblocked and free to close and open?	<input type="checkbox"/>	<input type="checkbox"/>
	2. Fire doors in good operating condition? Are they kept closed?	<input type="checkbox"/>	<input type="checkbox"/>
	3. Automatic closing devices operable?	<input type="checkbox"/>	<input type="checkbox"/>
	4. Is fire alarm or security alarm in place? Is it regularly tested?	<input type="checkbox"/>	<input type="checkbox"/>
	5. Are stair treads slip-resistant? Are the treads wearing down?	<input type="checkbox"/>	<input type="checkbox"/>
	6. All emergency exits open, are clearly marked and well lit?	<input type="checkbox"/>	<input type="checkbox"/>
F. EXTERIOR INSPECTION	1. All sidewalks are in good repair.	<input type="checkbox"/>	<input type="checkbox"/>
	2. All rain and sand bags are removed, if not needed in sidewalks and parking areas.	<input type="checkbox"/>	<input type="checkbox"/>
	3. Exterior doors and windows are properly maintained?	<input type="checkbox"/>	<input type="checkbox"/>
	4. Is entry way accessible and not need any improvement?	<input type="checkbox"/>	<input type="checkbox"/>
G. BUILDING INSPECTION	1. Are washrooms and food preparation areas clean?	<input type="checkbox"/>	<input type="checkbox"/>
	2. Is proper signage found on doors/building/offices identifying areas and locations, etc.	<input type="checkbox"/>	<input type="checkbox"/>
	3. All Emergency lighting and signs operate correctly.	<input type="checkbox"/>	<input type="checkbox"/>
	4. No unauthorized appliances or heater?	<input type="checkbox"/>	<input type="checkbox"/>
	5. Bathrooms inspected frequently for slippery floors.	<input type="checkbox"/>	<input type="checkbox"/>
	6. Annual elevator inspection certificate available for inspection.	<input type="checkbox"/>	<input type="checkbox"/>
	7. All Stairs and hand rails are properly maintained and accurate lighting.	<input type="checkbox"/>	<input type="checkbox"/>
	8. All flooring is maintained with no trip or slip hazards.	<input type="checkbox"/>	<input type="checkbox"/>
	9. Are Evacuation exit procedures posted?	<input type="checkbox"/>	<input type="checkbox"/>
	10. Does the dept. have Evacuation Procedures in place?	<input type="checkbox"/>	<input type="checkbox"/>
H. MACHINE GUARDINGS	1. Are all machines guarded to protect operators from hazards?	<input type="checkbox"/>	<input type="checkbox"/>
	2. Are point-of-operation guards in place on all operating equipment?	<input type="checkbox"/>	<input type="checkbox"/>
I. SPRINKLERS	Have sprinkler systems been checked? Last checked date	<input type="checkbox"/>	<input type="checkbox"/>



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Webb County Safety Inspection List		YES	NO
& ALARMS	Has alarm been tested by Building Maintenance?	<input type="checkbox"/>	<input type="checkbox"/>
J. STORAGE AND OTHER FLAMABLE LIQUIDS AND MATERIAL	1. Is there any spray bottles with chemicals that are NOT labeled?	<input type="checkbox"/>	<input type="checkbox"/>
	2. Flammable and combustible liquids , including aerosols & bulk drums, removed from storage areas and kept in UL-listed safety cabinets?	<input type="checkbox"/>	<input type="checkbox"/>
	3. Stock maintained at least 18 inches below the ceiling sprinkler heads?	<input type="checkbox"/>	<input type="checkbox"/>
	4. Stock maintained at least 6 inches below in-rack sprinkler heads?	<input type="checkbox"/>	<input type="checkbox"/>
	5. Dispensing drums equipped with approved hand operated pumps or self-closing valves?	<input type="checkbox"/>	<input type="checkbox"/>
K. MEDICAL & FIRST AID SAFETY	1. Do all employees know on-the-job injury reporting procedures?	<input type="checkbox"/>	<input type="checkbox"/>
	2. Do all employees know incident/motor vehicle accident reporting procedures?	<input type="checkbox"/>	<input type="checkbox"/>
	3. Do all employees know where to find the above forms and are hardcopies readily available?	<input type="checkbox"/>	<input type="checkbox"/>
	4. Are any employees trained in first aid AND CPR?	<input type="checkbox"/>	<input type="checkbox"/>
	5. Are approved first-aid supplies readily available?	<input type="checkbox"/>	<input type="checkbox"/>
	6. Are first-aid supplies replenished as they are used?	<input type="checkbox"/>	<input type="checkbox"/>
	Date last replenished? DATE _____	<input type="checkbox"/>	<input type="checkbox"/>
	7. Is there an AED Unit in the area? Model: _____ Serial#: _____	<input type="checkbox"/>	<input type="checkbox"/>
	Is it operable?	<input type="checkbox"/>	<input type="checkbox"/>
8. All employee's that drive a county vehicle have current and up-dated driver's liscense?	<input type="checkbox"/>	<input type="checkbox"/>	
9. Do all County Vehicle have a pre-trip/post-trip inspection form?	<input type="checkbox"/>	<input type="checkbox"/>	
L. OTHER	1.	<input type="checkbox"/>	<input type="checkbox"/>
	2.	<input type="checkbox"/>	<input type="checkbox"/>
	3.	<input type="checkbox"/>	<input type="checkbox"/>
	4.	<input type="checkbox"/>	<input type="checkbox"/>
	5.	<input type="checkbox"/>	<input type="checkbox"/>
	6.	<input type="checkbox"/>	<input type="checkbox"/>
	7.	<input type="checkbox"/>	<input type="checkbox"/>
	8.	<input type="checkbox"/>	<input type="checkbox"/>
	9.	<input type="checkbox"/>	<input type="checkbox"/>
	10.	<input type="checkbox"/>	<input type="checkbox"/>
	11.	<input type="checkbox"/>	<input type="checkbox"/>
	12.	<input type="checkbox"/>	<input type="checkbox"/>

** Any box checked indicates a need for corrective action. Refer to items by letter and number when making specific comments. Corrective action can be corrected by submitting a work order to building maintenance or directly contract a provider. It is the departments responsibility to correct any/and all hazards that have been identified.*

COMMENTS:

Received by: _____ Signature: _____

(Printed Name)

Title: _____ Today's date: _____

Above items found to be in non compliance must be addressed within 30 days of today's date. If items have not been addressed within this time, written explanation must be provided to Risk Management.