**Safety Inspection Checklist – Hotel**



**Building location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

**Inspected by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

| **Description** | **Yes** | **No** | **Comments** | **Correction Date** |
| --- | --- | --- | --- | --- |
| **Programs and Posters** |  |  |  |  |
| Injury and Illness Prevention Program (IIPP or safety program)? |  |  |  |  |
| Hazard Communication Program (HazCom)? |  |  |  |  |
| Lock Out Tag Out Program (LOTO)? |  |  |  |  |
| Emergency Action Program (EAP)? |  |  |  |  |
| Exit routes and key response people and phone numbers posted? |  |  |  |  |
| Report of unsafe conditions form available to employees? |  |  |  |  |
| Local clinic with Medical Provider Network (MPN) posted? |  |  |  |  |
| Federal and State All-in-One Poster for the current year? |  |  |  |  |
| Cal/OSHA Log 300A summary for previous year (post from February 1 until April 30)? |  |  |  |  |
| Are Certificates of Insurance current and on file for contractors, service companies, and tenants? |  |  |  |  |
| **Office areas** |  |  |  |  |
| Are desk chairs adjustable, i.e. seat, seatback, and armrest height? |  |  |  |  |
| Are frequent phone users provided with headsets? |  |  |  |  |
| Is office furniture set up ergonomically for the user – wrists in a neutral position? |  |  |  |  |
| Are power strips not daisy-chained (connected)? |  |  |  |  |
| **General Emergency Preparedness/Response** |  |  |  |  |
| Are first aid kits in place and adequately stocked with bandages (or meds such as aspirin or Tylenol)? |  |  |  |  |
| Has a fire, earthquake, or other emergency response drill been conducted in the past 12 months? |  |  |  |  |
| Are earthquake response supplies available? |  |  |  |  |
| **Life Safety** |  |  |  |  |
| Are exit corridors, doorways, and stairs unobstructed? |  |  |  |  |
| Is panic hardware in place for exit doors and in working condition? |  |  |  |  |
| Are exits marked and illuminated? |  |  |  |  |
| Is the emergency lighting system in place and working? |  |  |  |  |
| **Electrical** |  |  |  |  |
| Are electrical cords in good condition; and only for temporary use (<90 days)? |  |  |  |  |
| Where work with portable tools/electrical cords are in wet areas, are ground fault circuit interrupters used? |  |  |  |  |
| Do electrical junction, switch, and receptacle boxes have covers that are tightly closed?  |  |  |  |  |
| Are outlets in good condition and with no missing covers? |  |  |  |  |
| Are switches clearly marked with their purpose if not obvious? |  |  |  |  |
| Are circuit breakers labeled with their functions and all covers complete (no blanks) and in place? |  |  |  |  |
| Is there a clear 36” access around all electrical panels? |  |  |  |  |
| **Fire Safety** |  |  |  |  |
| Is there at least an 18” clearance between the fire sprinkler heads, storage, and shelving? |  |  |  |  |
| Portable fire extinguishers provided throughout and clearly marked? |  |  |  |  |
| Portable fire extinguishers recharged at least annually, tagged, signed off monthly? Gauges show them as fully charged? |  |  |  |  |
| Have employees been trained on the use of portable fire extinguishers within the past year? |  |  |  |  |
| **Housekeeping/Maintenance** |  |  |  |  |
| Are walking surfaces free of tripping and slipping hazards? |  |  |  |  |
| Are combustibles maintained in an orderly and neat fashion throughout; excess paper and trash removed daily? |  |  |  |  |
| **Shop** |  |  |  |  |
| Is machinery secured and guarded? |  |  |  |  |
| Are proper tools and equipment provided? |  |  |  |  |
| Is proper personal protective equipment (PPE) provided and used - gloves, safety glasses, goggles, face shields, slip-resistant footwear, etc.? |  |  |  |  |
| Ladders inspected regularly and employees trained in their use? |  |  |  |  |
| Are carts or hand trucks provided for moving heavy equipment? |  |  |  |  |
| Employees get help if they have to lift heavy items? |  |  |  |  |
| Are Safety Data Sheets (SDSs) easily accessible to employees for all chemicals? |  |  |  |  |
| Is staff trained in the proper handling of chemicals? |  |  |  |  |
| Are containers clearly labeled and tightly closed? |  |  |  |  |
| Are flammable liquids stored in a flammable storage cabinet? |  |  |  |  |
| Eyewash station nearby areas where chemicals are dispensed? |  |  |  |  |
| **Storage Areas**  |  |  |  |  |
| Are delivered supplies stored immediately? |  |  |  |  |
| Are objects stored with heaviest on the bottom and lightest on top? |  |  |  |  |
| Are shelves secured to prevent falling? |  |  |  |  |
| Do storage racks appear in good condition? |  |  |  |  |
| Are items stored neatly? |  |  |  |  |
| Are compressed gas cylinders secured?  |  |  |  |  |
| Are oxygen cylinders kept at least 20 feet from fuel gas cylinders? |  |  |  |  |
| Are cylinder valves capped and completely closed when stored? |  |  |  |  |
| Mezzanines - guard rails installed if used for storage? |  |  |  |  |
| Are the maximum safe load limits of floors within buildings and structures posted? |  |  |  |  |
| **Parking areas** |  |  |  |  |
| Overhead doors operational? |  |  |  |  |
| Is there adequate lighting? |  |  |  |  |
| Wheel stops/speed bumps secured/painted a contrasting color? |  |  |  |  |
| Gas meters and electrical panels protected to prevent damage from vehicles, i.e., concrete posts? |  |  |  |  |
| Surfaces free of potholes and uneven surfaces? |  |  |  |  |
| Garbage area clean - no broken glass or slippery liquids? |  |  |  |  |
| Dumpster lids kept closed and wheels locked? |  |  |  |  |
| Employees get help with full trash cans? |  |  |  |  |
| **Concierge** |  |  |  |  |
| Are luggage attendants trained in proper lifting and carrying methods? |  |  |  |  |
| Are ramps provided at the hotel entrance? |  |  |  |  |
| Are carts used to transport heavy luggage? |  |  |  |  |
| Are carts in good working condition and properly maintained? |  |  |  |  |
| Is additional help available for lifting heavy luggage? |  |  |  |  |
| **Front Desk** |  |  |  |  |
| Are the counter work surfaces at suitable height for keyboard and writing work? |  |  |  |  |
| Are the computer monitor screens placed at suitable height for viewing? |  |  |  |  |
| Is equipment placed within easy reach? |  |  |  |  |
| Are all staff trained in good ergonomic practices and working postures? |  |  |  |  |
| **Housekeeping** |  |  |  |  |
| Is staff trained in good ergonomic work methods and postures? |  |  |  |  |
| Are the housekeeping carts easy to push and move and don’t obstruct the vision? |  |  |  |  |
| Are the housekeeping carts maintained in good condition? |  |  |  |  |
| Is proper ergonomic equipment provided for cleaning the room and bathroom? |  |  |  |  |
| Are measures taken to prevent slips and falls in the bathroom? |  |  |  |  |
| Are all cleaning chemicals properly labeled? |  |  |  |  |
| Are protective gloves provided and used? |  |  |  |  |
| Are chemicals properly stored? |  |  |  |  |
| Is staff trained in proper handling of chemicals? |  |  |  |  |
| Are safety data sheets (SDSs) available for all chemicals used? |  |  |  |  |
| Is there an eyewash station that can provide 15 minutes running water? |  |  |  |  |
| Are sharps containers easily accessible for disposing of needles? |  |  |  |  |
| Are there procedures for flipping mattresses or moving furniture? |  |  |  |  |
| **Laundry** |  |  |  |  |
| Is staff trained in the safe use of machinery and equipment? |  |  |  |  |
| Is there adequate work space? |  |  |  |  |
| Is machinery securely guarded? |  |  |  |  |
| Are proper tools and equipment provided? |  |  |  |  |
| Are laundry carts provided with springboards (elevated spring platforms)? |  |  |  |  |
| Are measures in place to reduce excessive back or neck bending? |  |  |  |  |
| Are measures in place to reduce work with arms above shoulder height? |  |  |  |  |
| Are work surfaces of suitable height for the work? |  |  |  |  |
| Is staff trained in proper manual handling methods and work postures? |  |  |  |  |
| Are measures in place to prevent excessive chemical exposure? |  |  |  |  |
| Are Safety Data Sheets (SDSs) provided for all chemicals? |  |  |  |  |
| Are workers trained in the proper handling of chemicals? |  |  |  |  |
| Is relevant personal protective equipment provided? |  |  |  |  |
| Are containers clearly labeled? |  |  |  |  |
| Are chemicals properly stored? |  |  |  |  |
| Is there an eyewash station that can provide 15 minutes running water? |  |  |  |  |
| **Pool** |  |  |  |  |
| Are Safety Data Sheets (SDSs) provided for all chemicals? |  |  |  |  |
| Are workers trained in the proper handling of chemicals and spill-cleanup procedures? |  |  |  |  |
| Are chlorine products never mixed with acid or other pool chemicals? |  |  |  |  |
| Is relevant personal protective equipment provided? |  |  |  |  |
| Are containers clearly labeled? |  |  |  |  |
| Are chemicals properly stored, including no liquids on a shelf above solids, secondary containment? |  |  |  |  |
| Is there an eyewash station that can provide 15 minutes running water and emergency shower? |  |  |  |  |
| **Injury Trends** |  |  |  |  |
| Insert company injury trend 1 |  |  |  |  |
| Insert company injury trend 2 |  |  |  |  |

**Are there any facilities or equipment issues in need of repair or attention not noted above?**

**Additional Comments:**

*The information and suggestions in this form are presented as a guide. No results are guaranteed and no liability is assumed as to the information or safety suggestions presented. No assumption can be made that every acceptable safety procedure is stated. Abnormal, unusual, or particular circumstances may require different or additional procedures.*

 **Safety Inspection Checklist – Restaurant**



**Building location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_**

**Inspected by: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

*Clearly comment on the details of the corrective measures.*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description** | **Yes** | **No** | **Comments** | **Correction Date** |
| **OFFICE/WORK AREA** |  |  |  |  |
| Required labor posters |  |  |  |  |
| What to do in case of emergency |  |  |  |  |
| Local clinic within Medical Provider Network (MPN) |  |  |  |  |
| Safety Manual and Safety Data Sheets – available and employees trained |  |  |  |  |
| Report of Unsafe Condition form |  |  |  |  |
| First aid kit stocked – no medications – no aspirin/Tylenol |  |  |  |  |
| **EXITS/STAIRS/PASSAGEWAYS** |  |  |  |  |
| Top step of stairs highlighted? |  |  |  |  |
| Proper exit signs visible from all areas and lights working |  |  |  |  |
| Exits not obstructed and kept unlocked or panic hardware |  |  |  |  |
| “Not An Exit” signs posted or doors clearly labeled  |  |  |  |  |
| Handrails if 4 or more risers on stairs or elevated areas more than 30” high? |  |  |  |  |
| At least two exits from areas where 50+ people may be located in any one room or in basement or upper levels? |  |  |  |  |
| Is the emergency lighting system in place and working? |  |  |  |  |
| **FIRE PROTECTION** |  |  |  |  |
| Fire extinguishers mounted properly, recharged annually, inspected monthly in house, fully charged?  |  |  |  |  |
| Has at least one employee from each shift been trained on the use of portable fire extinguishers? |  |  |  |  |
| Ansul type system over stove serviced w/in 6 mo.? |  |  |  |  |
| **ELECTRICAL/GAS** |  |  |  |  |
| All switches and outlets covered and in good repair |  |  |  |  |
| Ground Fault Circuit Interrupters (GFCIs) in wet locations? |  |  |  |  |
| Electrical cords and wiring in good condition  |  |  |  |  |
| Extension cords temporary use only; not thru doors/walls |  |  |  |  |
| Electrical panel boxes closed |  |  |  |  |
| All circuit breakers labeled, inserts over openings  |  |  |  |  |
| 3 feet clearance in front of electrical panels |  |  |  |  |
| At least one employee on each shift can shut off gas and electricity to restaurant, or can call bldg.. engineer |  |  |  |  |
| Gas shut off tool mounted and labeled |  |  |  |  |
| **FOOD PREPARATION AREAS** |  |  |  |  |
| Hot oil and pots cooled before carrying or cleaning over |  |  |  |  |
| Floor clean and free of spillage |  |  |  |  |
| Exhaust hood functioning/clean |  |  |  |  |
| Knives sharpened and properly stored |  |  |  |  |
| Pickle bucket opener available and used |  |  |  |  |
| Equipment in good repair |  |  |  |  |
| Clear walkways (no protruding handles) |  |  |  |  |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Description** | **Yes** | **No** | **Comments** | **Correction Date** |
| **WORK PROCEDURES** |  |  |  |  |
| Proper lifting: no twisting or overreaching |  |  |  |  |
| Proper use of ladders |  |  |  |  |
| Safe use of knives |  |  |  |  |
| Use caution words (e.g. behind you, hot plate) |  |  |  |  |
| Carry 3 plates maximum |  |  |  |  |
| Only slip-resistant shoes worn |  |  |  |  |
| **ELECTRIC FOOD PREP EQUIPMENT** |  |  |  |  |
| Guards installed/used correctly – mixers, meat slicers, etc. |  |  |  |  |
| Slicer width adjustment set to “0” when not in use |  |  |  |  |
| Unplugged during maintenance and cleaning |  |  |  |  |
| Safe operation procedures posted |  |  |  |  |
| Cut-resistant gloves worn - clean meat slicer/use mandolin |  |  |  |  |
| **STORAGE AREAS** |  |  |  |  |
| Racks/Shelving in good repair, secured from falling  |  |  |  |  |
| Heavy items on lower shelves and not overloaded |  |  |  |  |
| Stepladders provided, in good condition |  |  |  |  |
| Gas cylinders secured, cap on when not in use |  |  |  |  |
| All containers clearly labeled/dated |  |  |  |  |
| **COLD STORAGE** |  |  |  |  |
| Floors dry and clean (not slippery) |  |  |  |  |
| Adequate lighting, light bulbs protected |  |  |  |  |
| Doors fully operable and emergency release inside to allow escape even when locked? |  |  |  |  |
| Proper temperature – below 41 degrees |  |  |  |  |
| **HOUSEKEEPING** |  |  |  |  |
| Floor mats clean and properly positioned (not stacked) |  |  |  |  |
| Aisles and walkways clear |  |  |  |  |
| Floors free of grease and water and in good repair |  |  |  |  |
| Floor openings covered and guarded |  |  |  |  |
| Walls and vents clean (no grease) |  |  |  |  |
| Facilities free of rodents and insects? Licensed pest co? |  |  |  |  |
| **DISHWASHING AREA** |  |  |  |  |
| Area clean and organized; no excess water |  |  |  |  |
| Broken glass container – broom used on glass, not hands |  |  |  |  |
| Knives washed separately |  |  |  |  |
| Gloves/eye protection provided when working w/chemicals |  |  |  |  |
| Spray bottles and sanitation buckets clearly labeled |  |  |  |  |
| Eyewash station |  |  |  |  |
| **TRASH DISPOSAL AREA** |  |  |  |  |
| Trash emptied regularly/cans not heavy when loaded |  |  |  |  |
| Dumpster area and trash cans clean and good condition |  |  |  |  |
| Separate broken glass container |  |  |  |  |
| **PARKING LOT** |  |  |  |  |
| Well lit |  |  |  |  |
| Utilities marked and protected |  |  |  |  |
| Free of slip, trip, fall hazards; highlighted steps |  |  |  |  |

**Are there any facilities or equipment issues in need of repair or attention not noted above?**