**Safety Inspection Checklist – Property Management**



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

**Inspected By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

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| **Description** | **Yes** | **No** | **Comments** | **Correction Date** |
| **Programs and Posters** |  |  |  |  |
| Injury & Illness Prevention Program (IIPP safety program) on site? |  |  |  |  |
| Hazard Communication Program? |  |  |  |  |
| Emergency Preparedness Program? |  |  |  |  |
| Exit routes and key response people and phone numbers posted? |  |  |  |  |
| Report of unsafe conditions/safety suggestion form available to employees on site? |  |  |  |  |
| Equipment Inspection records maintained? |  |  |  |  |
| Local clinic within Medical Provider Network posted? |  |  |  |  |
| Federal & State All-in-One Poster for 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 all contractors, service companies, and tenants? |  |  |  |  |
| **Office areas** |  |  |  |  |
| Are desk chairs adjustable, i.e. seat, seatback and armrest height? |  |  |  |  |
| Is office furniture set up ergonomically set up for the user – wrists in a neutral position? |  |  |  |  |
| Are power strips not daisy-chained (connected)? |  |  |  |  |
| Are space heaters UL listed, have an automatic shut off if tipped over, and at least 3’ away from combustibles? |  |  |  |  |
| Are desks, filing cabinets, etc. arranged so drawers do not open into aisles or walkways? |  |  |  |  |
| Are weight distributed and/or filing cabinets secured so that upper drawers do not create a top-heavy/topple situation? |  |  |  |  |
| **General Emergency Preparedness/Response** |  |  |  |  |
| Have new employees/tenants been trained on emergency alarms, procedures, exit routes, and equipment. |  |  |  |  |
| Are first aid kits in place and adequately stocked with bandages (no meds such as aspirin or Tylenol)? |  |  |  |  |
| Has a fire, earthquake, or other emergency response drill been conducted in the past 12 months? |  |  |  |  |
| Do all emergency plans contain provisions for people with disabilities and are these current? |  |  |  |  |
| **Life Safety** |  |  |  |  |
| Are exit corridors, doorways, & stairs unobstructed with no storage ? |  |  |  |  |
| Are fire doors closed at all times, or properly engaged when fire alarms initiate? Are they not blocked open? |  |  |  |  |
| Are stair handrails in place and in good condition? |  |  |  |  |
| Is panic hardware in place for exit doors; in good working condition? |  |  |  |  |
| Are exits properly marked and illuminated? |  |  |  |  |
|  Is the emergency lighting system in place and working? |  |  |  |  |
| Are there at least two means of egress from areas where 50+ people may be located in any one room? |  |  |  |  |
| Are there at least two exits from each floor, or does each office space exit directly outside? |  |  |  |  |
| **Description** | **Yes** | **No** | **Comments** | **Correction Date** |
| **Seismic/Earthquake Preparedness** |  |  |  |  |
| Are earthquake response supplies in order? |  |  |  |  |
| Are all cabinets, bookcases, etc. over 5 feet high braced? |  |  |  |  |
| **Fire Alarms/Protection** |  |  |  |  |
|  Is the fire sprinkler system in working condition with all control valves open and accessible? |  |  |  |  |
| Does the fire sprinkler system have documented 2” main drain and inspectors alarm tests at least quarterly?  |  |  |  |  |
| Is there at least an 18” clearance between the fire sprinkler heads and all storage and shelving? |  |  |  |  |
| Are portable fire extinguishers provided throughout and clearly marked? |  |  |  |  |
| Are portable fire extinguishers recharged at least annually, tagged, and do the gauges show them as fully charged? |  |  |  |  |
| Have employees/tenants been trained on the use of portable fire extinguishers within the past year? |  |  |  |  |
| Are the smoke/fire detection system and pull stations operable and audible throughout the office space? |  |  |  |  |
| Have the smoke/fire detection system and pull stations been tested within the last year and results documented? |  |  |  |  |
| Is there clear access to annunciator panels and/or fire sprinkler controls and is there a trained respondent? |  |  |  |  |
| Are all fire hoses accessible and have they been inspected in the past 12 months? |  |  |  |  |
| **Electrical** |  |  |  |  |
| Adequate lighting throughout? |  |  |  |  |
| Is there excessive use of extension cords—can additional electrical outlets be provided?  |  |  |  |  |
| Are all electrical cords in good condition with no fraying, swelling, splicing, patching, or bends/pinching? |  |  |  |  |
| Are extension cords prevented from running through walls, ceiling tiles, and doors? |  |  |  |  |
| Where work with portable tools/electrical cords are in wet areas, are ground fault circuit interrupters used? |  |  |  |  |
| Do all electrical junction, switch, and receptacle boxes have covers that are tightly closed?  |  |  |  |  |
| Are all 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? |  |  |  |  |
| Is all electrical equipment in good working condition? |  |  |  |  |
| Has the building electrical system had a thermographic scan? |  |  |  |  |

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| **Housekeeping/Maintenance** |  |  |  |  |
| Are combustibles maintained in an orderly & neat fashion throughout, excess paper and trash removed daily? |  |  |  |  |
| Are there any signs of water leakage in basement areas or from ceiling panels? |  |  |  |  |
| Are janitor closets, maintenance areas, and equipment rooms orderly with chemicals clearly marked? |  |  |  |  |
| Do the above areas have smoke/heat detection, fire sprinklers, and/or portable fire extinguishers? |  |  |  |  |
| Is machinery secured and guarded? |  |  |  |  |
| Are proper tools & equipment provided and in good working order? |  |  |  |  |
| Is there a lock out tag out program and procedures followed? |  |  |  |  |
| Is proper personal protective equipment provided and used - gloves, goggles etc.? |  |  |  |  |
| Are ladders in good condition and employees trained in their use? |  |  |  |  |
| Are carts or hand trucks provided for moving heavy equipment? |  |  |  |  |
| Are there safety cans/cabinets for oily rags and flammable liquids and aerosols? |  |  |  |  |
| Are Safety Data Sheets (SDS’s) easily accessible to employees for all chemicals? |  |  |  |  |
| Is staff trained in the proper handling of chemicals? |  |  |  |  |
| Are containers clearly labeled and tightly closed? |  |  |  |  |
| Are there facilities and procedures to deal with chemical spills? |  |  |  |  |
| Is there an eyewash station with 15 minutes running water nearby the 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 strong enough for items and secured to prevent falling? |  |  |  |  |
| Are items stored neatly? |  |  |  |  |
| Are items to be recycled stored properly? |  |  |  |  |
| **Loading dock and parking areas** |  |  |  |  |
| Are there wheel chocks available and used at the loading dock? |  |  |  |  |
| Overhead doors operate properly? |  |  |  |  |
| Are garages and parking areas well lit and free of debris? |  |  |  |  |
| Wheel stops in proper position, secured/painted a contrasting color? |  |  |  |  |
| Speed bumps located where necessary/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? |  |  |  |  |
| Areas sufficiently lit? |  |  |  |  |
| Garbage area clean - no broken glass or slippery liquids? |  |  |  |  |
| Dumpster lids kept closed and wheels locked? |  |  |  |  |
| Platform for dumpster if higher than shoulder height? |  |  |  |  |
| Employees get help with full trash cans? |  |  |  |  |

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| **Description** | **Yes** | **No** | **Comments** | **Correction Date** |
| **Floors/Walkways/Stairs** |  |  |  |  |
| Are floor tiles free of cracking, carpet free of frays, and all walking surfaces free of tripping/slipping hazards? |  |  |  |  |
| Are visual mirrors in place for blind corners, windows in place for commonly used doors? |  |  |  |  |
| Are stair treads and ramps in good condition with non-slip surfaces and top step hi-lighted? |  |  |  |  |
| Are loose rugs and mats secured or removed? |  |  |  |  |
| Are sidewalks, parking lot pavement, grass, and outside walk areas free of slip/trip hazards? |  |  |  |  |
| Are mats and signage available and used for wet floor situations? Are wet floors addressed immediately? |  |  |  |  |
| Are stairwells clearly marked with the floor and how to gain access outside of the stairwell if it is secured? |  |  |  |  |
| **Security** |  |  |  |  |
| Confirm that access to the building outside of normal work hours is intact and not compromised? |  |  |  |  |
| If there is guard service, confirm that it is effective and is following procedures. |  |  |  |  |
| Are all security doors closed and locked from the inside? |  |  |  |  |
| Has a night-time survey been made of the outside and inside of the building within the last year? |  |  |  |  |
| If there is a security alarm or key card system, has it been tested/reviewed in the past month for integrity?  |  |  |  |  |
| Are guest sign-in, badge, and escort systems in place/being used? |  |  |  |  |
| Are the receptionist and other designated people prepared to handle bomb, assault, or other physical threat situations? |  |  |  |  |
| Are timed devices (lighting, alarm systems, etc.) up to date with standard and daylight savings time? |  |  |  |  |
| **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.*