



LOCATION: _____ DATE: _____

ADMINISTRATION AND TRAINING

A1. Are the safety records (inspections, training documents, etc.) maintained in a centralized file for easy access and current?

YES NO N/A

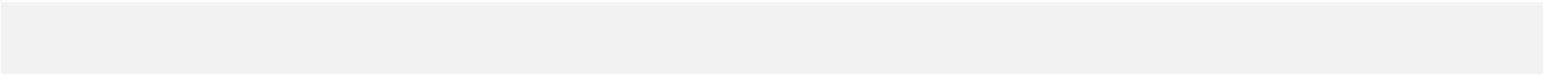
A2. Have all employees received General Safety Training? (New Employee Safety Training, fire, earthquake, lifting, emergency evacuation, etc.?)

YES NO N/A

A3. Have all employees attended the Injury & Illness Prevention Program training?

YES NO N/A

A4.



G3. Is a clearly identified, unobstructed, charged, currently inspected, and tagged, wall-mounted fire extinguisher available within 75 feet of all work areas?

YES NO N/A

G4. Are ergonomic issues being addressed for employees using computers?

YES NO N/A

G5. Is a fully stocked first-aid kit available? Is the location known to all employees in the area? Are only required items in the first aid kits?

YES NO N/A

G6. Are cabinets, shelves, and furniture over five feet tall secured to prevent toppling during earthquakes?

YES NO N/A

G7. Are books and heavy items and equipment stored on low shelves and secured to prevent them from falling on people during earthquakes?

YES NO N/A

G8. Is the office kept clean and organized of trash and recyclable materials promptly removed?

YES NO N/A

G9. Are plugs, cords, electrical panels, and receptacles in good condition? No exposed conductors or broken insulation?

YES NO N/A

ELECTRICAL SAFETY



E1. Are circuit breaker panels accessible and labeled?

YES NO N/A

E2. Are fused power strips being used in lieu of receptacle adapters? Are additional outlets needed in some areas?

YES NO N/A

E3. Is lighting adequate throughout the work environment?

YES NO N/A

E4. Are extension cords being used correctly? They must not run through walls, doors, ceiling, or prevent a trip hazard running across aisles. (Note: Extension cords are for temporary use only.)

YES NO N/A

E5. Are portable electric heaters being used? Is the user department aware of Executive Order 987 banning the use of resistance heaters in university facilities?

YES NO N/A

REPORT OF CORRECTIVE ACTION

Form Instructions: in the table below, provide a detailed description of each item identified during the audit as needing attention and/or correction. Any violations or corrections from previous audits that were not previously reported as closed must be listed at the top of the page and marked in the "Open Item" column.

Audits that do not produce a list of corrective actions shall be noted with "No Corrections Required". "Reference Line" refers to the line number of the item needing corrective action.

Reference Line (i.e.; G2, E5 etc.)	Corrective Action Required	Date Submitted for Maintenance or Repair	Open Item from Previous Audit?	Corrective Action Completion Date	Manager / Supervisor Initials
			YES NO		
			YES NO		
			YES NO		

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