JOB/FACILITY INSPECTION FORM

CITY/BOROUGH OF JUNEAU
ALASKA'S CAPITAL CITY

The following areas are to be inspected to identify hazardous acts and conditions. Mark each item either **O.K. - Acceptable**, **X - Correction Needed** or **NA - Not Applicable**. All acts and conditions identified as Not Acceptable (X) must be corrected. List the unacceptable act or condition, including a brief explanation of how and when the correction was completed, on the opposite side of this form.

1. DEPARTMENT/DIVISION:						2. DATE:	
3. LOCATION:							
SAFETY BULLETIN BOARD		**RECORD KEEPING**		**EXITS**		**FIRE PROTECTION**	
REQUIRED EMP. POSTERS		SAFETY TRAINING		EXITS MARKED		ALARM CERTIFIED	
REQUIRED OSHA POSTERS		SAFETY MEETING		DOORS CLEAR		SPRINKLER SYSTEMS CERT.	
INDEXED MSDS SHEETS		INSPECTION REPORTS		PATHS CLEAR		SUPP. SYSTEMS IN SERVICE	
EMERGENCY TEL. NUMBERS		INCIDENT REPORTS		EMERGENCY LIGHTING		RISER ACCESS	
SITE EVACUATION PLAN		NOTIFICATION FORMS				SMOKE/HEAT DETECTORS	
COPY OF CBJ SAFETY PRGM.		OSHA 200 LOG				FIRE DOORS	
OSHA 200 *(FEB. ONLY)*							
OTHER		OTHER		OTHER		OTHER	
FIRST AID		**HOUSEKEEPING**		**WALK/WORK SURFACE**		**PERS. PROT. EQUIP**	
EMERGENCY TEL. NUMBERS		TRASH, SPILLS CLEANUP		SMOOTH SURFACE		SIGNS WHERE PPE REQ.	
LOC. OF EMER. MED. FACILITY		NO. OF TRASH CANS		NON-SLIP FLOOR/STAIRS		HEAD	
NO. OF FIRST AID KITS		TRASH SORTED		REGULAR RISE/RUN (STAIRS)		EYES	
SUPPLIES MISSING		PROPER CAN USED		HANDRAIL(S)		EARS	
SUPPLIES OUTDATED		TRASH EMPTIED		AISLES CLEAR/ILLUMINATED		HANDS	
CERTIFICATIONS CURRENT		SNOW, ICE CONTROL		LADDERS		RESPIRATORY	
				SCAFFOLDS/PLATFORMS		FEET/TOES	
OTHER		OTHER		OTHER		OTHER	
FIRE EXTINGUISHER		**FALMMABLE LIQUID**		**CAUSTIC/CORROSIVE**		**MOTOR FUELS**	
AREA COVERAG/NUMBER		STORAGE CABINETS		EYEWASH STATION		FUEL TYPES IDENTIFIED	
BREAK ROOM		PROPERLY LOCATED		STAT. CLEAN/SERVICED		SAFETY CONTAINERS	
ALONG EXIT		CABINET USED		STAT. PROPERLY LOCATED		IGNITION SIGNAGE	
HUNG UP		PROPER SIGNAGE		PROPER LABELING		ADEQUATE SEPARATION	
EASY ACCESS		PROPER LABELING		PROPER SIGNAGE		FIRE EXTINGUISHER	
CLEAR VIEW		PROPER CONTAINERS		ACID STORAGE		MAX/MIN CAPACITY LABELS	
SERVICED		NO SMOKING SIGNS		NO SMOKING SIGNS		SPILLS CONTAINED/	
OTHER		OTHER		OTHER		OTHER	

STORAGE/HANDLING		ELECTRICAL		ENVIRONMENT		SMOKING	
LIFTING EQUIP. MAINTAINED		NO BARE WIRES		VENTILATION		NO SMOKE AREAS	
NOT MODIFIED		COVERS SECURE		TEMP. CONTROL		NO SMOKE SIGNS	
WALK-AROUND INSP.		GROUNDING		DRINKING WATER		PROPER CIG. DISPOSAL	
MAT. PROPERLY STACKED		EXTENSION CORDS		HOT/COLD WATER		EXIT/ENTRANCE CIG DISPOSAL	
RACKS SECURED		SWITCHES LABELED		SOAP AND TOWELS			
FLOOR LOADING LIMITS		FUSE BOXES		CLEAN/DISINFECTED			
PROPER MANUAL LIFTING		GFI INSTALLED		LIGHTING			
OTHER		HIGH VOLTAGE		OTHER		OTHER	

DEPARTMENT, DIVISION OR SITE SPECIFIC SAFETY CONCERNS: *(This section to be customized to each Department/Division)*

MACHINE GUARDING		EXCAVATIONS		CONFINED SPACE		WELDING/CUTTING	

HEAVY EQUIPMENT		TRAFFIC CONTROL		BLOOD BORNE PATH.		PROCESS SAFETY	

LIST HOW AND WHEN EACH ITEM MARKED WITH "X" OR "CORRECTION NEEDED" WAS COMPLETED:

INSPECTED BY: *(PLEASE PRINT AND SIGN YOUR NAME BELOW)*

COPY OF THIS RECORD OF INSPECTION SENT TO RISK MANAGEMENT? *(YES OR NO)* | DATE: