

Facilities Planning & Institutional Services Safety/Security Inspection

SITE:		Date/Time:	
Building/Location:			
Officer Reporting:			

Area Inspected:	Action Needed?	Explanation:	Notification Work Order #
Fire/Safety:			
<input type="checkbox"/> Emergency Exit doors/windows accessible <input type="checkbox"/> Exit Signs lit and easily visible	Y/N		
Fire Extinguishers: <input type="checkbox"/> Current inspection <input type="checkbox"/> Fully charged <input type="checkbox"/> In good condition <input type="checkbox"/> In proper location <input type="checkbox"/> Ext & Pull Stations unobstructed	Y/N		
Fire Sprinklers: <input type="checkbox"/> In good condition <input type="checkbox"/> Unobstructed, 18 inch clearance	Y/N		
Security Alert Icons <input type="checkbox"/> In good working order <input type="checkbox"/> Emergency Lock Down System tested	Y/N		
Inspection of Elevators: <input type="checkbox"/> Inspected by outside company <input type="checkbox"/> Current	Y/N		
Landscaping:			
<input type="checkbox"/> Clear view of the premises <input type="checkbox"/> Tree branches not impeding foot traffic or blocking escape routes (windows)	Y/N		
Lighting/Signage:			
<input type="checkbox"/> Signs legible and in good condition	Y/N		
Is lighting functioning? <input type="checkbox"/> Parking lot(s) <input type="checkbox"/> Building exterior <input type="checkbox"/> Building interior <input type="checkbox"/> Timers functioning	Y/N		

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Area Inspected:	Action Needed?	Explanation:	Notification: Work Order #
First Aid: <input type="checkbox"/> Does First Aid Kit need restocking?	Y/N		
Entryways: <input type="checkbox"/> Secure when not in use? <input type="checkbox"/> Automatic hardware in good working order?	Y/N		
Walkways/Sidewalk/Parking Lots:			
Any trip hazards?	Y/N		
Are curbs in good repair?	Y/N		
Are markings clear?	Y/N		
Are parking blocks in good repair?	Y/N		
Emergency Blue light Phone (s) working properly? <input type="checkbox"/> Tested <input type="checkbox"/> Cleaned	Y/N		
Are stairway steps in good condition?	Y/N		
Are stairway handrails in good condition?	Y/N		
AED: <input type="checkbox"/> Is Green "Ready" light on or the "OK" Symbol visible? <input type="checkbox"/> Have pads and batteries been checked for expiration? <input type="checkbox"/> Are supplies needed?	Y/N		
Breakroom/Kitchen: <input type="checkbox"/> Is equipment clean and in good working order? <input type="checkbox"/> Damaged cords?	Y/N		
Work Space/Common Area: <input type="checkbox"/> Furniture in good condition <input type="checkbox"/> Easily accessible	Y/N		
Security: <input type="checkbox"/> Emergency numbers posted next to phones? <input type="checkbox"/> Chaperone service utilized? <input type="checkbox"/> Cameras in good working order? <input type="checkbox"/> Monitors in good working order?	Y/N		