

California State Polytechnic University, Pomona
DEPARTMENT HEALTH AND SAFETY INSPECTION REPORT

Department	Location(s)	Report prepared by	Date of this report
REVIEWED BY MANAGER, CHAIR, DIRECTOR OR DEAN. SIGNATURE: _____ Date _____			Date of last report
Safety Suggestions and Recommendations:			
• SAFETY INSPECTOR CHECKLIST •			
A	BUILDINGS AND GROUNDS	YES	NO
1	Lighting adequate in all areas.		
2	Electric lights, switches, etc, in good repair.		
3	Electric outlets not overloaded, multiple plug adapters are not used and have covers.		
4	Heating and ventilation adequate.		
5	Floors in good repair with no tripping hazards		
6	Windows and doors in good repair, no sharp edges.		
7	All plumbing fixtures in good repair.		
8	Elevators operating properly.		
9	Sidewalks free of holes or cracks		
10	Sprinklers are not a tripping hazard		
11	Shrubbery and tree branches properly cut back		
12	Other		
B	OFFICE, CLASSROOM AND LAB EQUIPMENT		
1	Emergency procedures posted.		
2	Hand tools maintained in good condition.		
3	Ladders and stepstools in good condition.		
4	Laboratory fume hoods operating properly.		
5	Lab equipment and glassware in good condition		
6	Electrical equipment grounded with a 3-prong plug and turned off when not in use.		
7	Electrical extension cords not damaged and being used properly.		
8	Desks, chairs and tables in good repair		
9	Files and shelves anchored and not overloaded		
10	First aid equipment (include em. eye washes /showers) available, adequate and complete.		
11	Chemicals and toxic materials kept in sealed, labeled containers and separated from food.		
12	Chemical safety procedures posted and followed where chemicals used or stored		
13	MSDS available to all employees.		
14	Up-to-date Haz. Mat'l inventory list.		
15	Other		
C	CLOTHING AND PROTECTIVE EQUIPMENT		
1	Eye protection provided in shops and labs		
2	Head/Hearing protection provided when necessary.		
3	Gloves, aprons & other clothing provided		
4	Proper respirators provided where necessary.		
Briefly describe all accidents and injuries occurring since last report. If none, so indicate.			
<i>Send copy of this inspection report to EH&S</i>		<i>Date Sent</i>	

