

Health and Safety Walk-Through Checklist/ Reporting Form

(Prepare a separate checklist for each floor)

BUILDING:	
Name/ Address:	Floor:
Management Attendees:	
CSEA Attendees:	
PEF Attendees:	
Date:	Annual? YES NO Follow-Up? YES NO

ISSUES NEEDING IMMEDIATE ATTENTION :

POSTINGS:	Yes	No	Not Applicable	Location of Deficiency (Office Number/ Employee Name and Phone Number/ Description):
"What To Do In An Emergency" (Red Sheets)				
If February, March or April, annual DOSH Log Summary for Prior Year				
Right-To-Know Poster				
Job Safety and Health Poster				
Dated List of Floor's TSO Members				
Map of Exits/Evacuation Plan				
List of Defibrillator 1 st Responders				

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EXTINGUISHERS/ LIGHTS/ SIGNS:	Yes	No	Not Applicable	Location of Deficiency (Office Number/ Employee Name and Phone Number/Description):
Extinguishers?				
Extinguishers recharged within last year? (dated sticker attached)				
Emergency Lights operate? (test)				
Exit Signs in Place?				
Signs Lighted, When applicable?				
Fire Phones, where applicable				

TRIP HAZARDS: (Floor Obstructions)	Location of Deficiency (Office Number/Employee Name and Phone Number/Description):
Describe:	

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<p>AISLE/ WORK AREA ENTRY WIDTH (Aisles should be 48" or wider; Work area entries should be 28" wide or more)</p>	<p>Location of Deficiency (Office Number/Employee Name and Phone Number/Description):</p>
<p>Describe:</p>	

TENANT SAFETY ORGANIZATION	Yes	No	Location:	Comments:
Marshal has charged two-way radio?				
TSO members have vests?				
Fire Exit Doors Work?				
Exit Route Clear/Unblocked? Ask At Least One Tenant Safety Organization Member to Describe His or Her Duties in an Evacuation	OK?			
	Yes	No		

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Ask A Defibrillator Team Member the

Location of the Defibrillator

	OK?		Comments:
	Yes	No	

OTHER	Describe/Comment:	Location of Deficiency (Room Number/ Employee Name and Phone Number/ Description):
Stained or Wet Ceiling Tiles		
Unclean Floors or Walls		
Loud Noise Level		
Temperature		
Air Quality/ Air Flow		
Appliances/ Cords		
Other Electrical		
Cleanliness/Lighting/Functioning:		
<input type="radio"/> Bathrooms/Restrooms		
<input type="radio"/> Kitchens/Kitchenettes		
<input type="radio"/> Break Rooms		
<input type="radio"/> Conference Rooms		
<input type="radio"/> Storage Rooms		
<input type="radio"/> Hallways		
<input type="radio"/> Elevator Lobbies		
<input type="radio"/> Other		

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<u>ISSUES REPORTED BY EMPLOYEES DURING WALK-THROUGH</u> Describe/Comment:	Employee Name/Telephone Number:	<u>Location</u> (Room Number/ Description):

COMMENTS/OBSERVATIONS: