

## ULM Quarterly Building Inspection Form

Date: \_\_\_\_\_

Building: \_\_\_\_\_

Inspector's Name: \_\_\_\_\_

| FIRE SAFETY AND EMERGENCY EQUIPMENT |  |     |    |     |          |
|-------------------------------------|--|-----|----|-----|----------|
|                                     | Item   | Yes | No | N/A | Comments |
| 1                                   | Are all fire extinguishers visible & accessible? Are they fully charged and checked monthly? (check for needle in the green) Is the pin in place & secure? |     |    |     |          |
| 2                                   | Are fire extinguisher tags in place and less than one year old? (check punched date for year & month)  |     |    |     |          |
| 3                                   | Is the fire alarm system functioning properly and has it been tested within the past year? (look for green inspection tag by alarm control panel)          |     |    |     |          |
| 4                                   | Are smoke alarms functioning correctly? (test each alarm, push test button)  |     |    |     |          |
| 5                                   | Are all exits marked with exit signs and illuminated? (if battery operated, push test button)  |     |    |     |          |
| 6                                   | Are evacuation plans posted near doors?  |     |    |     |          |
| 7                                   | Are all doors and hallways leading to an exit, free to access with no possibility of being locked in?  |     |    |     |          |
| 8                                   | Are exit routes kept free of obstructions?   |     |    |     |          |
| 9                                   | Do exit doors open outwards? Will fire & exit doors close and latch properly?  |     |    |     |          |
| 10                                  | Has a fire / evacuation drill been conducted within the past year?   |     |    |     |          |
| 11                                  | Do portable heaters have automatic shut off if tipped over? Are portable heaters operated away from flammable materials?                                   |     |    |     |          |
| 12                                  | Are emergency phone numbers posted? (ex: security, fire, ambulance)  |     |    |     |          |
| 13                                  | Are emergency lights functioning correctly? (test by pushing button)   |     |    |     |          |
| 14                                  | Are 1st aid kits visible & accessible? Are they stocked? Are expiration dates current?   |     |    |     |          |
| 15                                  | Are BBP spill kits stocked and accessible?   |     |    |     |          |
| 16                                  | Is there at least 18" clearance for all sprinkler heads?   |     |    |     |          |
| 17                                  | Are boxes, paper or other combustible items allowed to accumulate that would present a fire hazard?  |     |    |     |          |
| BUILDING AND OFFICE SAFETY          |  |     |    |     |          |
|                                     | Item   | Yes | No | N/A | Comments |
| 1                                   | Are there any slip / trip / fall hazards located inside or outside of the building?  |     |    |     |          |
| 2                                   | In areas that may be wet, greasy or slippery are floor mats or other anti-slip material used and in good condition?  |     |    |     |          |
| 3                                   | Are service holes, man holes, drains, etc. properly covered?   |     |    |     |          |
| 4                                   | Is the building well lit, inside & outside?  |     |    |     |          |
| 5                                   | Is housekeeping in the building adequate?  |     |    |     |          |
| 6                                   | Are floors in good condition with no loose or broken flooring?   |     |    |     |          |

|  |  |            |           |            |                 |
|--|--|------------|-----------|------------|-----------------|
| 7  | Are stairways in good condition with handrails in place? Are stair treads in good condition?   |            |           |            |                 |
| 8  | Does the building have any pest problems?  |            |           |            |                 |
| 9  | Are all ceiling tiles in place and in good condition throughout the building?  |            |           |            |                 |
| 10   | Is the building secure? Are all outside doors locked at the end of each day? Are all locks and other security devices functioning properly?                |            |           |            |                 |
| 11   | If equipped, is the security system for the building working properly?   |            |           |            |                 |
| 12   | Are all maintenance and mechanical areas secure? (i.e. boiler rooms, air handlers)   |            |           |            |                 |
| 13   | Are all custodial areas in good condition? Are all chemicals stored properly with no overstocking? Is area secure?   |            |           |            |                 |
| 14   | Do any windows have broken panes?  |            |           |            |                 |
| 15   | Are all elevators working correctly? Are elevators equipped with an emergency phone?   |            |           |            |                 |
| 16   | Is the parking lot in good condition? (i.e. no potholes, parking lines visible, etc.)  |            |           |            |                 |
| 17   | Are there any water leaks in the building? Note exact location of leaks if it can be determined.   |            |           |            |                 |
| 18   | Are all plumbing systems working properly? (toilet flushing problems, drainage problems, leaks from faucets, pipes, etc.)                                  |            |           |            |                 |
| 19   | Are hazardous materials stored properly if authorized in the area?   |            |           |            |                 |
| 20   | Are the following posted: safety rules, president's policy statement, asbestos notice, natural gas notice, emergency numbers, and whistleblower protection |            |           |            |                 |
| 21   | Do employees stand on chairs/desks instead of approved ladders/stepstools?   |            |           |            |                 |
| <b>ELECTRICAL SAFETY AND STORAGE METHODS</b> |  |            |           |            |                 |
|  | <b>Item</b>  | <b>Yes</b> | <b>No</b> | <b>N/A</b> | <b>Comments</b> |
| 1  | Are all breaker boxes labeled correctly? Are empty breaker slots covered? Are the doors closed?  |            |           |            |                 |
| 2  | Do panel boxes have any hot spots? If so, note location of hot spot & which panel box.   |            |           |            |                 |
| 3  | Check extension cords: are they properly grounded and adequately sized for the current being drawn? Are they placed in a manner to prevent tripping?       |            |           |            |                 |
| 4  | Are there any surge protectors plugged into other surge protectors? Only one surge protector allowed per outlet.   |            |           |            |                 |
| 5  | Are there any exposed wires, frayed cords or wires, torn or frayed insulation, loose or broken conduit, etc.?  |            |           |            |                 |
| 6  | Check extension cords: are they damaged in any way?  |            |           |            |                 |
| 7  | Are outlets & switches covered properly?   |            |           |            |                 |
| 8  | Are storage areas neat? Are items stacked properly? Are heavier items stored below shoulder height?  |            |           |            |                 |
| 9  | Do top shelves have overhang?  |            |           |            |                 |
| 10   | Are all custodial areas in good condition? Are chemicals stored in appropriate container? Is this area secure?   |            |           |            |                 |
| 11   | Are flammable items stored in proper cabinets and/or containers?   |            |           |            |                 |
| 12   | Are oxygen and/or acetylene tanks secured properly?  |            |           |            |                 |

| Other Building Safety Issues & Concerns Noted by the Inspector |          |
|--|----------|
| Item   | Comments |
|  |          |
|  |          |
|  |          |
|  |          |

Upon completion of the inspection, please sign & date below. Keep a copy of this inspection for your files and submit a copy to the Environmental, Health & Safety Office. Submit all problems noted on the form through the work order system here: [www.ulm.edu/fixx](http://www.ulm.edu/fixx)

\_\_\_\_\_  
**Inspector's Signature**

\_\_\_\_\_  
**Date**