

SELF-AUDIT CHECKLIST

Office and Showroom

Location: _____ Date: _____

Conducted By: _____ Dept: _____

GENERAL

(check off findings)

	<u>Yes</u>	<u>No</u>	<u>N/A</u>	<u>Compl. Date</u>
1. Are floors free of trip hazards e.g., electrical cords, ripped carpets?	()	()	()	()
2. Is there ice melt/salt located at all entrances/exits during winter months?	()	()	()	()
3. Does every stairway having four or more risers have a handrail?	()	()	()	()
4. Are file drawers closed when not in use?	()	()	()	()
5. Are wrist supports offered for employees at computer workstations?	()	()	()	()
6. Are employees required to wear appropriate footwear during inclement weather?	()	()	()	()
7. Are storage areas kept clean and orderly?	()	()	()	()
8. Are all electrically powered machines with heating elements turned off at the end of the day?	()	()	()	()
9. Are helium cylinders secured?	()	()	()	()
10. Are fire evacuation procedures posted?	()	()	()	()
11. Are portable fire extinguishers:				
a. Fully charged, mounted, identified, and accessible?	()	()	()	()
b. Of proper type for the hazard i.e., A – for normal combustibles; B – for flammable liquids; and C – for electrical fires?	()	()	()	()
c. Inspected and serviced at least annually?	()	()	()	()
d. Mounted within 75 feet of one another?	()	()	()	()
12. Are all exits posted “ EXIT ” with fluorescent six-inch lettered signs?	()	()	()	()
13. Are all emergency lights functioning and tested regularly?	()	()	()	()

NOTES:

RESULTS OF INSPECTION

Total from YES Column: _____
Total from NO Column: _____
Percentage of Compliance (Y/N): _____

Person(s) conducting inspection: _____ Date: _____
(Signature)

Safety Committee Chair: _____ Date: _____
(Signature)

Dealer/Owner: _____ Date: _____
(Signature)