

Accountability Report

Drill: \_\_\_\_\_

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

Start time: \_\_\_\_\_

Finish time: \_\_\_\_\_

Department /Building	Contact person	Present	Accounted for
_____	_____	_____	_____

[illegible]

## Eye Wash Station Bi-Weekly Test Log

[illegible]

## Building Safety Inspection

DATE \_\_\_\_\_

BUILDING NUMBER \_\_\_\_\_

INSPECTOR \_\_\_\_\_

CHECK ITEMS "YES", "NO" or write "NA" in the boxes.

GENERAL BUILDING SAFETY CHECKLIST		YES	NO	ROOM#
1.	Have SAFETY discussions been held? If so, what date?			
2.	Are fire extinguishers readily available, undamaged and inspected?			
3.	Are smoke detectors in place and operating properly?			
4.	Are fire reporting procedures posted?			
5.	Are building evacuation procedures posted?			
6.	Are all exits clearly marked? Is exit hardware operating?			
7.	Are electrical circuits and outlets working properly?			
8.	Are emergency and fire exit lights operating?			
9.	Are electrical panel boxes blocked /obstructed?			
10.	Are wall plugs and switches properly covered?			
11.	Are extension and appliance cords in good condition?			
12.	Are good housekeeping practices observed? Trash emptied?			
13.	Are windows and doors unbroken and operating properly?			
14.	Is lighting adequate and working?			
15.	Are floors, walls, and ceilings in good repair?			
16.	Are all flammables and combustibles removed from building?			
17.	Are MSDS/Chemical inventory list filed properly?			
18.	Is the building fire alarm system operational?			
19.	Are furniture and appliances in good repair?			
20.	Is the first aid kit well stocked?			
21.	Are protective light lenses in place?			
22.	Are ventilation systems operating, and fan protective screens in place?			
23.	Are chemicals properly labeled /sealed /secured?			
24.	Are all wet area electrical outlets "GFCI" protected?			
25.	Are furnace / AC systems adequate / operational?			
26.	Are there adequate cigarette disposal units outside the building?			
27.	Are the exterior grounds neat and free from debris?			
28.	Have YOU taken corrective action on any deficiencies?			

Please complete this form and forward to the Campus Safety Committee Chairperson, and maintain a copy for your files.



## Hazardous Materials Inventory Roster

[illegible]

# Accident /Investigation Report

Date \_\_\_\_\_

Department \_\_\_\_\_

Time of Injury \_\_\_\_\_

Name of person injured \_\_\_\_\_

Type of injury \_\_\_\_\_

Nature of accident \_\_\_\_\_

Location \_\_\_\_\_

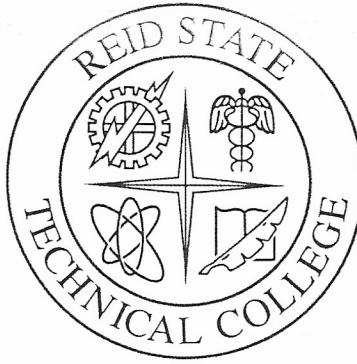
Treatment \_\_\_\_\_

Findings \_\_\_\_\_

Faculty/Staff \_\_\_\_\_

Safety Coordinator \_\_\_\_\_

Witness to accident \_\_\_\_\_



Department: \_\_\_\_\_  
*Safety Report*

**1. Unsafe Work Habits:**

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**2. Recommended Safety Improvements:**

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**3. Remarks:**

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**4. Safety Committee Members:**

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*Copies To: Safety Folder  
Safety Committee*

*Tr/winC/saferep*

\_\_\_\_\_  
*Instructor*