



CITY OF EDINBURG
BUILDING SAFETY INSPECTION
(Required Quarterly by Dept./Division)

Person Conducting Inspection Name/Title: _____

Department Name/Division: _____

Date: _____ **Location of Inspection:** _____

GENERAL FACILITY EVALUATION

	Excellent	Above Avg.	Average	Fair	Poor
A. Housekeeping/ Order	___	___	___	___	___
B. Fire Protection	___	___	___	___	___
C. Employee Safety	___	___	___	___	___
D. Mechanical/ Electrical	___	___	___	___	___
E. Accident Prevention	___	___	___	___	___

A. HOUSEKEEPING/ ORDER

	YES	NO	N/A	COMMENTS
1 Is combustible waste removed efficiently				
2 Are walkways kept free of obstruction, oil and standing water				
3 Are areas kept free of rubbish, wastepaper, old furniture, miscellaneous and storage				
4 First aid kits in place and stocked				
5 Outside area and parking lots maintained and adequate lighting				

B. FIRE PROTECTION

	YES	NO	N/A	COMMENTS
1 Fire alarm pull stations unclogged and accessible				
2 Smoke detectors operational				
3 All control panels operational				
4 Doors to alarm control panels, sprinkler valves locked				
5 Sprinkler heads free of obstruction by high piled storage, partition, or lights				
6 Any fire dept. connections/ post indicator valves accessible, free from defects, and visible				
7 Evacuation routes clearly posted and up-to-date				
8 All portable fire extinguishers fully charged, accessible and tagged with the inspection record				
9 Required exits clearly evident and marked with signage				
10 Are flammable liquids stored in areas that are not confined, and away from electrical motors and other ignition sources				

C. LIFE SAFETY

	YES	NO	N/A	COMMENTS
1 All exit lamps on and glass intact				
2 Exit ways (corridors, ramps, stairwells) free and unobstructed from all parts of the building				
3 All emergency lighting systems operable				
4 Fire doors free from any blockage or obstruction (wedges)				
5 All hardware apparatus (holdbacks, coordinating hardware, special signage) in working order				
6 All stairwell or other fire doors automatically close tightly				

D. MECHANICAL/ ELECTRICAL

YES NO N/A COMMENTS

		YES	NO	N/A	COMMENTS
1	All exposed motors kept clean, and adequately ventilated to reduce overheating				
2	HVAC filters sufficiently clean to assure good ventilation				
3	Exposed belts, pulleys and other rotating machinery parts properly segregated and guarded				
4	In use and storage of compressed gas cylinders secured to prevent falling				
5	All guardrails in good repair				
6	Doors to all utility rooms locked at all times				
7	Work spaces around electrical boxes, circuit breakers and control panels clear and accessible				
8	Overloading of electrical circuits with octopus-type extensions avoided				
9	Extension cords protected from damage (no cords under rugs, wedged by furniture, pinched by doors, or near heat sources)				
10	All wall receptacles and switches covered with plates				
11	Microwave ovens free from any microwave radiation leakage				

E. ACCIDENT PREVENTION

YES NO N/A COMMENTS

		YES	NO	N/A	COMMENTS
1	Walkways kept free of obstructions, oil and standing water				
2	Adequate lighting in undercover areas (parking or work areas)				
3	Handrails and treads secure on ramps and stair ways				
4	"NO SMOKING" areas prominently posted with appropriate safety signage				
5	All first aid kits fully stocked, kept clean, and mounted in readily visible locations				
6	Personal protective equipment supplied, maintained in a sanitary condition and used where necessary (gloves, safety glasses)				
7	First aid equipment supplied, maintained in a sanitary condition and used where necessary (glove, safety glasses)				
8	All potentially injurious substances clearly labeled with precautionary (Danger, Warning, Poison) information				

F. OTHER

YES NO N/A COMMENTS

		YES	NO	N/A	COMMENTS
1	Have all employees received training on the proper operation of all new machinery at the work site				
2	Are all assigned operators qualified to operated machinery				
3	Safety Data Sheets (SDS) easily accessible				
4	Have all new employees received a new employee orientation by department to include safety practices				
5	HAZCOM training current				

List any other conditions not addressed above that need attention:

Corrective Action:

Signature of person completing form and Date

Director Signature and Date

Completed report must be turned into your Director & Risk Management with listed corrective actions for any deficiencies.