


<b>CUSTODIAL STORAGE AREA CHECKLIST</b>						
	Evaluator(s):	Location:	Date:			
Please check Yes, No, Not Applicable for each item. All No responses require follow-up within 30 days, unless otherwise noted and all Serious Violations require 3 day follow-up.						
Retain original copy at the Department level. Submit copy to the Department of Safety & Risk Management.						

<b>INSPECTION ITEMS</b>	Y	N	NA	CORRECTIVE ACTION NEEDED	OWNER	DATE COMPLETE
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<b>Administrative</b>						
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1	Is there a current IIPP in a location known and accessible to all employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
2	Have employees received required IIPP trainings?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
3	Is there a safety bulletin board displaying Emergency phone numbers, evacuation routes safety meeting information?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
4	Are Material Safety Data Sheets (MSDSs) on file and available to employees?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
5	Does the departmental Emergency Operations Plan include a floor plan/map of the department, including emergency evacuation route and procedures?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
6	Is there a first aid kit available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
7	Is there an eyewash station flushed and inspected monthly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

<b>Personal Protective Equipment (PPE)</b>						
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8	Is General PPE available and in good working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
9	Is eye protection available and in good working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
10	Are gloves available and in good working order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

<b>Chemical Products</b>						
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11	Are all containers properly labeled?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
12	Are products in their proper containers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
13	Are products organized	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
14	Should some products be moved or replaced	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
15	Are some products unfamiliar and do not belong	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
16	Is there an SDS for all chemicals in the work area readily available?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

<b>Fire Protection</b>						
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17	Are exits visibly marked & clear of obstruction?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
18	Are fire doors closed securely at all times?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
19	Are stairwells clear?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
20	Are proper fire extinguishers available & inspected?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
21	Are special procedures in place for workers with disabilities to assist them to exits?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			

22	Are combustible materials stored in assigned storage cabinets or designated areas?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
23	Are materials stored at least 18 inches away from sprinkler heads or 24 inches from ceiling where no	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
24	Are fire drills held on a regular basis?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
25	Are electric space heaters plugged directly into walls,	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
26	Are lamps well clear of drapes, papers and other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Electrical Safety</b>							
27	Are all plugs, cords, electrical panels, and receptacles in	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
28	Are extension cords being used correctly? (They must	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
29	Is clear access (36" clearance) provided to electrical	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
30	Are cord or cable systems used to manage all cords or	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
31	Are extension cords at minimum 14 gauge (heavy-duty), 6' or less, and servicing only one appliance or fixture?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
32	Is faulty or broken equipment removed from service?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>Custodial Operations</b>							
33	Are the lights working and guarded	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
34	Is the floor clear of obstacles	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
35	Are Wet Floor signs available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
36	Are rags, towels, etc., available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
37	Are the supply shelves earthquake secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
38	Is the sink clean	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
39	Is the hose present and working properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
40	Are all faucets and hoses in the off position when not in use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
41	Does the sink drain properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
42	Do you smell any strong odors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
43	Is the vacuum cleaner safe and in good working condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
44	Is the vacuum cleaner cord in good condition; without cord stress or prong damage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
45	Are all waste materials placed in the proper waste containers and emptied regularly?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
46	Is flooring in good condition with loose rugs and mats secured?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
47	Have missing or loose ceiling tiles been repaired?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
<b>OTHER NOTES:</b>							

