

Facility Safety, Security, and Sanitation Audit
North Carolina Department of Transportation, Division of Highways
Transportation Mobility and Safety Division

EXAMPLE

Revised 5-30-14
Scheduled:
Unscheduled:

Location: Traffic Safety Unit (central Offices) - Garner (Greenfield)

Date: June 4, 2014

Time: 9:45 AM

Number of Persons: 15

	S	U	NA		S	U	NA
1. Health and First Aid				5. Equipment			
a. Certified CPR and first aid assistance available	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Equipment and hand tool condition	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. First aid kit - conspicuous and accessible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Equipment and hand tool storage	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. First aid kit - fully stocked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	6. Lighting and Illumination			
d. First aid kit - expiration dates not reached	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	a. Offices, stairs, hallways, bathrooms	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. NO LONGER USED	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	b. Glare or eye strain	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Hazardous materials - properly identified and stored	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	c. All bulbs are working	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
g. Potable water	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	7. Systems and Electrical			
h. SDS complete, current, accessible (hard copy or 3E)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Wall outlets (receptacles), surge protectors, GFCIs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>
i. Ergonomic issues addressed	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Equipment	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Designated smoking area	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. HVAC	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. General noise levels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Panel boxes have covers and doors	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. CO detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	e. Circuit breakers clearly marked	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Automated External Defibrillators (AEDs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	8. General Area			
2. Fire Protection				a. Floors, walls, and ceilings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Evacuation plan - posted and understood	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Aisles and passageways	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Evacuation plan - primary and alternate meeting places	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Stairs, railings, and landings	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Extinguishers - charged and inspected	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	d. Neatness and organization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Extinguishers - conspicuous and accessible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Overhead clearances	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Extinguishers - visible from at least 3 feet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. Furniture	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Extinguishers - wall markings visible from at least 25 feet	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g. Large or tall furniture or equipment secured	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Sprinkler system	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	9. Sanitation and Housekeeping			
h. Fire alarms, emergency lights, evacuation signs	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Floors (clean, dry, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Exits - clearly marked, open outward, and accessible	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	b. Waste disposal - containers and frequency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Flammable materials - properly identified and stored	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	c. Recycling - containers and frequency	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Flammable materials - "no smoking" signs	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	d. Vending machines	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
l. Smoke detectors (replace batteries)	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	e. Cafeteria or break room area	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
m. Radios (charged and working)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. Rodent, insect, vermin control (inside and outside)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3. Extreme Weather Protection				g. Cleanliness (inside and outside)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Emergency plan - posted and understood	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h. Vegetation	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Emergency plan - primary and alternate meeting places	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	10. Bathrooms			
c. Alternate alarm system (whistles, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Stalls	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4. Security				b. Supplies - adequate and accessible	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Keycard system and/or manual locks	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Sinks, toilets, and urinals	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Doors and windows	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Hot water, soap, and towels	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Security guards	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>	e. Privacy	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Equipment secured (where applicable)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. Cleanliness	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Exterior lighting (doors, stairs, parking areas, etc.)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	11. Other/Miscellaneous			
f. Visibility	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Mandatory labor laws and NCDOT policies posted	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Wayfinding (address, buildings clearly marked)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Emergency numbers posted (fire, police, NCDOT, TMSD)	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Fences and gates	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
j. Security badges - worn and visible (waist or higher)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>				
k. NO LONGER USED	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				

Discrepancies:

Item	Comments and/or Corrective Action	Abatement Dates	
		Target Date	Date Corrected
1d	Triple antibiotic ointment has expired	July 1, 2014	
2c	Fire extinguisher near cube 464 not inspected monthly	June 4, 2014	June 4, 2014
2i	Exit sign not working near front door	July 31, 2014	
4j	John Doe was not wearing his badge	June 4, 2014	June 4, 2014
6c	Light bulb not working over cube 434	July 31, 2014	
7a	Extension cord removed from room 230	June 4, 2014	June 4, 2014

General Comments:

Need to remind landlord to inspect fire extinguishers monthly

Need to order spare safety vests for staff

EXAMPLE

Audited by: Jeff Jaeger

Signature: _____ (signature)

Witnessed by: Jane Doe

Signature: _____ (signature)

Copies to: Supervisor, Section Head, Unit Head, and Branch Safety Officer