

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

Revised 7-13-21

Scheduled:   
 Unscheduled:

Location: \_\_\_\_\_

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

Time: \_\_\_\_\_

Number of Persons: \_\_\_\_\_

	S	U	NA		S	U	NA
<b>1. Health and First Aid</b>				<b>5. Equipment</b>			
a. Certified CPR and first aid assistance available	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Equipment and hand tool condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. First aid kit - conspicuous and accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Equipment and hand tool storage	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. First aid kit - fully stocked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>6. Lighting and Illumination</b>			
d. First aid kit - expiration dates not reached	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Offices, stairs, hallways, bathrooms	<input 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 type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Hazardous materials - properly identified and stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. All bulbs are working	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Potable water	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>7. Systems and Electrical</b>			
h. SDS complete, current, accessible (hard copy or 3E)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Wall outlets (receptacles), surge protectors, GFCIs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Ergonomic issues addressed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Equipment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Designated smoking area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. HVAC	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. General noise levels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Panel boxes have covers and doors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. CO detectors	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Circuit breakers clearly marked	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Automated External Defibrillators (AEDs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. Extension cords (temporary use only)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Eyewash Station	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>8. General Area</b>			
o. Lead container (marked, closed, and weighed monthly)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Floors, walls, and ceilings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. PPE (in good condition if present)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Aisles and passageways	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>2. Fire Protection</b>				c. Stairs, railings, and landings	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Evacuation plan - posted and understood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Neatness and organization	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Evacuation plan - primary and alternate meeting places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Overhead clearances	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Extinguishers - charged and inspected	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. Furniture	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Extinguishers - conspicuous and accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g. Large or tall furniture or equipment secured	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Extinguishers - visible from at least 3 feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	h. File cabinets (drawers closed, not top heavy, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Extinguishers - wall markings visible from at least 25 feet	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>9. Sanitation and Housekeeping</b>			
g. Sprinkler system	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Floors (clean, dry, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Fire alarms, emergency lights, evacuation signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Waste disposal - containers and frequency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Exits - clearly marked, open outward, and accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. Recycling - containers and frequency	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Flammable materials - properly identified and stored	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Vending machines	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Flammable materials - "no smoking" signs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Cafeteria or break room area	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Smoke detectors (replace batteries)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. Rodent, insect, vermin control (inside and outside)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Radios (charged and working)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	g. Cleanliness (inside and outside)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>3. Extreme Weather Protection</b>				h. Vegetation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Emergency plan - posted and understood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>10. Bathrooms</b>			
b. Emergency plan - primary and alternate meeting places	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Stalls	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Alternate alarm system (whistles, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. Supplies - adequate and accessible	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>4. Security</b>				c. Sinks, toilets, and urinals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
a. Keycard system and/or manual locks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. Hot water, soap, and towels	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Doors and windows	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. Privacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Security guards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. Cleanliness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Equipment secured (where applicable)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<b>11. Other/Miscellaneous</b>			
e. Exterior lighting (doors, stairs, parking areas, etc.)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	a. Mandatory labor laws and NCDOT policies posted	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Visibility	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	b. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Wayfinding (address, buildings clearly marked)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	c. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Emergency numbers posted (fire, police, NCDOT, TMSD)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	d. _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Fences and gates	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	e. OSHA 300A posted for previous year (FEB 1 - APR 30)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Security badges - worn and visible (waist or higher)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	f. Compressed gas cylinders (secured and stored properly)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. NO LONGER USED	<input type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>				
l. Computer terminals (locked when unattended)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
m. Computer attachments (approved if connected)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
n. PCI and PII items (secured when not in use)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				

