

Louisiana Department of Health

Quarterly Building Inspection Form

Date: _____

Building: _____

Inspector's Name: _____

FIRE SAFETY AND EMERGENCY EQUIPMENT					
	Item	Yes	No	N/A	Comments
1	Are all fire extinguishers visible & accessible? Are they fully charged? (check for needle in the green) Is the pin in place & secure?				
2	Are fire extinguisher tags in place and less than one year old? (check punched date for year & month)				
3	Is the fire alarm system functioning properly and has it been tested within the past year? (look for green inspection tag by alarm control panel)				
4	Are smoke alarms functioning correctly? (test each alarm, push test button)				
5	Are all exits marked with exit signs and illuminated? (if battery operated, push test button)				
6	Are evacuation plans posted near doors?				
7	Are all doors and hallways leading to an exit, free to access with no possibility of being locked in?				
8	Are exit routes kept free of obstructions?				
9	Do exit doors open outwards? Will fire & exit doors close and latch properly?				
10	Has a fire / evacuation drill been conducted within the past year?				
11	Do portable heaters have automatic shut off if tipped over? Are portable heaters operated away from flammable materials?				
12	Are emergency phone numbers posted? (ex: security, fire, ambulance)				
13	Are emergency lights functioning correctly? (test by pushing button)				
14	Are 1st aid kits visible & accessible? Are they stocked? Are expiration dates current?				
15	Are BBP spill kits stocked and accessible?				
16	Is there at least 18" clearance for all sprinkler heads?				
17	Are boxes, paper or other combustible items allowed to accumulate that would present a fire hazard?				
BUILDING AND OFFICE SAFETY					
	Item	Yes	No	N/A	Comments
1	Are there any slip / trip / fall hazards located inside or outside of the building?				

Louisiana Department of Health

Quarterly Building Inspection Form

2	In areas that may be wet, greasy or slippery are floor mats or other anti-slip material used and in good condition?				
3	Are service holes, man holes, drains, etc. properly covered?				
4	Is the building well lit, inside & outside?				
5	Are floors in good condition with no loose or broken flooring?				
6	Are stairways in good condition with handrails in place? Are stair treads in good condition?				
7	Does the building have any pest problems?				
8	Are all ceiling tiles in place and in good condition throughout the building?				
9	Is the building secure? Are all outside doors locked at the end of each day? Are all locks and other security devices functioning properly?				
10	If equipped, is the security system for the building working properly?				
11	Are all maintenance and mechanical areas secure? (i.e. boiler rooms, air handlers)				
12	Do any windows have broken panes?				
13	Are all elevators working correctly? Are elevators equipped with an emergency phone?				
14	Is the parking lot in good condition? (i.e. no potholes, parking lines visible, etc.)				
15	Are there any water leaks in the building? Note exact location of leaks if it can be determined.				
16	Are all plumbing systems working properly? (toilet flushing problems, drainage problems, leaks from faucets, pipes, etc.)				
17	Is the Hazard Control Log posted?				
18	Are safety rules posted?				
19	Do employees stand on chairs/desks instead of approved ladders/stepstools?				
ELECTRICAL SAFETY AND STORAGE METHODS					
Item		Yes	No	N/A	Comments
1	Are all breaker boxes labeled correctly? Are empty breaker slots covered? Are the doors closed?				
2	Do panel boxes have any hot spots? If so, note location of hot spot & which panel box.				
3	Check extension cords: are they properly grounded and adequately sized for the current being drawn? Are they placed in a manner to prevent tripping?				

Louisiana Department of Health

Quarterly Building Inspection Form

4	Are there any surge protectors plugged into other surge protectors? Only one surge protector allowed per outlet.				
5	Check extension cords: are they damaged in any way?				
6	Are outlets & switches covered properly?				
7	Are storage areas neat? Are items stacked properly? Are heavier items stored below shoulder height?				
8	Do top shelves have overhang?				
9	Are all custodial areas in good condition? Are chemicals stored in appropriate container? Is this area secure?				
10	Are flammable items stored in proper cabinets and/or containers?				
11	Are oxygen and/or acetylene tanks secured properly?				
Other Building Safety Issues & Concerns Noted by the Inspector					
Item		Comments			

Upon completion send a copy to the Loss Prevention Representative and keep a copy for your file. Any hazards found shall be reported to the Loss Prevention Representative for corrections and/or follow-up.

Inspector's Signature

Date
