

Louisiana Department of Health

Quarterly Building Inspection Form

Date: _____

Building: _____

Inspector's Name: _____

| FIRE SAFETY AND EMERGENCY EQUIPMENT | | | | | |
|-------------------------------------|---|-----|----|-----|----------|
| Item | 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? | | | | |
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| BUILDING AND OFFICE SAFETY | | | | | |
| Item | Item | Yes | No | N/A | Comments |
| 1 | Are there any slip / trip / fall hazards located inside or outside of the building? | | | | |

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|--|--|------------|-----------|------------|-----------------|
| 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? | | | | |
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| | | | | | |
| 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? | | | | |

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|---|--|-----------------|--|--|--|
| 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? | | | | |
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| Other Building Safety Issues & Concerns Noted by the Inspector | | | | | |
| Item | | Comments | | | |
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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
