GENERAL SELF-INSPECTION FORM

All campus workspaces are required to perform and document self-inspections at least annually as part of Cal/OSHA’s requirement for an effective Injury and Illness Prevention Program (IIPP). This self-inspection form will help document safety inspections in offices, receiving areas, and other common areas, and will assist departments in identifying and correcting many common unsafe practices and conditions.

The unsafe practices and conditions identified in this form are prohibited by state laws or campus policies, or are not generally accepted safe workplace practices.

At least once a year, each department must inspect its workspaces using this form or an equivalent. Answer each question by checking Yes (satisfactory); No (needs correction); or “N/A” if the question does not apply to the workspace.

After completing the self-inspection form, share the results with your supervisor and Facilities & Operations Department. Correct each identified deficiency as soon as possible and document correction on the form. Keep the original self-inspection form on file as indicated in your department’s IIPP so that it will be available if requested by Cal/OSHA or campus oversight groups.

Please contact Facilities & Operations Department at 594.3606 or the Department of Public Safety at 453.0438 if you need assistance correcting conditions identified during the self-inspection, or if you have any questions or concerns about safety in the workplace.

This form was designed to help ensure compliance with Cal/OSHA regulations that require documented periodic inspections of all work areas as part of an effective IIPP. However, completion of this self-inspection checklist and correction of any findings noted herein does not ensure that Cal/OSHA will not issue citations during an inspection.

In addition, Facilities staff will be periodically verifying that self-inspections have been documented on-site as part of the CCA Departmental Safety and Environmental Assessment program.

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<th>Office Location (Building, Department, and Room #)</th>
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1. Is the Cal/OSHA poster “Safety and Health Protection on the Job” displayed in the building, accessible to all employees?
   - O Yes (Satisfactory)
   - O No (Needs Correction)
   - O N/A (Not Applicable)
   Corrective Action: Contact the Facilities & Operations Department at 594.3606 to obtain posters.
   Completion Date: ________________________________

2. Is documentation of safety training, workplace self-inspections, and hazard corrections maintained and accessible where indicated in your department’s IIPP?
   - O Yes (Satisfactory)
   - O No (Needs Correction)
   - O N/A (Not Applicable)
   Corrective Action: Confirm location listed in the IIPP and ensure that records are stored there.
   Completion Date: ________________________________

3. Have employees in the area been trained on the applicable Building Emergency Plan (BEP)?
   - O Yes (Satisfactory)
   - O No (Needs Correction)
   - O N/A (Not Applicable)
   Corrective Action: Contact the Facilities & Operations Department at 594.3606 to obtain the BEP, or contact your Building Coordinator if a BEP is not available.
   Completion Date: ________________________________

4. Are evacuation diagrams posted?
   - O Yes (Satisfactory)
   - O No (Needs Correction)
   - O N/A (Not Applicable)
   Corrective Action: Contact the Facilities & Operations Department at 594.3606 for assistance in preparing diagrams as required by the BEP.
   Completion Date: ________________________________

5. Are fire alarm pull boxes clearly identifiable and unobstructed?
   - O Yes (Satisfactory)
   - O No (Needs Correction)
   - O N/A (Not Applicable)
   Corrective Action: Clear area of obstructions.
   Completion Date: ________________________________

6. Are fire hose stations or portable extinguishers, or both, clearly identifiable and unobstructed?
   - O Yes (Satisfactory)
   - O No (Needs Correction)
   - O N/A (Not Applicable)
   Corrective Action: Label fire-fighting equipment and clear area of obstructions.
   Completion Date: ________________________________

7. Are fire extinguishers tagged with current annual inspections?
   - O Yes (Satisfactory)
   - O No (Needs Correction)
   - O N/A (Not Applicable)
   Corrective Action: Call the Director of Facilities & Operations to arrange for a fire extinguisher. Ensure that the extinguisher is properly tagged after the inspection.
   Completion Date: ________________________________

8. Do self-closing devices and door latches on fire-rated doors work freely? (Doorstops are not permitted.)
   - O Yes (Satisfactory)
   - O No (Needs Correction)
   - O N/A (Not Applicable)
   Corrective Action: Contact the Facilities & Operations Department at 594-3606 to arrange for door repairs.
9. Are there at least 18 inches (47 cm) of vertical clearance maintained between all stored items and any ceiling equipped with fire sprinklers?
   O Yes (Satisfactory)  O No (Needs Correction)  O N/A (Not Applicable)
   
   Corrective Action: Remove stored items that do not meet the above criteria.
   Completion Date: ________________________________.

10. Are electrical panels accessible and circuit breakers clearly identified?
    O Yes (Satisfactory)  O No (Needs Correction)  O N/A (Not Applicable)
    Corrective Action: Label circuit breakers as to their function, and clear area in front of electrical panels by 36 inches.
    Completion Date: ________________________________.

11. Are aisles, exits, and adjoining hallways maintained free of obstructions so that the area can be easily evacuated or accessed in case of an emergency?
    O Yes (Satisfactory)  O No (Needs Correction)  O N/A (Not Applicable)
    Corrective Action: Remove obstructions from aisles, exits, and adjoining hallways. Contact the Facilities & Operations Department at 594-3606 if help is needed cleaning adjoining hallways.
    Completion Date: ________________________________.

12. Is electrical equipment (e.g., copiers and computers) grounded? (Ensure that the grounding prong has not been removed, and that three-prong-to-two-prong adapters are not used.)
    O Yes (Satisfactory)  O No (Needs Correction)  O N/A (Not Applicable)
    Corrective Action: Contact your supervisor or the Facilities & Operations Department at 594.3606 to arrange for installation of appropriate outlets and plugs.
    Completion Date: ________________________________.

13. Are extension cords in good condition (e.g., no breaks or exposed wiring), used only as temporary wiring (less than 30 days), and not connected in series?
    O Yes (Satisfactory)  O No (Needs Correction)  O N/A (Not Applicable)
    Corrective Action: Do not connect extension cords in series. Dispose of or repair all electrical cords that are not in good condition, and replace those in use more than 30 days with permanent wiring.
    Completion Date: ________________________________.

14. Is broken, unguarded, or otherwise dangerous equipment or furniture present (e.g., a paper cutter without a guard to keep fingers away from the blade)?
    O Yes (Satisfactory)  O No (Needs Correction)  O N/A (Not Applicable)
    Corrective Action: Contact your supervisor or the Facilities & Operations Department at 594.3606 for removal or repair of equipment or furniture.
    Completion Date: ________________________________.

15. Are floor surfaces kept dry or made slip-resistant, or both?
    O Yes (Satisfactory)  O No (Needs Correction)  O N/A (Not Applicable)
    Corrective Action: Work with your supervisor or the Facilities & Operations Department at 594-3606 to address this issue.
    Completion Date: ________________________________.
16. Is furniture and equipment over four feet tall braced to prevent tipping in an earthquake?

O Yes (Satisfactory)   O No (Needs Correction)   O N/A (Not Applicable)

Corrective Action: Contact your supervisor or the Facilities & Operations Department at 594.3606 for assistance in installing seismic restraints, or remove items in question.
Completion Date: ____________________________.

17. Are all work areas adequately illuminated?

O Yes (Satisfactory)   O No (Needs Correction)   O N/A (Not Applicable)

Corrective Action: Contact your supervisor or the Facilities & Operations Department at 594.3606 for assistance in obtaining additional lighting.
Completion Date: ____________________________.

18. Have computer workstations been ergonomically evaluated for all employees who spend four or more hours at their computer each day?

O Yes (Satisfactory)   O No (Needs Correction)   O N/A (Not Applicable)

Corrective Action: Contact your supervisor or the Educational Technology Services at 594.5005 to have a trained workstation evaluator assess the workstation.
Completion Date: ____________________________.