

UL LAFAYETTE BUILDING SAFETY INSPECTION FORM

BSI-10-08

NOTE: If a condition is discovered that requires immediate attention, dial 482-6440

NOTE: For questions regarding this form, call Joey Pons at 482-5357 or safetyman@louisiana.edu

SECTION 1: GENERAL INFORMATION

Building Name: _____

Bulding Area/Floor: _____

Inspection performed by: _____

Date: _____

Floor plan with evacuation route in place:	Y	N	N/A
Hazard Control Log in place?	Y	N	N/A
Are all listed hazards addressed?	Y	N	N/A
NOTE: If no, attach copy of Hazard Control Log to this form			
Fire Extinguishers checked:	Y	N	N/A
Exit Signs working:	Y	N	N/A
Emergency Departmental Radio and other Emergency Equipment Operational	Y	N	N/A
Office Furniture and Fixtures In Good Working Condition	Y	N	N/A

SECTION 2: HALLWAYS, STAIRWAYS, GROUNDS, AND ELEVATORS

Areas clear of obstructions:	Y	N	N/A
Areas free of slip and fall hazards:	Y	N	N/A
Grounds areas free of obstructions and holes:	Y	N	N/A
Elevators working:	Y	N	N/A

SECTION 3: ELECTRICAL AND PLUMBING

Electrical systems check OK:	Y	N	N/A
Plumbing systems check OK:	Y	N	N/A

SECTION 4: HAZMAT/FLAMMABLES

Proper storage	Y	N	N/A
MSDS available:	Y	N	N/A
Waste properly contained:	Y	N	N/A

SECTION 5: FUME HOODS AND OTHER HAZARDOUS AREAS

PPE available:	Y	N	N/A
Safety guard:	Y	N	N/A
First Aid available:	Y	N	N/A
Warning labels intact:	Y	N	N/A
Good Housekeeping:	Y	N	N/A

NOTE: If "no" is checked for any of these in Sections 2-5 please describe here:

SECTION 6: AREAS THAT DO NOT FALL UNDER SECTIONS 1-5

Please describe: _____

Signed By:

Inspector: _____ EH&S Director: _____