

CAL DINING SERVICES SAFETY INSPECTION CHECK LIST

Cal Dining Unit: __

Date: __

This self-assessment form is intended to facilitate the inspections of work areas. Managers and/or supervisors can utilize this checklist to identify and correct workplace hazards. If a question is not applicable, mark the yes (Y) column with “NA”. All no (N) responses require comments and corrective actions. Please use additional pages for comments and to describe the corrective actions. The results of this assessment should be kept on file in the Unit Office for periodic review by campus administrators, the Office of Environment, Health and Safety, and regulatory agencies. See distribution note on back.

<u>FIRE PROTECTION:</u>	YES	NO
Are portable fire extinguishers provided?		___
Are flammable materials stored in approved safety containers or safety cabinets?		___
Is combustible waste stored safely and removed from worksite promptly (no less than daily)?	___	___
Are overhead grill and deep fry fire systems inspected as required?		___
When not in use, are gases and flammable liquids kept in fireproof storage?		___
Are fire extinguishers at site when using fire heated chaffing dishes and portable gas stoves?	___	___
<u>CLEANLINESS:</u>	YES	NO
Are all worksites and storage areas kept clean and orderly?		___
Are all floors, aisles and doorways kept free of debris?		___
Are spilled materials or liquids cleaned up immediately?		___
Are tools, equipment and materials properly stored after use?		___
Are supply closets and storerooms kept clean and organized?		___
Do work areas have adequate ventilation and illumination?		___
<u>PERSONAL PROTECTIVE EQUIPMENT:</u>	YES	NO
Are employees provided with and trained in the proper use and selection of PPE's?		___
Are employees provided with heat protection when using hot equipment?		___
Are employees provided with eye and face protection when needed?		___
Are employees provided with protective clothing, jackets, smocks, gloves and aprons?		___
<u>TOOLS and EQUIPMENT:</u>	YES	NO
Are tools such as knives, scoops, spatulas, ladles, whips, paddles, tongs, peelers, scrapers, etc., reconditioned or replaced as necessary?	___	___
Is damaged, worn or bent equipment replaced regularly?		___
Are cutting edges kept sharp?		___
Are cooking and preparation tools stored in a dry secure area after use?		___
<u>ELECTRIC POWER-OPERATED EQUIPMENT:</u>	YES	NO
Are slicers, mixers and choppers grounded or of the approved double insulated type?		___
Are employees trained and qualified to use slicers and choppers?		___
Are rotating or moving parts of equipment or tools guarded?		___
When portable tools are used outdoors or in wet locations are GFCI (Ground Fault Circuit Interrupters) used?	___	___
Are electrical cords in good condition (no broken insulation or missing ground prong on the plugs)?	___	___

<u>HOT AND COLD SURFACES:</u>	YES	NO
Are assigned and designated employees trained and qualified to use hot surfaces such as griddles, kettles, steam wells or tables, steamers, ovens, warmers, stoves, chaffing dishes, etc.?	___	
Are refrigerators and freezers provided with emergency alarms and automatic door release?	___	
Are assigned or designated employees trained and qualified to enter refrigerators and freezers?	___	
Is emergency information posted?		
<u>OTHERS:</u>	YES	NO
Are all ladders maintained in safe operating condition and stored properly?		
Are compressed gas cylinders properly secured?		
Are flammable gases stored in an approved fire-proof metal cabinet?		
Are carts and mobile racks maintained and in safe operating condition?		
Does all equipment and machinery have permanent electrical wiring? (Electrical extension cords and wall outlet adapters should not be used).	___	
Is equipment or machinery securely placed and anchored?	___	
Is all equipment and machinery kept clean, properly maintained and serviced?		
Are items stored on shelves and in cabinets adequately secured?		
Are Material Safety Data Sheets (MSDSs) available to employees?		
Are shelves, cabinets and lockers above five feet high seismically secured to prevent tipping and falling?	___	
Are employees aware that no food or drinks are allowed in restrooms, storage and dishrooms?	___	
Are safety meetings held at least monthly?		
Are incompatible chemicals stored separately?		___
Is adequate ventilation assured before grill work is started?		___
Is an updated Chemical Inventory on hand and a copy submitted to EH&S?		___

RECOMMENDATIONS OR COMMENTS

Signature of Inspector(s)

Signature of Inspector(s)

Signature of Inspector(s)

Date

- Distribution:
 ___ Dining Service Safety Committee
 ___ Unit Manager
 ___ Department Safety Coordinator
 ___ Assistant Director