## Student Affairs General Safety Self-Inspection Report for Administrative Areas

	Room #/Area:
Building:	
	Division:
Supervisor:	
	Date:
Inspector:	

**Instructions:** This self-assessment form should be used to document safety assessments in large office suites, areas with multiple cubicles, coffee and break rooms, and other common work areas. Each department must complete a self-assessment annually. The unsafe practices and conditions identified on this form are prohibited by state laws or campus policy. All NO responses require comments and corrective action. If there are unsafe conditions present which are not listed on this form, please make note of them and recommend corrective action. The completed self-assessment is kept on file for periodic review by campus administrators, EH&S and outside regulatory agencies.

		YES	NO	N/A
1	Is the Cal/OSHA poster "Safety and Health Protection on the Job" (English & Spanish)			
	displayed in the building and accessible to all employees?			
Corr	ective Action: Contact EH&S (642-3073) to obtain posters.			
2	Is documentation of safety training, workplace assessments and hazard corrections			
	maintained and accessible where indicated in your department's IIPP?			
Corr	ective Action: Confirm location listed in IIPP, ensure that records are stored there.			
3	Have employees in the area been trained on the applicable Building Emergency Plan (BEP)?			
Corr	ective Action: Contact Dept. Safety Officer or Building Coordinator for BEP.			
4	Are evacuation diagrams posted?			
Corr	ective Action: Contact Dept. Safety Officer, Building Coordinator or EH&S.			
5	Are fire alarm pull boxes clearly identifiable and unobstructed?			
Corr	ective Action: Clear area of obstructions.			
6	Are fire hose stations and/or portable extinguishers clearly identifiable and unobstructed?			
Corr	ective Action: Label fire-fighting equipment and clear area of obstructions.			
7	Are fire extinguishers tagged with inspections at least annually?			
Corr	ective Action: Contact your Building Coordinator to arrange for inspection by CM Fire Life			
& Sa	fety.			
8	Do self-closing devices and door latches on fire-rated doors (doors that open into			
	corridors and stairwells) work properly? (Doorstops are not permitted.)			
Corr	ective Action: Contact your Building Coordinator to arrange for door repairs.			
9	Are there at least 18 inches of vertical clearance maintained between all stored items			
	and any ceiling equipped with fire sprinklers?			
Corr	ective Action: Remove stored items that do not meet the above criteria.			
10	Are electrical panels accessible and circuit breakers clearly identified?			
Corr	ective Action: Contact your Building Coordinator for proper labeling and access.			

Student Affairs IIPP form 3B Rev November 2014 Distribution: 1 copy to Department Safety Officer, 1 copy local file Maintain files for one year from date of inspection

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11	Are aisles, exits and adjoining hallways maintained free of obstructions so that the area can easily be evacuated or accessed in case of emergency?				
Corr	ective Action: Remove obstructions. Contact Dept. Safety Officer or Building Coordinator if				
help is needed.					
12	Has all electrical equipment that is required to be grounded (e.g., copiers, computers) been grounded? (Ensure that grounding pins are intact & no 3-to-2 pin converters are in use.)				
Corr	ective Action: Contact your supervisor or Dept. Safety Officer to arrange for appropriate				
insta	allation of outlets.				
13	Are extension cords in good condition (i.e., no breaks or exposed wiring) and used only as temporary wiring (fewer than 30 days), and not connected in a series?				
Corr	ective Action: Do not connect extension cords in a series. Dispose of all electrical cords in				
poor condition. If needed for longer than 30 days, contact your Dept. Safety Officer for help in					
insta	alling permanent wiring.				
14	Is there any broken, unguarded or otherwise dangerous equipment in the area?				
Corr	ective Action: Contact your supervisor or Dept. Safety Officer to arrange for removal or				
repa	ir of broken equipment.				
15	Are floors kept dry and/or have they been made slip-resistant?				
Corr	Corrective Action: Work with your supervisor, Dept. Safety Officer or Safety Committee to				
corre	ect this issue.				
16	Is furniture and equipment over four feet tall braced to prevent tipping in an				
	earthquake?				
	ective Action: Contact your supervisor or Dept. Safety Officer for assistance with installing				
seisr	nic restraints.				
17	Are all work areas adequately illuminated?				
Corr	ective Action: Contact your supervisor or Dept. Safety Officer for assistance in obtaining				
addi	tional lighting.				
18	Have computer workstations been ergonomically evaluated for all employees who spend				
	four or more hours at their computer each day?				
	ective Action: Contact your supervisor or Dept. Safety Officer to have a trained				
	<pre>kstation evaluator assess the workstation. Or contact University Health Services,</pre>				
Ergo	nomics at Work program (642-8410).				

If there are other unsafe or hazardous conditions in this area, please list them below, along with recommendations for corrective action: