



Name of building

Inspection performed by

Date

School Districts Insurance Consortium

SELF-INSPECTION FORM - WORKERS COMPENSATION

This check form is intended to provide an efficient means for collecting basic information on the relative status of a variety of safety program activities and performance indicators. It includes the most frequently identified areas of deficiencies that may contribute to accident situations or be a compliance program oversight.

1. Walking/Working Surfaces: ____Finish ____Condition ____Clear
2. Emergency Exits: ____Maps ____Signs ____Unobstructed ____Lighting
3. Fire Extinguishers: ____Mounted ____Accessible ____Service
4. Fire Detection: ____Tested/sprinklers ____Service contract/Manual ____Pull stations tested
5. Hazcom: ____Posting ____MSDS File ____Lids/Labels ____Training
6. Workstations: ____Seating ____Keyboards ____Monitors ____Mouse
7. Electrical: ____GFI ____Frayed ____Extension Cords ____Multi-tap
____Open Boxes ____Ratings ____3 Foot clearance ____Lockout/Tagout
Procedures
8. Equipment Guards: ____Rotating Belts/Shafts ____NIP ____Hot
9. Portable Power Tools: ____Guards ____Training ____PPE ____Care
10. Eyewash Stations: ____Marked ____Accessible ____15 minute supply
11. Foodservice: ____Knives Racked ____Mesh/Kevlar Gloves ____Mats
____Dry Storage Practice ____Guards ____Hot Surfaces ____Floor
12. PPE: ____Gloves ____Eyewear ____Hearing ____Footwear ____Barrier-creams
____Clothing ____Heat/Cold ____Lift Belts