GENERAL SELF-INSPECTION FORM FOR ADMINISTRATIVE AREAS

This self-inspection form should be completed by a Safety Coordinator and used to document inspections in large office suites, areas with multiple cubicles, copy rooms, coffee rooms, and other common work areas. It should not be used for individual offices, nor for non-administrative areas such as shops, laboratories, and areas containing any hazardous materials.

The university is required to perform and document inspections of all campus workspaces annually as part of Cal/OSHA's requirement for an effective Injury and Illness Prevention Program (IIPP). Each administrative area must be inspected annually using this GENERAL/ADMINISTRATIVE SELF-INSPECTION FORM or an equivalent. This form assists in identifying and correcting many unsafe practices and conditions. The unsafe practices and conditions identified on this form are prohibited by state laws or campus policies, or are generally considered to be unsafe workplace practices.

Correct identified deficiencies as soon as possible and document correction on the form by entering the "Date Completed." Keep the original self-inspection form on file, so that it will be available should Cal/OSHA or campus oversight committees request it. Please forward a copy to EH&S.

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 form and correction of any findings noted herein does not ensure that Cal/OSHA will not issue citations.

GENERAL SELF-INSPECTION FORM FOR ADMINISTRATION AREAS

Location of Area (Bldg/Suite)	
Date of Inspection	
Department	
Supervisor's/Safety Coordinator Name (print)	
Signature	

1. Is the Cal/OSHA poster displayed in the building and accessible to all employees?

Yes (Satisfactory	y) No (Needs Correction)	N/A
Corrective Action:	Contact EH&S (724-4333) to	obtain posters.
Date Corrected: _		

2. Have employees in the area been trained on the building emergency procedures?

Yes (Satisfactory)	No (Needs Correction)	N/A		
Corrective Action:	Contact EH&S to schedule	a training	of campus	emergency
procedures.				
Date Corrected:				

3. Are fire alarm pull boxes clearly identifiable and unobstructed?

Yes (Satisfactory) No (Needs Correction) N/A Corrective Action: Clear area of obstructions. Date Corrected:

4. Are fire extinguishers tagged with inspections at least annually?

Yes (Satisfactory) No (Needs Correction) N/A
Corrective Action: Contact the Facilities Department (fmhelp@ucmerced.edu) to
arrange for a fire extinguisher inspection. Ensure that the extinguisher is properly
tagged after the inspection.
Date Corrected:

5. Do self-closing devices and door latches on fire-rated doors (doors that open into corridors or stairwells) work properly? (Doorstops are not permitted.)

Yes (Satisfactory) No (Needs Correction) N/A Corrective Action: Contact the Facilities Department to arrange for door repairs. Date Corrected: _____

6. Are there at least 18 inches (47 cm) of vertical clearance maintained between all stored items and any ceiling equipped with fire sprinklers?

Yes (Satisfactory) No (Needs Correction) N/A

Date Corrected: _____ **Corrective Action:** Remove stored items that do not meet the above criteria.

7. Are electrical panels accessible and circuit breakers clearly identified?

Yes (Satisfactory)	No (Needs Correction	on)	N/A		
Corrective Action:	Label circuit breakers	as to their	function,	and clea	ar area in
front of electrical par	nels by 36 inches.				
Date Corrected:					

8. 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?

Yes (Satisfactory)	No (Nee	eds Correction	1)	N/A			
Corrective Action:	Remove	obstructions	from	aisles,	exits,	and	adjoining
hallways. Contact the	Facilities	Department	if help	is need	led clea	aning	adjoining
hallways.		-	_			_	
Date Corrected:							

9. Has all electrical equipment that is required to be grounded (e.g., copiers and computers) been grounded? (Ensure that the grounding pin has not been removed and that 3-pin to 2-pin adapters are not used.)

Yes (Satisfactory) No (Needs Correction) N/A Corrective Action: Contact the Facilities Department (fmhelp@ucmerced.edu) to arrange for installation of appropriate outlets and plugs. Date Corrected: _____

10. Are extension cords used in the area?

Yes (Needs Correction) No (Satisfactory) N/A Corrective Action: Contact the Facilities Department (fmhelp@ucmerced.edu) to replace extention cords with permanent wiring. Date Corrected: _____

11. Has all broken, unguarded, or otherwise dangerous equipment and furniture been repaired or removed? (Example: A paper cutter without a guard to keep fingers away from the blade.)

Yes (Satisfactory)	No (Needs Correction)	N/A
Corrective Action: Cor	ntact the Facilities Department	t (fmhelp&ucmerced.edu) to
arrange for removal or re-	pair of equipment or furniture.	
Date Corrected:		

12. Are floor surfaces kept dry and/or slip-resistant?

Yes (Satisfactory) No (Needs Correction) N/A Corrective Action: Contact the Facilities Department (fmhelp&ucmerced.edu) to arrange for floor maintenance. Date Corrected: ______

13. Is furniture and equipment over four feet tall braced to prevent tipping in an earthquake?

Yes (Satisfactory) No (Needs Correction) N/A Corrective Action: Contact the Facilities Department (fmhelp@ucmerced.edu) for assistance in installing seismic restraints, or remove items in question. Date Corrected: _____

14. Are all work areas adequately illuminated?

Yes (Satisfactory) No (Needs Correction) N/A

Corrective Action: Contact the Facilities Department (fmhelp@ucmerced.edu) for assistance in obtaining additional lighting. **Date Corrected:**