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| **Safety Checklist****Suggested minimum frequency (Per JIF) Quarterly** |
| **Municipality** | **Inspection Date**: /201\_\_\_ |
| **Name of Inspector:** | **Title:** |
| **Location Surveyed:** |
| Apparatus Room |
| **#** | **Yes** | **No** | **N/A** | **CONDITION: Write line #’s & comments on back for all “Needs Work” listings, and notify management to initiate required corrective action** |
| **1** |  |  |  | Cords used for charging batteries in a location that will not cause a tripping hazard |
| **2** |  |  |  | Vehicle fluids do not pose a slipping hazard |
| **3** |  |  |  | Tools and equipment properly stored & secured |
| **4** |  |  |  | Ends of ladders protected? |
| **5** |  |  |  | Trucks arranged to allow free movement & to allow adequate aisles for walking & working |
| **6** |  |  |  | Guide lines or markings on floor to aid in backing into the bays |
| **7** |  |  |  | All overhead doors equipped with safety devices or the mandated warning signs posted? |
| **8** |  |  |  | Portable fire extinguishers wall mounted, inspected monthly & accessible? |
| **9** |  |  |  | Exit signs working & illuminated? |
| **10** |  |  |  | Emergency lighting units operational? |
| **11** |  |  |  | Flammable liquids properly stored in flammable liquids cabinets? |
| **12** |  |  |  | Housekeeping adequate through out? |
| **13** |  |  |  | Is vehicle diesel exhaust cleaned or is ventilation provided? |
| **14** |  |  |  | Emergency generator - tested under load monthly |
| **15** |  |  |  | Turn out gear clean, neat & orderly? Does it meet the recent NFPA standards? Y N |
| **16** |  |  |  | Is your Aerial apparatus and pumper tested to NFPA standards? |
| Cascade Equipment Dept. does not have (skip (17-21) |
|  | **Yes** | **No** | **N/A** | **CONDITION: Write line #’s & comments on back for all “Needs Work” listings, and notify management to initiate required corrective action** |
| **17** |  |  |  | All compressed air or oxygen cylinders chained in the upright position? |
| **18** |  |  |  | All SCBA bottles and cascade Cylinders have current hydrostatic test dates? |
| **19** |  |  |  | Cascade Bottles properly protected from vehicle damage? |
| **20** |  |  |  | Is the certificate of air quality checks posted? Current for this year? Y N |
| **21** |  |  |  | Filling performed in an approved Fragmentation containment system? |
| House and Grounds |
|  | **Yes** | **No** | **N/A** | **Condition** |
| **22** |  |  |  | Stairs & walkways clear if greater than 4 stairs have handrail? |
| **23** |  |  |  | Cooking hazards protected? Ansul type system annually inspected? |
| **24** |  |  |  | Emergency and exterior lighting in working order? |
| **25** |  |  |  | Parking spaces adequate for anticipated number of vehicles? (see parking lot checklist) |
| **26** |  |  |  | Are all exterior electrical receptacles GFCI Protected? |
| **27** |  |  |  | Warning signs posted for emergency vehicles exiting? |
| **28** |  |  |  | Slip, trip and fall hazards, (cracked sidewalks and aprons, pot holes) eliminated? |
| **29** |  |  |  | Emergency exterior Exit Lighting adequate? |
| **30** |  |  |  | (Add your item) |
| **31** |  |  |  | (Add your item) |