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| **Emergency Medical Services**  **Department Safety Checklist**  ***Suggested frequency quarterly*** | | | | | |
| **Municipality:** | | | | | **Inspection Date: / /201** |
| **Name of Inspector:** | | | | | **Title:** |
| **Location Surveyed:** | | | | | |
| **#** | Needs  Work | **OK** | **N/A** | **CONDITION: Write line #’s & comments on back for all “Needs Work” listings, and notify management to initiate required corrective action** | |
| **Apparatus Room** | | | | | |
| **1** |  |  |  | Cords used for charging batteries in a location that will not cause a tripping hazard | |
| **2** |  |  |  | Diesel particulate exhaust ventilation system functioning □ No exhaust system in facility | |
| **3** |  |  |  | Leaks of vehicle fluids do not pose a slipping hazard | |
| **4** |  |  |  | Tools & equipment stored and secured | |
| **5** |  |  |  | Trucks arranged to allow free movement and to adequate aisles for walking & working | |
| **6** |  |  |  | Guide lines or markings to aid in backing into the bays | |
| **7** |  |  |  | Garage bay electrical receptacles GFCI protected, especially those near garage doors | |
| **8** |  |  |  | Turn out gear clean, neat and orderly and meets NFPA guidelines | |
| **9** |  |  |  | Portable fire extinguishers mounted, inspected monthly & accessible – tags completed | |
| **10** |  |  |  | All exits identified and EXIT signs illuminated | |
| **11** |  |  |  | Safety eyes installed on all power operated overhead doors | |
| **12** |  |  |  | Emergency lighting units operational and of sufficient number to serve the area | |
| **13** |  |  |  | Flammable liquids properly stored in grounded flammable cabinets, and doors closed | |
| **14** |  |  |  | Housekeeping adequate through out facility | |
| **15** |  |  |  | Emergency generator - tested under load monthly. Fuel sources have RTK Labeling | |
| **16** |  |  |  | All overhead garage doors have safety eyes or edge bumpers? | |
| **17** |  |  |  | Cooking hazards protected; Proper ventilation & suppression system & inspected annually | |
|  | Cascade Equipment Municipality does not own this equipment □ skip lines 17-22 | | | | | |
| **18** |  |  |  | Air quality lab certification current and posted | |
| **19** |  |  |  | All 1A compressed air or oxygen cylinders supported and in the up right position | |
| **20** |  |  |  | All 1A & service bottles have current hydrostatic testing and with adequate recordkeeping | |
| **21** |  |  |  | Bottles properly protected from vehicle damage; caps in place | |
| **22** |  |  |  | Service bottle filling performed in an approved containment system | |
| **23** |  |  |  | Personnel trained in the operation of the cascade or compressor system | |
|  | House and Grounds | | | | | |
| **24** |  |  |  | Stairs have handrails and walkways are clear | |
| **25** |  |  |  | Emergency and exterior lighting in working order | |
| **26** |  |  |  | Parking spaces adequate for intended occupancy | |
| **27** |  |  |  | Parking areas, floors and all walking surface conditions satisfactory | |
| **28** |  |  |  | Warning signs posted for emergency vehicles exiting | |
| **29** |  |  |  | All utility service lines, (gas and compressed air, etc) identified | |
| **30** |  |  |  | Hot water heater pressure relief valve piped to floor | |
| **31** |  |  |  | Arc-flash warning labels posted on all panels? | |
| **32** |  |  |  | Supply voltafe and Pase posted on power panel front? | |
| **33** |  |  |  | Slip, trip and fall hazards eliminated | |
| **34** |  |  |  | Exits marked and clear - panic hardware where serving occupant load > 50 persons | |
| **35** |  |  |  | Lighting adequate for activities performed in the area? | |