SELF-AUDIT CHECKLIST

Office and Showroom

Dealership: _____ Date: _____

Conducted By:_____ Dept:_____

GENERAL

(*check off findings*)

		Yes	No	N/A	Compl. Date
1.	Are floors free of trip hazards e.g., electrical cords, ripped carpets?	( )	( )	( )	( )
2.	Does every stairway having four or more risers have a handrail?	( )	( )	( )	( )
3.	Are file drawers closed when not in use?	( )	( )	( )	( )
4.	Are wrist supports present at computer workstations?	( )	( )	( )	( )
5.	Are employees required to wear appropriate footwear during inclement weather?	( )	( )	( )	( )
6.	Are storage areas kept clean and orderly?	( )	( )	( )	( )
7.	Are all electrically powered machines with heating elements turned off at the end of the day?	( )	( )	( )	( )
8.	Are helium cylinders secured?	( )	( )	( )	( )
9.	Are ANo Smoking@ rules posted?	( )	( )	( )	( )
10.	Are fire evacuation procedures posted?	( )	( )	( )	( )
11.	Are portable fire extinguishers:				
	a. fully charged, mounted, identified, and accessible?	( )	( )	( )	( )
	b. of proper type for the hazard i.e., **A** - for normal combustibles; **B** - for flammable liquids; and **C** - for electrical fires?	( )	( )	( )	( )
	c. inspected and serviced at least annually?	( )	( )	( )	( )
	d. mounted within 50 feet of one another?	( )	( )	( )	( )
12.	Are all exits posted A**EXIT@** with fluorescent six-inch lettered signs?	( )	( )	( )	( )
13.	Are all emergency lights functioning and tested regularly?	( )	( )	( )	( )
14.	Are portable fire extinguishers provided in adequate number and type?	( )	( )	( )	( )
15.	Are fire extinguishers mounted in readily accessible locations?	( )	( )	( )	( )

NOTES:

RESULTS OF INSPECTION

Total from YES Column: _____
Total from NO Column: _____
Percentage of Compliance (Y/N): _____

Person(s) Conducting Inspection: _____ Date: _____
(Signature)

Safety Committee Chairperson:_____ Date: _____
(*Signature*)

Dealer/Owner: _____ Date: _____
(*Signature*)