FIU GENERIC DEPARTMENTAL SAFETY CHECKLIST
Use The Following Checklist To Evaluate Your Department’s Commitment To Safety.

SAFETY CHECKLIST

1. Do supervisors carry out regular safety inspection/evaluations of the conditions in your work area? (At least quarterly)
   Comments:_________________________________________
   _____________________________________________________
   _____________________________________________________
   _____________________________________________________
   _____________________________________________________
   □ YES □ NO □ N/A

2. Are new work procedures evaluated in order to avoid potential injuries due to repetitive motion, lifting, working in cramped spaces, unhealthful chemical exposures, etc.?
   Comments:_________________________________________
   _____________________________________________________
   _____________________________________________________
   _____________________________________________________
   _____________________________________________________
   □ YES □ NO □ N/A

3. Are all exits and emergency response equipment, such as fire extinguishers and emergency shut off valves, easily identifiable and kept free of obstructions?
   Comments:_________________________________________
   _____________________________________________________
   _____________________________________________________
   _____________________________________________________
   _____________________________________________________
   □ YES □ NO □ N/A

4. Are corridors leading to exits kept clear of obstructions, inappropriate storage of combustible materials and maintained continuously throughout at a width of at least 36” (3 feet or more)?
   Comments:_________________________________________
   _____________________________________________________
   _____________________________________________________
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   _____________________________________________________
   □ YES □ NO □ N/A

5. Are the directions to exits, when not immediately apparent, marked with visible signs?
   Comments:_________________________________________
   _____________________________________________________
   _____________________________________________________
   _____________________________________________________
   _____________________________________________________
   □ YES □ NO □ N/A
6. Are all doors, passageways and stairways that are neither exits nor access to exits, which could be mistaken for exits, appropriately marked “NOT AN EXIT,” “TO STOREROOM,” etc.? □ YES □ NO □ N/A
Comments: __________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

7. Are special precautions taken during construction/renovation/maintenance and repair operations carried out in your area to assure:
a) Adequate dust guards for sensitive equipment □ YES □ NO □ N/A
b) Unobstructed exits and emergency equipment □ YES □ NO □ N/A
c) Fire watch procedures are implemented when necessary □ YES □ NO □ N/A
d) Adequate fire extinguisher provide in construction area □ YES □ NO □ N/A
e) Appropriate environmental Air Quality Control □ YES □ NO □ N/A
f) Appropriate signage is in place □ YES □ NO □ N/A
Comments: __________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

8. Have employee been provided with personal protective equipment such as safety glasses, gloves and goggles where required? □ YES □ NO □ N/A
Comments: __________________________________________
________________________________________________________________________
________________________________________________________________________
________________________________________________________________________

9. Do supervisors require employees to wear personal protective clothing/equipment required for their protection? □ YES □ NO □ N/A
Comments: __________________________________________
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________________________________________________________________________
________________________________________________________________________

10. Have employees been trained on the proper use and maintenance of personal protective equipment? □ YES □ NO □ N/A
Comments: __________________________________________
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________________________________________________________________________
11. Are all chemical containers (including cleaning agents) clearly marked with the correct name of their contents and their hazard?
   Comments:_________________________________________
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   __________________________________________________

12. Are Material Safety Data Sheets maintained/accessible for all chemicals used or stored in your area?
   Comments:_________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________

13. Are emergency eye wash and shower facilities located within the immediate work area where ever employees are exposed to corrosive materials?
   Comments:_________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________

14. Do employees know where to locate emergency response equipment, supplies and resources (fire extinguishers, spill control supplies, absorbents, etc.)?
   Comments:_________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________

15. Are employees prohibited from using candles and open flame devices in the work area?
   Comments:_________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________

16. Have employees been trained regarding emergency response procedures?
   Comments:_________________________________________
   __________________________________________________
   __________________________________________________
   __________________________________________________
17. Is there at least one employee, and an alternate, who have been designated to coordinate your department’s response to emergency situations affecting your area?
   Comments:
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________

18. Are all disconnect switches and circuit breakers in your area labeled to indicate their use or equipment served?
   Comments:
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________

19. Is there at least one employee in your work area who has been trained in First Aid or CPR? (one to ten ratio recommend as minimum)
   Comments:
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________

20. Are first aid kits easily accessible in each work area?
   Comments:
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________

21. Are first aid kit supplies, periodically inspected and replenished as needed?
   Comments:
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________

22. Do supervisors conduct periodic reviews (at least annually) of occupational injuries and illnesses to identify jobs, functions, activities, or situations that have caused accidents, injuries or (near misses) in your area?
   Comments:
   ___________________________________________________
   ___________________________________________________
   ___________________________________________________
23. Does the review of accidents, injuries, and near misses include interview or survey of employees to gather data where “close calls” occur in your area?  
Comments:_________________________________________  
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24. Do supervisors follow-up in a timely manner regarding recommended corrective actions related to the hazards identified and brought to their attention?  
Comments:_________________________________________  
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__________________________________________________  
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25. Does everyone assure that materials and equipment are stored such that they do not create a hazard for anyone or obstruction for persons in wheelchairs or other mobility assistive devices?  
Comments:_________________________________________  
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__________________________________________________  
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26. Is exposed wiring and cords with frayed or deteriorated insulation repaired or replaced promptly?  
Comments:_________________________________________  
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__________________________________________________  
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27. Are fire evacuation procedures specific to your area and operations clearly posted or easily accessible?  
Comments:_________________________________________  
__________________________________________________  
__________________________________________________  
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28. Are emergency phone numbers posted where they can be readily located in case of an emergency?  
Comments:_________________________________________  
__________________________________________________  
__________________________________________________  
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☐ YES  ☐ NO  ☐ N/A
29. Are all employees provided with a copy of the department’s emergency preparedness and response procedures? □ YES □ NO □ N/A
Comments:
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__________________________________________________
__________________________________________________

30. Are portable fire extinguishers present in their designated location? □ YES □ NO □ N/A
Comments:
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__________________________________________________

31. Have all golf carts owned by your department been sent to the Motor Pool department for the required periodic preventive maintenance inspection? □ YES □ NO □ N/A
Comments:
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32. Have all operators of golf cart attended (or have been scheduled to attend) mandatory golf cart safety training? □ YES □ NO □ N/A
Comments:
__________________________________________________
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33. Have all employees (OPS and CWS included) who are authorized to operate University vehicles undergone mandatory driver’s license background check? □ YES □ NO □ N/A
Comments:
__________________________________________________
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__________________________________________________

34. Are all new employees provided with job specific safety orientation? □ YES □ NO □ N/A
Comments:
__________________________________________________
__________________________________________________
__________________________________________________
35. Do employees have access to all safety manuals, instructions and guidance documents required by law or provided by the Department of Environmental Health & Safety? □ YES □ NO □ N/A
Comments:_________________________________________
__________________________________________________
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__________________________________________________

36. Are anti-glare computer screens provided where necessary and is task lighting in your offices adequate/appropriate for the type of work being performance? □ YES □ NO □ N/A
Comments:_________________________________________
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__________________________________________________

37. Are the work surface heights appropriate, and adjustable? □ YES □ NO □ N/A
Comments:_________________________________________
__________________________________________________
__________________________________________________
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38. Are armrests and footrests provided where needed in order to avoid ergonomic challenges? □ YES □ NO □ N/A
Comments:_________________________________________
__________________________________________________
__________________________________________________
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39. Are chairs and stools easily adjustable and appropriate for the tasks performed by employees? □ YES □ NO □ N/A
Comments:_________________________________________
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40. Are cushioned floor mats provided for workers who are required to stand for long periods? □ YES □ NO □ N/A
Comments:_________________________________________
__________________________________________________
__________________________________________________
__________________________________________________
How well did you do?
90 – 100% Compliance- Commendable
Less than 90% Compliance - Needs improvement!