

**UCSD Environment, Health & Safety
HDH Custodial Storage Area Inspection Checklist**

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| INSPECTION ITEMS | YES | NO | COMMENTS/ACTIONS |
|--|--------------------------|--------------------------|------------------|
| Personal Protective Equipment (PPE) | | | |
| Is PPE available and in good working order? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is eye protection available and in good working order? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are gloves available and in good working order? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are eyewash stations flushed and inspected monthly? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Fire Safety | | | |
| Is the exit path free from obstruction/clutter? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is there an 18" clearance from the fire sprinklers? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is a 36" clearance around the circuit breaker panels maintained? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Products | | | |
| Are all containers properly labeled? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are products in their proper containers? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are products organized? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Should some products be removed or replaced? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are some products unfamiliar and do not belong? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Housekeeping and Cleanliness | | | |
| Are the lights working and guarded? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is the floor clear of obstacles? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are Wet Floor signs available? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are rags, towels, etc., available? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are the supply shelves earthquake secured? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is the sink clean? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is the hose present and working properly? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Are all the faucets and hoses in the off position when not in use? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Does the sink drain properly? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Other Items | | | |
| Do you smell any strong odors that are not normal? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is the vacuum cleaner safe and in working condition? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is the vacuum cleaner cord in good condition? | <input type="checkbox"/> | <input type="checkbox"/> | |
| Is there a first aid kit available? | <input type="checkbox"/> | <input type="checkbox"/> | |

Employee Name

Employee Signature

Date

Distribution:

HDH Manager

HDH Safety Committee (MC 0920)