

Dining Facility Unit:

Date:

This self-assessment form is intended to facilitate the inspections of work areas. Managers and/or supervisors can utilize this checklist to identify and correct work place hazards. **All "NO" responses require comments and corrective actions.** Please use the recommendations and comments section and/or additional pages. The results of this assessment should be kept on file in the appropriate HDH office for periodic review by campus administrators, EH&S and regulatory agencies. See distribution note.

FIRE/EMERGENCY PROTECTION

- | | YES | NO | N/A |
|---|--------------------------|--------------------------|--------------------------|
| Have portable fire extinguishers been inspected monthly and been replaced within the last year? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are overhead grill and deep fry fire systems inspected as required? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are the exit paths clear and free from obstruction? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are the fire extinguishers located in a place free from obstruction? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

CLEANLINESS

- | | YES | NO | N/A |
|---|--------------------------|--------------------------|--------------------------|
| Are all work sites and storage areas kept clean and orderly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are all floors, aisles and doorways kept free of debris? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are spilled materials or liquids cleaned up immediately? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are tools, equipment and materials properly stored after use? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are supply closets and storerooms kept clean and organized? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Do work areas have adequate ventilation and illumination? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

PERSONAL PROTECTIVE EQUIPMENT

- | | YES | NO | N/A |
|--|--------------------------|--------------------------|--------------------------|
| Are employees provided with and trained in the proper use and selection of PPE? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are employees provided with heat protection when using hot equipment? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are employees provided with eye and face protection when needed? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are employees provided with protective clothing, jackets, smocks, gloves and aprons? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are employees wearing their SFC and cut gloves? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

TOOLS AND EQUIPMENT

- | | YES | NO | N/A |
|---|--------------------------|--------------------------|--------------------------|
| Are tools such as knives, scoops, spatulas, ladles, whips, paddles, tongs, peelers, scrapers, etc., reconditioned or replaced as necessary? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is damaged, worn or bent equipment replaced regularly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are cutting edges kept sharp? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are cooking and preparation tools stored in a dry secure area after use? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ELECTRICAL POWER OPERATED EQUIPMENT

- | | YES | NO | N/A |
|---|--------------------------|--------------------------|--------------------------|
| Are employees trained and qualified to use slicers and choppers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are slicers, mixers and choppers grounded or of the approved double insulated type? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is equipment or machinery securely placed and anchored? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are rotating or moving parts of equipment or tools guarded? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is all equipment and machinery kept clean, properly maintained and serviced? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

ELECTRICAL POWER OPERATED EQUIPMENT

- | | YES | NO | N/A |
|--|--------------------------|--------------------------|--------------------------|
| Does all equipment and machinery have permanent electrical wiring? (Electrical extension cords and wall outlet adapters should not be used) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are electrical cords in good condition (no broken insulation or missing ground prong on the plugs)? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| When portable tools are used in wet locations are Ground Fault Circuit Interrupters (GFCI) used? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

HOT AND COLD SURFACES

- | | YES | NO | N/A |
|--|--------------------------|--------------------------|--------------------------|
| Are assigned and designated employees trained and qualified to use hot surfaces such as griddles, kettles, steam wells or tables, steamers, ovens, warmers, stoves, chaffing dishes, etc.? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are assigned or designated employees trained and qualified to enter refrigerators and freezers? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are refrigerators and freezers provided with emergency alarms and automatic door releases? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is emergency information posted? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

OTHERS

- | | YES | NO | N/A |
|--|--------------------------|--------------------------|--------------------------|
| Are safety meetings held monthly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are Safety Data Sheets (SDS) available to employees? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is an updated Chemical Inventory on hand? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are incompatible chemicals stored separately? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are compressed gas cylinders properly secured? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are flammable gases stored in an approved fire-proof metal cabinet? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Is adequate ventilation assured before grill work is started? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are shelves, cabinets and lockers above five (5) feet high seismically secured to prevent tipping and falling? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are items stored on shelves and in cabinets adequately secured? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are carts and mobile racks maintained and in safe operating condition? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are all ladders maintained in safe operating condition and stored properly? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Are first aid kits adequately stocked? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

RECOMMENDATIONS OR COMMENTS

Employee Name

Employee Signature

Date

Distribution:

- HDH Manager
- HDH Safety Committee (MC 0920)