

General Self-Inspection

All campus workspaces are required to perform and document self-inspections at least annually as part of Austin Community College's requirement for an effective Injury and Illness Prevention Program (IIPP). This self-inspection form will help document shop safety inspections in offices, receiving areas, and other common areas, and will assist departments in identifying and correcting many common unsafe practices and conditions. This form is not for use in shops, laboratories, or other areas containing hazardous materials. The unsafe practices and conditions identified in this form are prohibited by state laws or campus policies, or are not generally accepted safe workplace practices.

At least once a year, each department must inspect its shops using this form or an equivalent. Answer each question by checking Yes (satisfactory), No (needs correction), or "N/A" if the question does not apply to the workspace.

After completing the self-inspection form, share the results with your supervisor and Department Safety Committee. Correct each identified deficiency as soon as possible and document correction on the form. Keep the original self-inspection form on file as indicated in your department's IIPP so that it will be available if requested. Please contact your Departmental / Divisional Safety Coordinator or the Environmental Health Safety and Insurance Office at 223-1015 if you need assistance correcting conditions identified during the self-inspection, or if you have any questions or concerns about safety in the workplace.

This form was designed to help ensure compliance with regulations that require documented periodic inspections of all work areas as part of an effective IIPP. In addition, EHS Task Force representatives will be periodically verifying that self-inspections have been documented on-site as part of the Departmental/Divisional Safety and Environmental Assessment program.

_____ Office Location (Building, Department and Room #)	_____ Date of Inspection
_____ Print Supervisor's Name	_____ Supervisor's Signature
_____ Print Inspector's Name	_____ Inspector's Signature

1. Is the Worker's Compensation Insurance poster identifying ACC's Worker's Compensation insurance carrier as Deep East Texas Self Insurance Fund displayed in the building, accessible to all employees?

Yes (Satisfactory)
 No (Needs Correction)
 N/A (Not Applicable)

Corrective Action: Contact Environmental Health Safety and Insurance Office or Campus Manager for posting.

Completion Date: _____.

2. Is documentation of safety training, workplace self-inspections, and hazard corrections maintained and accessible where indicated in your department's IIPP?

Yes (Satisfactory)
 No (Needs Correction)
 N/A (Not Applicable)

Corrective Action: Confirm location listed in the IIPP and ensure that records are stored there.

Completion Date: _____.

3. Have employees in the area been trained on the applicable Emergency Evacuation Plan
 Yes (Satisfactory) No (Needs Correction) N/A (Not Applicable)

Corrective Action: Contact the Department/ Divisional Safety Coordinator to obtain the EEP, contact your Campus Manager or visit the Environmental Health Safety and Insurance web site.

Completion Date: _____.

4. Are evacuation diagrams posted?

- Yes (Satisfactory) No (Needs Correction) N/A (Not Applicable)

Corrective Action: Contact the Department/ Divisional Safety Coordinator, Campus Manager, or Environmental Health Safety and Insurance Web Site to obtain the evacuation diagrams required by the EEP.

Completion Date: _____.

5. Are fire alarm pull boxes clearly identifiable and unobstructed?

- Yes (Satisfactory) No (Needs Correction) N/A (Not Applicable)

Corrective Action: Clear area of obstructions.

Completion Date: _____.

6. Are fire hose stations and/or portable extinguishers clearly identifiable and unobstructed?

- Yes (Satisfactory) No (Needs Correction) N/A (Not Applicable)

Corrective Action: Submit a work order through Campus Manager for labeling. Clear area of obstructions.

Completion Date: _____.

7. Are fire extinguishers tagged with current annual inspections?

- Yes (Satisfactory) No (Needs Correction) N/A (Not Applicable)

Corrective Action: Submit a work order through Campus Manager to arrange for a fire extinguisher inspection by vendor. Ensure that the extinguisher is properly tagged after the inspection.

Completion Date: _____.

8. Do self-closing devices and door latches on fire-rated doors work freely? (Doorstops are not permitted.)

- Yes (Satisfactory) No (Needs Correction) N/A (Not Applicable)

Corrective Action: Department / Divisional Safety Coordinator to submit a work order through Campus Manager to arrange for door repairs.

Completion Date: _____.

9. Are there at least 18 inches (47 cm) of vertical clearance maintained between all stored items and any ceiling equipped with fire sprinklers?

- Yes (Satisfactory) No (Needs Correction) N/A (Not Applicable)

Corrective Action: Remove stored items that do not meet the above criteria.

Completion Date: _____.

10. Are electrical panels accessible and circuit breakers clearly identified?

- Yes (Satisfactory) No (Needs Correction) N/A (Not Applicable)

Corrective Action: Contact Campus Manager to submit a work Order to Label circuit breakers as to their function, and clear area in front of electrical panels by 36 inches.

Completion Date: _____.

11. Are aisles, exits, and adjoining hallways maintained free of obstructions so that the area can be easily evacuated or accessed in case of an emergency?

- Yes (Satisfactory) No (Needs Correction) N/A (Not Applicable)

Corrective Action: Remove obstructions from aisles, exits, and adjoining hallways. Contact Department / Divisional Safety Coordinator if help is needed cleaning adjoining hallways.

Completion Date: _____.

12. Is electrical equipment (e.g., copiers and computers) grounded? (Ensure that the grounding prong has not been removed, and that 3-prong to 2-prong adapters are not used.)

- Yes (Satisfactory) No (Needs Correction) N/A (Not Applicable)

Corrective Action: Contact your supervisor or Department / Divisional Safety Coordinator to submit a work order through Campus Manager to arrange for installation of appropriate outlets and plugs.

Completion Date: _____.

13. Are extension cords in good condition (e.g., no breaks or exposed wiring), used only as temporary wiring (less than 30 days), and not connected in series?

- Yes (Satisfactory) No (Needs Correction) N/A (Not Applicable)

Corrective Action: Do not connect extension cords in series. Dispose of or repair all electrical cords that are not in good condition, and replace those in use more than 30 days with permanent wiring.

Completion Date: _____.

14. Have all broken, unguarded, or otherwise dangerous equipment or furniture been repaired or removed? (Example: A paper cutter without a guard to keep fingers away from the blade.)

- Yes (Satisfactory) No (Needs Correction) N/A (Not Applicable)

Corrective Action: Contact your supervisor or Department Divisional Safety Coordinator to arrange for removal or repair of equipment or furniture.

Completion Date: _____.

15. Are floor surfaces kept dry and/or made slip-resistant? Are walking surfaces smooth and free of trip hazards?

- Yes (Satisfactory) No (Needs Correction) N/A (Not Applicable)

Corrective Action: Work with your supervisor or Department / Divisional Safety Coordinator or Safety Committee to address this issue.

Completion Date: _____.

16. Are all work areas adequately illuminated?

- Yes (Satisfactory) No (Needs Correction) N/A (Not Applicable)

Corrective Action: Contact your supervisor or Department / Divisional Safety Coordinator for assistance in obtaining additional lighting. A work will need to be submitted through Campus Manager.

Completion Date: _____.

17. Have computer workstations been ergonomically evaluated for all employees who spend 4 or more hours at their computer each day?

- Yes (Satisfactory) No (Needs Correction) N/A (Not Applicable)

Corrective Action: Contact your supervisor or Department / Divisional Safety Coordinator to have a trained workstation evaluator assess the workstation. If your department does not have an evaluator, contact Environmental Health Safety and Insurance Office.

Completion Date: _____.