|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Safety Checklist**  **Suggested minimum frequency (Per JIF) Quarterly** | | | | | |
| **Municipality** | | | | | **Inspection Date**: /201\_\_\_ |
| **Name of Inspector:** | | | | | **Title:** |
| **Location Surveyed:** | | | | | |
| Apparatus Room | | | | | | |
| **#** | **Yes** | **No** | **N/A** | **CONDITION: Write line #’s & comments on back for all “Needs Work” listings, and notify management to initiate required corrective action** | | |
| **1** |  |  |  | Cords used for charging batteries in a location that will not cause a tripping hazard | | |
| **2** |  |  |  | Vehicle fluids do not pose a slipping hazard | | |
| **3** |  |  |  | Tools and equipment properly stored & secured | | |
| **4** |  |  |  | Ends of ladders protected? | | |
| **5** |  |  |  | Trucks arranged to allow free movement & to allow adequate aisles for walking & working | | |
| **6** |  |  |  | Guide lines or markings on floor to aid in backing into the bays | | |
| **7** |  |  |  | All overhead doors equipped with safety devices or the mandated warning signs posted? | | |
| **8** |  |  |  | Portable fire extinguishers wall mounted, inspected monthly & accessible? | | |
| **9** |  |  |  | Exit signs working & illuminated? | | |
| **10** |  |  |  | Emergency lighting units operational? | | |
| **11** |  |  |  | Flammable liquids properly stored in flammable liquids cabinets? | | |
| **12** |  |  |  | Housekeeping adequate through out? | | |
| **13** |  |  |  | Is vehicle diesel exhaust cleaned or is ventilation provided? | | |
| **14** |  |  |  | Emergency generator - tested under load monthly | | |
| **15** |  |  |  | Turn out gear clean, neat & orderly? Does it meet the recent NFPA standards? Y N | | |
| **16** |  |  |  | Is your Aerial apparatus and pumper tested to NFPA standards? | | |
| Cascade Equipment Dept. does not have (skip (17-21) | | | | | | |
|  | **Yes** | **No** | **N/A** | **CONDITION: Write line #’s & comments on back for all “Needs Work” listings, and notify management to initiate required corrective action** | | |
| **17** |  |  |  | All compressed air or oxygen cylinders chained in the upright position? | | |
| **18** |  |  |  | All SCBA bottles and cascade Cylinders have current hydrostatic test dates? | | |
| **19** |  |  |  | Cascade Bottles properly protected from vehicle damage? | | |
| **20** |  |  |  | Is the certificate of air quality checks posted? Current for this year? Y N | | |
| **21** |  |  |  | Filling performed in an approved Fragmentation containment system? | | |
| House and Grounds | | | | | | |
|  | **Yes** | **No** | **N/A** | **Condition** | | |
| **22** |  |  |  | Stairs & walkways clear if greater than 4 stairs have handrail? | | |
| **23** |  |  |  | Cooking hazards protected? Ansul type system annually inspected? | | |
| **24** |  |  |  | Emergency and exterior lighting in working order? | | |
| **25** |  |  |  | Parking spaces adequate for anticipated number of vehicles? (see parking lot checklist) | | |
| **26** |  |  |  | Are all exterior electrical receptacles GFCI Protected? | | |
| **27** |  |  |  | Warning signs posted for emergency vehicles exiting? | | |
| **28** |  |  |  | Slip, trip and fall hazards, (cracked sidewalks and aprons, pot holes) eliminated? | | |
| **29** |  |  |  | Emergency exterior Exit Lighting adequate? | | |
| **30** |  |  |  | (Add your item) | | |
| **31** |  |  |  | (Add your item) | | |