FORM 2098 (2/12) STATE OF NEW YORK - DEPARTMENT OF CORRECTIONS AND COMMUNITY SUPERVISION

MONTHLY SAFETY, ENVIRONMENTAL SERVICES AND WORKPLACE VIOLENCE INSPECTION REPORT

BUILDING # / AREA: _____ Inspection

SAFETY FACTORS

A. ____ Are Receptacles Overloaded
B. ____ Emergency Equipment Available
C. ____ Emergency Lights Working
D. ____ Emergency Routes Posted
E. ____ Emergency Exits Unobstructed
F. ____ Fire Extinguisher Charged/Ready
G. ____ Fire Hose Cabinets Clean-Hoses Empty
H. ____ Fire or Safety Hazards Present
I. ____ First Aid Kits/BVMs Complete
J. ____ Tool Control
K. ____ Pipe/Duct Insulation
L. ____ Safety Rules Posted
M. ____ Safety Practices Observed
N. ____ Water Leaks
O. ____ No Smoking Areas Posted/Observed
P. ____ Hazardous Materials Present
Q. ____ Cabinets Locked
R. ____ Form 2092 Maintained and Accurate
S. ____ Inventory/Contents & Accuracy
T. ____ AEDs
U. ____ Eyewash Station
V. ____ Lockout Tag/Out Program Reviewed
W. ____ Wet Floor Signs Posted

ENVIRONMENTAL FACTORS

1. ____ Baseboards Clean
2. ____ Ceilings Clean
3. ____ Floors Clean
4. ____ Walls Clean
5. ____ Windows Clean
6. ____ Cells Clean (List Below if Not)
7. ____ Shower Area Clean
8. ____ Slop Sinks Clean
9. ____ Pipe Chases Clean
10. ____ Mops Clean and Hung
11. ____ Garbage/Trash Cans Covered
12. ____ Pests Controlled
13. ____ Proper Supplies Used
14. ____ Excess Supplies on Hand
15. ____ Proper Heat/Ventilation
16. ____ Repairs Required
17. ____ Posted Housekeeping Plans

WORKPLACE VIOLENCE FACTORS*

I. ____ Adequate Lighting
II. ____ Locking Devices
III. ____ Doors/Gates Operational
IV. ____ Personal Alarm Device
V. ____ Visibility/Sight Lines
VI. ____ Other

Date: _____

ITEM	COMMENT DEFICIENCIES	CORRECTIVE ACTION, DATE, SIGNATURE

_____
INSPECTED BY

Mark "S" if Satisfactory
"U" if Unsatisfactory
"N/A" if Non-Applicable

Dist: 1st - Original for File
2nd - Retain for Reference in Next Inspection
3rd - Area Supervisor for Corrective Action
4th - Leave in Area Inspected for Corrective Action
3&4 - Return to Chairman when all Deficiencies Are Corrected

NOTE: Deficiencies are to be corrected. How they were corrected is to be noted in the column provided. This completed form is to be returned to the 1st Dep. Supt's (or Dep. for Admin. for facilities without a F.D.S.) office by c.o.b. _____.

* If any potential Workplace Violence factors are marked as "U" a copy of this report shall be forwarded to the DSS for evaluation and appropriate action if necessary.

_____
RECEIVED BY