

Self Inspection Health and Safety

Program: _____

	Inspection Areas	Complete	Incomplete
1.	Heating and cooling systems.		
	Comments:		
	Actions to be taken:		
	Target date:		
2.	Electrical systems.		
	Comments:		
	Actions to be taken:		
	Target date:		
3.	Emergency warning devices.		
	Comments:		
	Actions to be taken:		
	Target date:		
4.	Walking and working surfaces.		
	Comments:		
	Actions to be taken:		
	Target date:		



5.	Ingress and Egress.		
	Comments:		
	Actions to be taken:		
	Target date:		
6.	Health and sanitation related to food preparation, eating areas and restrooms.		
	Comments:		
	Actions to be taken:		
	Target date:		
7.	Structural integrity of facility.		
	Comments:		
	Actions to be taken:		
	Target date:		
8.	Storage of hazardous materials.		
	Comments:		
	Actions to be taken:		
	Target date:		
9.	Fire protection systems and equipment.		
	Comments:		
	Actions to be taken:		
	Target date:		

10.	Air contamination and ventilation.		
	Comments:		
	Actions to be taken:		
	Target date:		
11.	Recreation/visitation areas.		
	Comments:		
	Actions to be taken:		
	Target date:		
12.	Other areas appropriate to the service provided.		
	Comments:		
	Actions to be taken:		
	Target date:		

Inspector Name:	Inspector Signature:	Date of Inspection:
Program Director Name:	Program Director Signature:	Date: