Municipality: Inspection Date: Name of Inspector: Title: Location Surveyed: Title: ************************************	Municipal Complex / Administration Safety Checklist Minimum Frequency Quarterly					
Location Surveyed: # Needs Work O NA Condition: Write line #'s and comments on back for all "Needs Work" listings, and notify management to initiate required corrective action 1 Means of egress readily accessible & unobstructed? Fire doors kept closed? 2 Occupancy limits posted in all conference & meeting rooms seating 30 or more? 3 Emergency evacuation plan maps & emergency phone numbers posted 4 Emergency lights operational- spot check several Bathrooms covered by E- lights? 5 Ext lights and / or signs visible & illuminated? Any "Tritum" Powered signs? Y N 6 Extension cords: minimal use & in good condition? (used less than 90 days) 7 Overhead obstructions clearly marked in contrasting color? 8 Walking surfaces free of holes, or silp-tip-fall hazards no wrinkled carpets, walk off mats? 9 Handicap access ramps provided & in good condition & tightly secured minimum 3 inches from watter at the spot on skept closed? 11 Hand rail(5) on all stairs of more than 4 steps? On night side descending required 12 Stairways free of storage or obstruction? Dors kept closed? 14 Elevator inspection certificates current & posted? Car levels within ½ inch at landings? 15 Elevator inspection certificates current a	Mur	nicipalit	y:			
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36 Doors to equipment rooms, boiler rooms and basement marked "Not an Exit"						