

## Police Department Safety Checklist

### Minimum Frequency Quarterly

**Municipality:** \_\_\_\_\_ **Inspection Date:** \_\_\_\_\_ / \_\_\_\_\_ / 201\_\_

**Name of Inspector:** \_\_\_\_\_ **Title:** \_\_\_\_\_

**Location Surveyed:** \_\_\_\_\_

#	Needs Work	O K	N/A	CONDITION: Write line #'s & comments on back for all "Needs Work" listings, and notify management to initiate required corrective action
<b>Building Conditions</b>				
1				Stairs clear & handrails secure, stair treads in good repair? Y N
2				Exits identified, emergency lights function, occupancy posted
3				All transaction windows protected & duress alarms? Alarms tested annually? Y N
4				Fire doors kept closed, latches & automatic closures work
5				Floors & aisles clean; slip, trip & fall hazards eliminated
6				Interior lighting adequate? Check coverage of Emergency Lighting
7				Grounds & walkways in good condition; Exterior lighting adequate
<b>Building, Housekeeping &amp; Sanitary Conditions</b>				
8				Offices clean, adequate walking area, smooth floor, no hazardous chemicals
9				Basement, clear access, adequate headroom, lighting
10				Electrical/heater room, pressure relief piped to floor
11				Records storage, evidence lockers & ammunition secured.
12				Lockers secured, no moisture damage, shower facilities provided
<b>Power Sources</b>				
17				Computers & radio equipment provided with surge protection?
18				Emergency lighting operational
19				36 inches clearance in front of electrical panels? Arc-flash labeling in place?
20				GFCI's where needed within 6 foot of sinks?
21				Emergency generator exercised weekly, tested under load & log maintained?
<b>Vehicle Fueling</b> <input type="checkbox"/> No fueling done at this location: skip lines 23-25				
23				Fuel tanks are labeled with name, CAS # & NFPA Hazard codes?
24				Minimum of a 20 BC rated extinguisher is within 50 feet of tank?
25				NO SMOKING signs posted, emergency fuel shut-off identified?
<b>Fitness Area</b> <input type="checkbox"/> No fitness center skip lines 26 & 27				
26				Usage rules for equipment posted
27				Equipment visually inspected for defects
<b>Dispatch Area</b> <input type="checkbox"/> No dispatch operation at this location: Skip lines 28 & 29				
28				Access to room is restricted to authorized people? Workstation Ergonomic issues?
29				Power cords & cables properly secured
<b>Fire Detection / Suppression</b> <input type="checkbox"/> No sprinklers; skip lines 30-32				
30				Fire alarm and/or detection system, functional, inspected annually Y N
31				Fire suppression (sprinklers) system, functional, inspected annually
32				Fire extinguisher serviced annually & inspected monthly

