



Employee Safety and Health Program

Unit and Field Office Inspection Form

Provide copy of this completed form to the Bureau Chief, and the Employee Safety and Health Program via Dawain Falsen (dawain.falsen@labor.nc.gov), to be uploaded to the intranet and the specific Unit.

Unit: <i>Research + Policy + IT</i>	Location of Inspection: <i>4th floor</i>
Inspection Team:	Date of Inspection: <i>6/7/2017</i>
1. <i>Kathy Canady</i>	Unit Manager:
2. <i>Tammy Higgins</i>	Additional Comments:
3.	

Inspection Information

Electrical Cords and Outlets: Check appropriate box when condition is identified and add notation	
<input type="checkbox"/> Cords in walkways	<input type="checkbox"/> Extension cords used as permanent wiring
<input type="checkbox"/> Damaged cords (any type)	<input type="checkbox"/> Exposed energized parts
<input type="checkbox"/> Missing ground pin on electrical cord	<input type="checkbox"/> Daisy chain (power strip plugged into another power strip)
<input type="checkbox"/> Excessively warm/overheated cords or equipment:	<input type="checkbox"/> Outlet missing cover or broken cover
<input type="checkbox"/> Two prong adapter used or two prong extension cord	<input type="checkbox"/> Appliances plugged into a power strip (Refrigerator, microwave, toaster, space heater, etc.)
Additional Comments, notations, and abatement information (including date): <i>checked electrical cords + outlets ok</i>	

Fire Hazards and Egress: Check appropriate box when condition is identified and make notation	
<input type="checkbox"/> Items stored within 3 feet of a heater and/or heat source	<input type="checkbox"/> Blocked fire extinguishers
<input checked="" type="checkbox"/> Emergency Exit lighting is working correctly	<input checked="" type="checkbox"/> Exit doors in working condition
<input type="checkbox"/> Space heaters meet testing laboratories criteria (Identify)	<input type="checkbox"/> Block Exit doors
<input type="checkbox"/> Flammable/Combustibles stored correctly	<input type="checkbox"/> Chemicals stored correctly
<input type="checkbox"/> Excessively warm/overheated cords or equipment:	<input type="checkbox"/> Fire extinguishers inspected (Identify by Serial #)
Additional Comments, notations, and abatement information (including date):	



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Provide copy of this completed form to the Bureau Chief, and the Employee Safety and Health Program via Amanda Carroll (Amanda.Carroll@labor.nc.gov), to be uploaded to the intranet and the specific Unit.

Unit: Administration	Location of Inspection: OSH Review Commission
Inspection Team:	Date of Inspection: 06/30/17
1. Crystal Moss	Unit Manager: Karissa Sluss
2. Amanda Carroll	Additional Comments:
3.	

Inspection Information

Electrical Cords and Outlets: Check appropriate box when condition is identified and add notation	
<input type="checkbox"/> Cords in walkways	<input type="checkbox"/> Extension cords used as permanent wiring
<input type="checkbox"/> Damaged cords (any type)	<input type="checkbox"/> Exposed energized parts
<input type="checkbox"/> Missing ground pin on electrical cord	<input type="checkbox"/> Daisy chain (power strip plugged into another power strip)
<input type="checkbox"/> Excessively warm/overheated cords or equipment:	<input type="checkbox"/> Outlet missing cover or broken cover
<input type="checkbox"/> Two prong adapter used or two prong extension cord	<input type="checkbox"/> Appliances plugged into a power strip (Refrigerator, microwave, toaster, space heater, etc.)
Additional Comments, notations, and abatement information (including date): No problems.	

Fire Hazards and Egress: Check appropriate box when condition is identified and make notation	
<input type="checkbox"/> Items stored within 3 feet of a heater and/or heat source	<input type="checkbox"/> Blocked fire extinguishers
<input type="checkbox"/> Emergency Exit lighting is working correctly	<input type="checkbox"/> Exit doors in working condition
<input type="checkbox"/> Space heaters meet testing laboratories criteria (Identify)	<input type="checkbox"/> Block Exit doors
<input type="checkbox"/> Flammable/Combustibles stored correctly	<input type="checkbox"/> Chemicals stored correctly
<input type="checkbox"/> Excessively warm/overheated cords or equipment:	<input type="checkbox"/> Fire extinguishers inspected (identify by Serial #) 5KL7P (inspected 5/17); 5KL7Q (inspected 5/17); 5KL7R (inspected 5/17)
Additional Comments, notations, and abatement information (including date): No issues found.	



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Unit: <u>HR</u>	Location of Inspection: <u>HR First floor/lobby</u>
Inspection Team:	Date of Inspection: <u>6-28-17</u>
1. <u>Carla Rose</u>	Unit Manager: <u>Penelope Cotten</u>
2. <u>Mary Katherine Pegram</u>	Additional Comments:
3.	

Inspection Information

Electrical Cords and Outlets: Check appropriate box when condition is identified and add notation	
<input type="checkbox"/> Cords in walkways	<input type="checkbox"/> Extension cords used as permanent wiring
<input type="checkbox"/> Damaged cords (any type)	<input type="checkbox"/> Exposed energized parts
<input type="checkbox"/> Missing ground pin on electrical cord	<input type="checkbox"/> Daisy chain (power strip plugged into another power strip)
<input type="checkbox"/> Excessively warm/overheated cords or equipment:	<input type="checkbox"/> Outlet missing cover or broken cover
<input type="checkbox"/> Two prong adapter used or two prong extension cord	<input type="checkbox"/> Appliances plugged into a power strip (Refrigerator, microwave, toaster, space heater, etc.)
Additional Comments, notations, and abatement information (including date): <u>no concerns</u>	

Fire Hazards and Egress: Check appropriate box when condition is identified and make notation	
<input type="checkbox"/> Items stored within 3 feet of a heater and/or heat source	<input type="checkbox"/> Blocked fire extinguishers
<input type="checkbox"/> Emergency Exit lighting is working correctly	<input type="checkbox"/> Exit doors in working condition
<input type="checkbox"/> Space heaters meet testing laboratories criteria (Identify)	<input type="checkbox"/> Block Exit doors
<input type="checkbox"/> Flammable/Combustibles stored correctly	<input type="checkbox"/> Chemicals stored correctly
<input type="checkbox"/> Excessively warm/overheated cords or equipment:	<input type="checkbox"/> Fire extinguishers inspected (Identify by Serial #)
Additional Comments, notations, and abatement information (including date): <u>no concerns</u>	



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Unit: Commissioner's Office & Legal Affairs	Location of Inspection: Labor Building
Inspection Team:	Date of Inspection: 6/26/17
1. Chanel Brown	Unit Manager: Jill Cramer
2. Mildred Rivera	Additional Comments:
3.	

Inspection Information

Electrical Cords and Outlets: Check appropriate box when condition is identified and add notation	
<input type="checkbox"/> Cords in walkways	<input type="checkbox"/> Extension cords used as permanent wiring
<input type="checkbox"/> Damaged cords (any type)	<input type="checkbox"/> Exposed energized parts
<input type="checkbox"/> Missing ground pin on electrical cord	<input type="checkbox"/> Daisy chain (power strip plugged into another power strip)
<input type="checkbox"/> Excessively warm/overheated cords or equipment:	<input type="checkbox"/> Outlet missing cover or broken cover
	<input type="checkbox"/> Two prong adapter used or two prong extension cord
Additional Comments, notations, and abatement information (including date): Rm 243 Refrigerator and Microwave plugged into power strip	

Fire Hazards and Egress: Check appropriate box when condition is identified and make notation	
<input type="checkbox"/> Items stored within 3 feet of a heater and/or heat source	<input type="checkbox"/> Blocked fire extinguishers
<input type="checkbox"/> Emergency Exit lighting is working correctly	<input type="checkbox"/> Exit doors in working condition
<input type="checkbox"/> Space heaters meet testing laboratories criteria (Identify)	<input type="checkbox"/> Block Exit doors
<input type="checkbox"/> Flammable/Combustibles stored correctly	<input type="checkbox"/> Chemicals stored correctly
<input type="checkbox"/> Excessively warm/overheated cords or equipment:	<input type="checkbox"/> Fire extinguishers inspected (identify by Serial #) Fire Extinguisher 2nd Floor, Outside Rm 238 Not Inspected for months of May or June 2017
Additional Comments, notations, and abatement information (including date):	