

# NCDOL EMPLOYEE SAFETY AND HEALTH PROGRAM



## ADMINISTRATION UNIT INSPECTION FORM

(A Copy of this completed form should be provided to the Unit Manager(s), the Unit Safety And Health Committee, and the Employee Safety And Health Steering Committee)

|                                                                                                              |                                                               |
|--------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|
| <b>Unit/Bureau/Division:</b><br><i>Administration</i>                                                        | <b>Unit/Bureau/Division Manager:</b><br><i>Nancy Lipscomb</i> |
| <b>Description of Area Inspected (e.g., Building, Floor):</b><br><i>HR - DOL Bldg - 1<sup>st</sup> floor</i> | <b>Inspector(s) Name:</b><br><i>Dawain/Crystal</i>            |
| <b>Inspection Date:</b><br><i>3/6/2013</i>                                                                   | <b>Follow-Up Inspection Date (if any):</b><br><i>3/7/2013</i> |

## INSPECTION INFORMATION

(Please place a check in the adjacent box if the items listed below exist. Document the location and details in the space provided at the end of this inspection report)

### **ELECTRICAL CORDS AND OUTLETS**

- |                                                                                             |                                                                |                                                                                 |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Electrical cords attached to building surfaces                     | <input type="checkbox"/> Two pronged extension cords used      | <input type="checkbox"/> Empty opening in electrical equipment                  |
| <input type="checkbox"/> Frayed, cut, nicked, or damaged cords exposing interior conductors | <input type="checkbox"/> Two pronged adapter used              | <input type="checkbox"/> Exposed live parts                                     |
| <input type="checkbox"/> Cords running exposed across walkways                              | <input type="checkbox"/> Missing ground pin on electrical cord | <input type="checkbox"/> Ungrounded equipment                                   |
| <input type="checkbox"/> Extension cords used as permanent wiring                           | <input type="checkbox"/> Outlet with missing or broken cover   | <input type="checkbox"/> Excessively warm/overheated cords, breakers, equipment |

**Explanation:**

*NONE*

### **FIRE HAZARDS AND EGRESS**

- |                                                                         |                                                                                                                                 |                                                                           |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Items stored within 3 feet of electrical panel | <input type="checkbox"/> Items blocking exit/fire escape doors or windows                                                       | <input type="checkbox"/> Burned/inoperable exit/fire escape signs         |
| <input type="checkbox"/> Items blocking fire extinguishers              | <input type="checkbox"/> Exit/fire escape doors or windows not accessible due to some other impediment (e.g., height, location) | <input type="checkbox"/> Combustible storage directly in front of outlets |
| <input type="checkbox"/> Cords running exposed across walkways          | <input type="checkbox"/> Exit/fire escape doors or windows do not open easily                                                   | <input type="checkbox"/> Combustible storage in halls/passageways, etc.   |
| <input type="checkbox"/> Halls narrowed to less than 44 inches          |                                                                                                                                 |                                                                           |

**Explanation:**

*NONE*

**STORAGE**

- ☐ Storage stacked higher than 5 feet without stepstool or ladder for access
- ☐ Storage within 3 feet of heater/heat source
- ☐ Storage stacks lean and/or not secure
- ☐ Storage stacked within 18 inches of sprinkler heads
- ☐ Aisles narrowed to less than 28 inches
- ☐ Cardboard, cloth, paper, etc., stored directly on floor

**Explanation:**

NONE

**HAZARDOUS SUBSTANCES**

- ☐ Compressed gas cylinder not capped and secured
- ☐ Acids and bases, and/or incompatible chemicals, stored adjacent to each other
- ☐ Chemical containers not labeled with name and hazard
- ☐ Flammable chemicals stored outside flammable cabinets (25 lbs. or greater)

**Explanation:**

NONE

**MISCELLANEOUS ITEMS**

- ☐ Burned out or missing light bulbs
- ☐ Spurs, splinters, protruding nails, etc. on furniture
- ☒ Any other item not listed
- ☐ Light bulbs not covered with sheath or cover
- ☐ Tripping hazards on carpet or floors

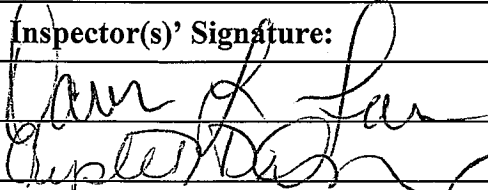
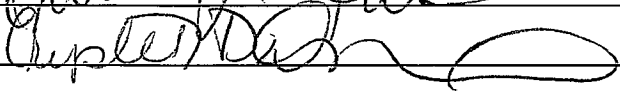
**Explanation:**

Light cover in supply room area is damaged.

**SAFETY AND/OR HEALTH INSPECTION DOCUMENTATION****(Please identify hazard and location)****Explanation:**

N/A

I hereby certify that the above information is true and accurate to the best of my knowledge:

|                                                                                    |              |
|------------------------------------------------------------------------------------|--------------|
| <b>Inspector(s)' Signature:</b>                                                    | <b>Date:</b> |
|  | 3-6-2013     |
|  | 3/6/2013     |

# NCDOL EMPLOYEE SAFETY AND HEALTH PROGRAM



## UNIT INSPECTION FORM

*(A Copy of this completed form should be provided to the Unit Manager, the Unit Safety And Health Committee, and the Employee Safety And Health Steering Committee)*

|                                                   |                                                              |
|---------------------------------------------------|--------------------------------------------------------------|
| <b>Unit:</b><br>Safety & Health Review Commission | <b>Unit Manager</b><br>Nancy Swaney                          |
| <b>Location Inspected:</b><br>422 N. Blount St.   | <b>Inspection Team:</b><br>Chanel Brown / Mildred Rivera     |
| <b>Inspection Date:</b><br>3/15/13                | <b>Date Information Provided to Unit Manager:</b><br>3/15/13 |
| <b>Reason for Delay (if any):</b><br><br>         |                                                              |

## INSPECTION INFORMATION

*(Please place a check in the adjacent box if the items listed below exist. Document the location and details in the space provided at the end of this inspection report)*

### **ELECTRICAL CORDS AND OUTLETS**

- |                                                                                             |                                                                |                                                                                 |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Electrical cords attached to building surfaces                     | <input type="checkbox"/> Two pronged extension cords used      | <input type="checkbox"/> Empty opening in electrical equipment                  |
| <input type="checkbox"/> Frayed, cut, nicked, or damaged cords exposing interior conductors | <input type="checkbox"/> Two pronged adapter used              | <input type="checkbox"/> Exposed live parts                                     |
| <input type="checkbox"/> Cords running exposed across walkways                              | <input type="checkbox"/> Missing ground pin on electrical cord | <input type="checkbox"/> Ungrounded equipment                                   |
| <input type="checkbox"/> Extension cords used as permanent wiring                           | <input type="checkbox"/> Outlet with missing or broken cover   | <input type="checkbox"/> Excessively warm/overheated cords, breakers, equipment |

**Explanation:**

### FIRE HAZARDS AND EGRESS

- |                                                                                                     |                                                                         |                                                                           |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Items stored within 3 feet of electrical panel                             | <input type="checkbox"/> Exit doors do not open easily                  | <input type="checkbox"/> Combustible storage directly in front of outlets |
| <input type="checkbox"/> Items blocking fire extinguishers<br>Cords running exposed across walkways | <input type="checkbox"/> Combustible storage in halls/passageways, etc. | <input type="checkbox"/> Burned/inoperable exit signs                     |
| <input type="checkbox"/> Items blocking exit doors                                                  | <input type="checkbox"/> Halls narrowed to less than 44 inches          | <input type="checkbox"/> Burned/inoperable emergency lights               |

**Explanation:**

### STORAGE

- |                                                                                                    |                                                                      |                                                                |
|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Storage stacked higher than 5 feet without stepstool or ladder for access | <input type="checkbox"/> Storage within 3 feet of heater/heat source | <input type="checkbox"/> Storage stacks lean and/or not secure |
| <input type="checkbox"/> Storage stacked within 18 inches of sprinkler heads                       | <input type="checkbox"/> Aisles narrowed to less than 28 inches      |                                                                |

**Explanation:**

### HAZARDOUS SUBSTANCES

- |                                                                                                                                                                                               |                                                                                                        |                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> Compressed gas cylinder not capped and secured                                                                                                                       | <input type="checkbox"/> Acids and bases, and/or incompatible chemicals, stored adjacent to each other | <input type="checkbox"/> Chemical containers not labeled with name and hazard |
| <input type="checkbox"/> Flammable chemicals stored outside flammable cabinets (25 gallons or greater Class 1A and 120 gallons Class 1B, 1C, II or III flammables/combustibles in containers) |                                                                                                        |                                                                               |

**Explanation:**

### MISCELLANEOUS ITEMS

- |                                                                       |                                                                                |                                                                  |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Burned out or missing light bulbs            | <input type="checkbox"/> Spurs, splinters, protruding nails, etc. on furniture | <input type="checkbox"/> Monthly Laboratory Inspection Completed |
| <input type="checkbox"/> Light bulbs not covered with sheath or cover | <input type="checkbox"/> Tripping hazards in carpet or floors                  | <input type="checkbox"/> Any other item not listed               |

**Explanation:**

# NCDOL EMPLOYEE SAFETY AND HEALTH PROGRAM



## ADMINISTRATION UNIT INSPECTION FORM

*(A Copy of this completed form should be provided to the Unit Manager(s), the Unit Safety And Health Committee, and the Employee Safety And Health Steering Committee)*

|                                                                                                |                                                      |
|------------------------------------------------------------------------------------------------|------------------------------------------------------|
| <b>Unit/Bureau/Division:</b><br>Budget                                                         | <b>Unit/Bureau/Division Manager:</b><br>Jack Brinson |
| <b>Description of Area Inspected (e.g., Building, Floor):</b><br>NCDOL - 3 <sup>rd</sup> Floor | <b>Inspector(s) Name:</b><br>Todd McNoldy            |
| <b>Inspection Date:</b><br>3/19/13                                                             | <b>Follow-Up Inspection Date (if any):</b>           |

## INSPECTION INFORMATION

*(Please place a check in the adjacent box if the items listed below exist. Document the location and details in the space provided at the end of this inspection report)*

### **ELECTRICAL CORDS AND OUTLETS**

- |                                                                                             |                                                                |                                                                                 |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Electrical cords attached to building surfaces                     | <input type="checkbox"/> Two pronged extension cords used      | <input type="checkbox"/> Empty opening in electrical equipment                  |
| <input type="checkbox"/> Frayed, cut, nicked, or damaged cords exposing interior conductors | <input type="checkbox"/> Two pronged adapter used              | <input type="checkbox"/> Exposed live parts                                     |
| <input type="checkbox"/> Cords running exposed across walkways                              | <input type="checkbox"/> Missing ground pin on electrical cord | <input type="checkbox"/> Ungrounded equipment                                   |
| <input type="checkbox"/> Extension cords used as permanent wiring                           | <input type="checkbox"/> Outlet with missing or broken cover   | <input type="checkbox"/> Excessively warm/overheated cords, breakers, equipment |

**Explanation:**

### **FIRE HAZARDS AND EGRESS**

- |                                                                         |                                                                                                                                 |                                                                           |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Items stored within 3 feet of electrical panel | <input type="checkbox"/> Items blocking exit/fire escape doors or windows                                                       | <input type="checkbox"/> Burned/inoperable exit/fire escape signs         |
| <input type="checkbox"/> Items blocking fire extinguishers              | <input type="checkbox"/> Exit/fire escape doors or windows not accessible due to some other impediment (e.g., height, location) | <input type="checkbox"/> Combustible storage directly in front of outlets |
| <input type="checkbox"/> Cords running exposed across walkways          | <input type="checkbox"/> Exit/fire escape doors or windows do not open easily                                                   | <input type="checkbox"/> Combustible storage in halls/passageways, etc.   |
| <input type="checkbox"/> Halls narrowed to less than 44 inches          |                                                                                                                                 |                                                                           |

**Explanation:**

**STORAGE**

- |                                                                                                    |                                                                      |                                                                                             |
|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|---------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Storage stacked higher than 5 feet without stepstool or ladder for access | <input type="checkbox"/> Storage within 3 feet of heater/heat source | <input type="checkbox"/> Storage stacks lean and/or not secure                              |
| <input type="checkbox"/> Storage stacked within 18 inches of sprinkler heads                       | <input type="checkbox"/> Aisles narrowed to less than 28 inches      | <input checked="" type="checkbox"/> Cardboard, cloth, paper, etc., stored directly on floor |

**Explanation:**

Some boxes of materials were stored directly on the floor in the hallway and the vault area.

**HAZARDOUS SUBSTANCES**

- |                                                                                                     |                                                                                                        |                                                                               |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> Compressed gas cylinder not capped and secured                             | <input type="checkbox"/> Acids and bases, and/or incompatible chemicals, stored adjacent to each other | <input type="checkbox"/> Chemical containers not labeled with name and hazard |
| <input type="checkbox"/> Flammable chemicals stored outside flammable cabinets (25 lbs. or greater) |                                                                                                        |                                                                               |

**Explanation:****MISCELLANEOUS ITEMS**

- |                                                                       |                                                                                |                                                    |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------|
| <input checked="" type="checkbox"/> Burned out or missing light bulbs | <input type="checkbox"/> Spurs, splinters, protruding nails, etc. on furniture | <input type="checkbox"/> Any other item not listed |
| <input type="checkbox"/> Light bulbs not covered with sheath or cover | <input type="checkbox"/> Tripping hazards on carpet or floors                  |                                                    |

**Explanation:**

The back corner has one light bulb burned out - this is a known issue that was addressed with the building manager appropriately.


**SAFETY AND/OR HEALTH INSPECTION DOCUMENTATION**

(Please identify hazard and location)

**Explanation:**

The 3<sup>rd</sup> floor fire extinguisher was last inspected in June, 2011.

I hereby certify that the above information is true and accurate to the best of my knowledge:

|                                                                                                      |              |
|------------------------------------------------------------------------------------------------------|--------------|
| <b>Inspector(s)' Signature:</b>                                                                      | <b>Date:</b> |
| Todd P. McNoldy  | 3/19/13      |
|                                                                                                      |              |
|                                                                                                      |              |

# NCDOL EMPLOYEE SAFETY AND HEALTH PROGRAM



## ADMINISTRATION UNIT INSPECTION FORM

*(A Copy of this completed form should be provided to the Unit Manager(s), the Unit Safety And Health Committee, and the Employee Safety And Health Steering Committee)*

|                                                                                                |                                                             |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| <b>Unit/Bureau/Division:</b><br>Communications                                                 | <b>Unit/Bureau/Division Manager:</b><br>Dolores Quesenberry |
| <b>Description of Area Inspected (e.g., Building, Floor):</b><br>NCDOL - 3 <sup>rd</sup> Floor | <b>Inspector(s) Name:</b><br>Todd McNoldy                   |
| <b>Inspection Date:</b><br>3/19/13                                                             | <b>Follow-Up Inspection Date (if any):</b>                  |

## INSPECTION INFORMATION

*(Please place a check in the adjacent box if the items listed below exist. Document the location and details in the space provided at the end of this inspection report)*

### **ELECTRICAL CORDS AND OUTLETS**

- |                                                                                             |                                                                |                                                                                 |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Electrical cords attached to building surfaces                     | <input type="checkbox"/> Two pronged extension cords used      | <input type="checkbox"/> Empty opening in electrical equipment                  |
| <input type="checkbox"/> Frayed, cut, nicked, or damaged cords exposing interior conductors | <input type="checkbox"/> Two pronged adapter used              | <input type="checkbox"/> Exposed live parts                                     |
| <input type="checkbox"/> Cords running exposed across walkways                              | <input type="checkbox"/> Missing ground pin on electrical cord | <input type="checkbox"/> Ungrounded equipment                                   |
| <input type="checkbox"/> Extension cords used as permanent wiring                           | <input type="checkbox"/> Outlet with missing or broken cover   | <input type="checkbox"/> Excessively warm/overheated cords, breakers, equipment |

**Explanation:**

### **FIRE HAZARDS AND EGRESS**

- |                                                                         |                                                                                                                                 |                                                                           |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Items stored within 3 feet of electrical panel | <input type="checkbox"/> Items blocking exit/fire escape doors or windows                                                       | <input type="checkbox"/> Burned/inoperable exit/fire escape signs         |
| <input type="checkbox"/> Items blocking fire extinguishers              | <input type="checkbox"/> Exit/fire escape doors or windows not accessible due to some other impediment (e.g., height, location) | <input type="checkbox"/> Combustible storage directly in front of outlets |
| <input type="checkbox"/> Cords running exposed across walkways          | <input type="checkbox"/> Exit/fire escape doors or windows do not open easily                                                   | <input type="checkbox"/> Combustible storage in halls/passageways, etc.   |
| <input type="checkbox"/> Halls narrowed to less than 44 inches          |                                                                                                                                 |                                                                           |

**Explanation:**

**STORAGE**

- ☒ Storage stacked higher than 5 feet without stepstool or ladder for access
- ☐ Storage within 3 feet of heater/heat source
- ☐ Storage stacks lean and/or not secure
- ☐ Storage stacked within 18 inches of sprinkler heads
- ☐ Aisles narrowed to less than 28 inches
- ☐ Cardboard, cloth, paper, etc., stored directly on floor

**Explanation:**

Unable to find a stepstool or step ladder for access to storage above 5 feet. They use Budget's step ladder as needed (also on the 3<sup>rd</sup> floor).

**HAZARDOUS SUBSTANCES**

- ☐ Compressed gas cylinder not capped and secured
- ☐ Acids and bases, and/or incompatible chemicals, stored adjacent to each other
- ☐ Chemical containers not labeled with name and hazard
- ☐ Flammable chemicals stored outside flammable cabinets (25 lbs. or greater)

**Explanation:****MISCELLANEOUS ITEMS**

- ☐ Burned out or missing light bulbs
- ☐ Spurs, splinters, protruding nails, etc. on furniture
- ☐ Any other item not listed
- ☐ Light bulbs not covered with sheath or cover
- ☐ Tripping hazards on carpet or floors

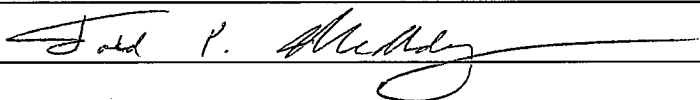
**Explanation:****SAFETY AND/OR HEALTH INSPECTION DOCUMENTATION**

(Please identify hazard and location)

**Explanation:**

The 3rd floor fire extinguisher was last inspected in June, 2011.

I hereby certify that the above information is true and accurate to the best of my knowledge:

| Inspector(s)' Signature:                                                                             | Date:   |
|------------------------------------------------------------------------------------------------------|---------|
| Todd P. McNoldy  | 3/19/13 |
|                                                                                                      |         |
|                                                                                                      |         |



## NCDOL EMPLOYEE SAFETY AND HEALTH PROGRAM



### UNIT INSPECTION FORM

*(A Copy of this completed form should be provided to the Unit Manager, the Unit Safety And Health Committee, and the Employee Safety And Health Steering Committee)*

|                                      |                                                                |
|--------------------------------------|----------------------------------------------------------------|
| <b>Unit:</b><br>PSIM                 | <b>Unit Manager</b><br>Anne Weaver                             |
| <b>Location Inspected:</b><br>PSIM   | <b>Inspection Team:</b><br>Erin Gauld/Jennifer Haignes         |
| <b>Inspection Date:</b><br>3/20/2013 | <b>Date Information Provided to Unit Manager:</b><br>3/20/2013 |
| <b>Reason for Delay (if any):</b>    |                                                                |

### INSPECTION INFORMATION

*(Please place a check in the adjacent box if the items listed below exist. Document the location and details in the space provided at the end of this inspection report)*

|                                                                                             |                                                                |                                                                                 |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------|
| <b>ELECTRICAL CORDS AND OUTLETS</b>                                                         |                                                                |                                                                                 |
| <input type="checkbox"/> Electrical cords attached to building surfaces                     | <input type="checkbox"/> Two pronged extension cords used      | <input type="checkbox"/> Empty opening in electrical equipment                  |
| <input type="checkbox"/> Frayed, cut, nicked, or damaged cords exposing interior conductors | <input type="checkbox"/> Two pronged adapter used              | <input type="checkbox"/> Exposed live parts                                     |
| <input type="checkbox"/> Cords running exposed across walkways                              | <input type="checkbox"/> Missing ground pin on electrical cord | <input type="checkbox"/> Ungrounded equipment                                   |
| <input type="checkbox"/> Extension cords used as permanent wiring                           | <input type="checkbox"/> Outlet with missing or broken cover   | <input type="checkbox"/> Excessively warm/overheated cords, breakers, equipment |
| <b>Explanation:</b>                                                                         |                                                                |                                                                                 |

### FIRE HAZARDS AND EGRESS

- |                                                                                                     |                                                                         |                                                                           |
|-----------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Items stored within 3 feet of electrical panel                             | <input type="checkbox"/> Exit doors do not open easily                  | <input type="checkbox"/> Combustible storage directly in front of outlets |
| <input type="checkbox"/> Items blocking fire extinguishers<br>Cords running exposed across walkways | <input type="checkbox"/> Combustible storage in halls/passageways, etc. | <input type="checkbox"/> Burned/inoperable exit signs                     |
| <input type="checkbox"/> Items blocking exit doors                                                  | <input type="checkbox"/> Halls narrowed to less than 44 inches          | <input type="checkbox"/> Burned/inoperable emergency lights               |

Explanation:

### STORAGE

- |                                                                                                    |                                                                      |                                                                |
|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------|
| <input type="checkbox"/> Storage stacked higher than 5 feet without stepstool or ladder for access | <input type="checkbox"/> Storage within 3 feet of heater/heat source | <input type="checkbox"/> Storage stacks lean and/or not secure |
| <input type="checkbox"/> Storage stacked within 18 inches of sprinkler heads                       | <input type="checkbox"/> Aisles narrowed to less than 28 inches      |                                                                |

Explanation:

### HAZARDOUS SUBSTANCES

- |                                                                                                                                                                                               |                                                                                                        |                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> Compressed gas cylinder not capped and secured                                                                                                                       | <input type="checkbox"/> Acids and bases, and/or incompatible chemicals, stored adjacent to each other | <input type="checkbox"/> Chemical containers not labeled with name and hazard |
| <input type="checkbox"/> Flammable chemicals stored outside flammable cabinets (25 gallons or greater Class 1A and 120 gallons Class 1B, 1C, II or III flammables/combustibles in containers) |                                                                                                        |                                                                               |

Explanation:

### MISCELLANEOUS ITEMS

- |                                                                       |                                                                                |                                                                  |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------|------------------------------------------------------------------|
| <input type="checkbox"/> Burned out or missing light bulbs            | <input type="checkbox"/> Spurs, splinters, protruding nails, etc. on furniture | <input type="checkbox"/> Monthly Laboratory Inspection Completed |
| <input type="checkbox"/> Light bulbs not covered with sheath or cover | <input type="checkbox"/> Tripping hazards in carpet or floors                  | <input type="checkbox"/> Any other item not listed               |

Explanation:

**FIRE EXTINGUISHER(S) and EMERGENCY LIGHTING**  
(please check boxes to indicate items where inspected)

☒ Fire extinguishers have a current inspection sticker ☒ Emergency lights are in operating order

**Explanation:**

**SAFETY AND/OR HEALTH INSPECTION DOCUMENTATION**  
(Please identify hazard and location)

**Explanation:**

Torn carpet in Anne Weaver's office had previously been documented as a potential trip hazard. This problem was solved by the addition of a new rug covering the torn carpet.

As always, PSIM's space was very neat and orderly.

# NCDOL EMPLOYEE SAFETY AND HEALTH PROGRAM



## ADMINISTRATION UNIT INSPECTION FORM

(A Copy of this completed form should be provided to the Unit Manager(s), the Unit Safety And Health Committee, and the Employee Safety And Health Steering Committee)

|                                                                                            |                                                              |
|--------------------------------------------------------------------------------------------|--------------------------------------------------------------|
| Unit/Bureau/Division:<br><i>IT / Research and Policy</i>                                   | Unit/Bureau/Division Manager:<br><i>Tina Morris-Anderson</i> |
| Description of Area Inspected (e.g., Building, Floor):<br><i>Labor Building, 4th floor</i> | Inspector(s) Name:<br><i>Angela Hamilton</i>                 |
| Inspection Date:<br><i>3/21/13</i>                                                         | Follow-Up Inspection Date (if any):                          |

## INSPECTION INFORMATION

(Please place a check in the adjacent box if the items listed below exist. Document the location and details in the space provided at the end of this inspection report)

### ELECTRICAL CORDS AND OUTLETS

- |                                                                                             |                                                                |                                                                                 |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Electrical cords attached to building surfaces                     | <input type="checkbox"/> Two pronged extension cords used      | <input type="checkbox"/> Empty opening in electrical equipment                  |
| <input type="checkbox"/> Frayed, cut, nicked, or damaged cords exposing interior conductors | <input type="checkbox"/> Two pronged adapter used              | <input type="checkbox"/> Exposed live parts                                     |
| <input type="checkbox"/> Cords running exposed across walkways                              | <input type="checkbox"/> Missing ground pin on electrical cord | <input type="checkbox"/> Ungrounded equipment                                   |
| <input type="checkbox"/> Extension cords used as permanent wiring                           | <input type="checkbox"/> Outlet with missing or broken cover   | <input type="checkbox"/> Excessively warm/overheated cords, breakers, equipment |

Explanation:

*none found*

### FIRE HAZARDS AND EGRESS

- |                                                                         |                                                                                                                                 |                                                                           |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Items stored within 3 feet of electrical panel | <input type="checkbox"/> Items blocking exit/fire escape doors or windows                                                       | <input type="checkbox"/> Burned/inoperable exit/fire escape signs         |
| <input type="checkbox"/> Items blocking fire extinguishers              | <input type="checkbox"/> Exit/fire escape doors or windows not accessible due to some other impediment (e.g., height, location) | <input type="checkbox"/> Combustible storage directly in front of outlets |
| <input type="checkbox"/> Cords running exposed across walkways          | <input type="checkbox"/> Exit/fire escape doors or windows do not open easily                                                   | <input type="checkbox"/> Combustible storage in halls/passageways, etc.   |
| <input type="checkbox"/> Halls narrowed to less than 44 inches          |                                                                                                                                 |                                                                           |

Explanation:

*no hazards*

**STORAGE**

- |                                                                                                    |                                                                      |                                                                                  |
|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> Storage stacked higher than 5 feet without stepstool or ladder for access | <input type="checkbox"/> Storage within 3 feet of heater/heat source | <input type="checkbox"/> Storage stacks lean and/or not secure                   |
| <input type="checkbox"/> Storage stacked within 18 inches of sprinkler heads                       | <input type="checkbox"/> Aisles narrowed to less than 28 inches      | <input type="checkbox"/> Cardboard, cloth, paper, etc., stored directly on floor |

**Explanation:****HAZARDOUS SUBSTANCES**

- |                                                                                                     |                                                                                                        |                                                                               |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> Compressed gas cylinder not capped and secured                             | <input type="checkbox"/> Acids and bases, and/or incompatible chemicals, stored adjacent to each other | <input type="checkbox"/> Chemical containers not labeled with name and hazard |
| <input type="checkbox"/> Flammable chemicals stored outside flammable cabinets (25 lbs. or greater) |                                                                                                        |                                                                               |

**Explanation:****MISCELLANEOUS ITEMS**

- |                                                                       |                                                                                |                                                    |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Burned out or missing light bulbs            | <input type="checkbox"/> Spurs, splinters, protruding nails, etc. on furniture | <input type="checkbox"/> Any other item not listed |
| <input type="checkbox"/> Light bulbs not covered with sheath or cover | <input type="checkbox"/> Tripping hazards on carpet or floors                  |                                                    |

**Explanation:****SAFETY AND/OR HEALTH INSPECTION DOCUMENTATION****(Please identify hazard and location)****Explanation:****I hereby certify that the above information is true and accurate to the best of my knowledge:**

|                                 |              |
|---------------------------------|--------------|
| <b>Inspector(s)' Signature:</b> | <b>Date:</b> |
| <i>Angela Hamilton</i>          | 3/21/13      |
|                                 |              |
|                                 |              |

# NCDOL EMPLOYEE SAFETY AND HEALTH PROGRAM



## ADMINISTRATION UNIT INSPECTION FORM

(A Copy of this completed form should be provided to the Unit Manager(s), the Unit Safety And Health Committee, and the Employee Safety And Health Steering Committee)

|                                                                                                     |                                                            |
|-----------------------------------------------------------------------------------------------------|------------------------------------------------------------|
| <b>Unit/Bureau/Division:</b><br>Commissioner's Office                                               | <b>Unit/Bureau/Division Manager:</b><br>Art Bitt           |
| <b>Description of Area Inspected (e.g., Building, Floor):</b><br>Office, Conference Rooms, Hallways | <b>Inspector(s) Name:</b><br>Stacy Thompson - Alberta Hall |
| <b>Inspection Date:</b><br>3/5/13                                                                   | <b>Follow-Up Inspection Date (if any):</b><br>_____        |

## INSPECTION INFORMATION

(Please place a check in the adjacent box if the items listed below exist. Document the location and details in the space provided at the end of this inspection report)

| ELECTRICAL CORDS AND OUTLETS                                                                |                                                                |                                                                                 |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Electrical cords attached to building surfaces                     | <input type="checkbox"/> Two pronged extension cords used      | <input type="checkbox"/> Empty opening in electrical equipment                  |
| <input type="checkbox"/> Frayed, cut, nicked, or damaged cords exposing interior conductors | <input type="checkbox"/> Two pronged adapter used              | <input type="checkbox"/> Exposed live parts                                     |
| <input type="checkbox"/> Cords running exposed across walkways                              | <input type="checkbox"/> Missing ground pin on electrical cord | <input type="checkbox"/> Ungrounded equipment                                   |
| <input type="checkbox"/> Extension cords used as permanent wiring                           | <input type="checkbox"/> Outlet with missing or broken cover   | <input type="checkbox"/> Excessively warm/overheated cords, breakers, equipment |
| <b>Explanation:</b><br>None                                                                 |                                                                |                                                                                 |

| FIRE HAZARDS AND EGRESS                                                 |                                                                                                                                 |                                                                           |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Items stored within 3 feet of electrical panel | <input type="checkbox"/> Items blocking exit/fire escape doors or windows                                                       | <input type="checkbox"/> Burned/inoperable exit/fire escape signs         |
| <input type="checkbox"/> Items blocking fire extinguishers              | <input type="checkbox"/> Exit/fire escape doors or windows not accessible due to some other impediment (e.g., height, location) | <input type="checkbox"/> Combustible storage directly in front of outlets |
| <input type="checkbox"/> Cords running exposed across walkways          | <input type="checkbox"/> Exit/fire escape doors or windows do not open easily                                                   | <input type="checkbox"/> Combustible storage in halls/passageways, etc.   |
| <input type="checkbox"/> Halls narrowed to less than 44 inches          |                                                                                                                                 |                                                                           |
| <b>Explanation:</b><br>None                                             |                                                                                                                                 |                                                                           |

**STORAGE**

- |                                                                                                    |                                                                      |                                                                                  |
|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> Storage stacked higher than 5 feet without stepstool or ladder for access | <input type="checkbox"/> Storage within 3 feet of heater/heat source | <input type="checkbox"/> Storage stacks lean and/or not secure                   |
| <input type="checkbox"/> Storage stacked within 18 inches of sprinkler heads                       | <input type="checkbox"/> Aisles narrowed to less than 28 inches      | <input type="checkbox"/> Cardboard, cloth, paper, etc., stored directly on floor |

**Explanation:***None***HAZARDOUS SUBSTANCES**

- |                                                                                                     |                                                                                                        |                                                                               |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> Compressed gas cylinder not capped and secured                             | <input type="checkbox"/> Acids and bases, and/or incompatible chemicals, stored adjacent to each other | <input type="checkbox"/> Chemical containers not labeled with name and hazard |
| <input type="checkbox"/> Flammable chemicals stored outside flammable cabinets (25 lbs. or greater) |                                                                                                        |                                                                               |

**Explanation:***None***MISCELLANEOUS ITEMS**

- |                                                                       |                                                                                |                                                    |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Burned out or missing light bulbs            | <input type="checkbox"/> Spurs, splinters, protruding nails, etc. on furniture | <input type="checkbox"/> Any other item not listed |
| <input type="checkbox"/> Light bulbs not covered with sheath or cover | <input type="checkbox"/> Tripping hazards on carpet or floors                  |                                                    |

**Explanation:***None***SAFETY AND/OR HEALTH INSPECTION DOCUMENTATION****(Please identify hazard and location)****Explanation:***—***I hereby certify that the above information is true and accurate to the best of my knowledge:**

| Inspector(s)' Signature:    | Date:  |
|-----------------------------|--------|
| <i>Stacy L. Albert Hall</i> | 3/5/13 |
|                             | 3/5/13 |
|                             |        |

# NCDOL EMPLOYEE SAFETY AND HEALTH PROGRAM



## ADMINISTRATION UNIT INSPECTION FORM

(A Copy of this completed form should be provided to the Unit Manager(s), the Unit Safety And Health Committee, and the Employee Safety And Health Steering Committee)

|                                                                                                             |                                                                     |
|-------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|
| <b>Unit/Bureau/Division:</b><br><i>Legal Affairs</i>                                                        | <b>Unit/Bureau/Division Manager:</b><br><i>Jane Gilchrist</i>       |
| <b>Description of Area Inspected (e.g., Building, Floor):</b><br><i>Offices, Conference Rooms, Hallways</i> | <b>Inspector(s) Name:</b><br><i>Alberta Hall - Stuen - Thompson</i> |
| <b>Inspection Date:</b><br><i>3/5/13</i>                                                                    | <b>Follow-Up Inspection Date (if any):</b><br><i>—</i>              |

## INSPECTION INFORMATION

(Please place a check in the adjacent box if the items listed below exist. Document the location and details in the space provided at the end of this inspection report)

| <b>ELECTRICAL CORDS AND OUTLETS</b>                                                         |                                                                |                                                                                 |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------------|---------------------------------------------------------------------------------|
| <input type="checkbox"/> Electrical cords attached to building surfaces                     | <input type="checkbox"/> Two pronged extension cords used      | <input type="checkbox"/> Empty opening in electrical equipment                  |
| <input type="checkbox"/> Frayed, cut, nicked, or damaged cords exposing interior conductors | <input type="checkbox"/> Two pronged adapter used              | <input type="checkbox"/> Exposed live parts                                     |
| <input type="checkbox"/> Cords running exposed across walkways                              | <input type="checkbox"/> Missing ground pin on electrical cord | <input type="checkbox"/> Ungrounded equipment                                   |
| <input type="checkbox"/> Extension cords used as permanent wiring                           | <input type="checkbox"/> Outlet with missing or broken cover   | <input type="checkbox"/> Excessively warm/overheated cords, breakers, equipment |
| <b>Explanation:</b><br><i>None</i>                                                          |                                                                |                                                                                 |

| <b>FIRE HAZARDS AND EGRESS</b>                                          |                                                                                                                                 |                                                                           |
|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|
| <input type="checkbox"/> Items stored within 3 feet of electrical panel | <input type="checkbox"/> Items blocking exit/fire escape doors or windows                                                       | <input type="checkbox"/> Burned/inoperable exit/fire escape signs         |
| <input type="checkbox"/> Items blocking fire extinguishers              | <input type="checkbox"/> Exit/fire escape doors or windows not accessible due to some other impediment (e.g., height, location) | <input type="checkbox"/> Combustible storage directly in front of outlets |
| <input type="checkbox"/> Cords running exposed across walkways          | <input type="checkbox"/> Exit/fire escape doors or windows do not open easily                                                   | <input type="checkbox"/> Combustible storage in halls/passageways, etc.   |
| <input type="checkbox"/> Halls narrowed to less than 44 inches          |                                                                                                                                 |                                                                           |
| <b>Explanation:</b><br><i>None</i>                                      |                                                                                                                                 |                                                                           |



**STORAGE**

- |                                                                                                    |                                                                      |                                                                                  |
|----------------------------------------------------------------------------------------------------|----------------------------------------------------------------------|----------------------------------------------------------------------------------|
| <input type="checkbox"/> Storage stacked higher than 5 feet without stepstool or ladder for access | <input type="checkbox"/> Storage within 3 feet of heater/heat source | <input type="checkbox"/> Storage stacks lean and/or not secure                   |
| <input type="checkbox"/> Storage stacked within 18 inches of sprinkler heads                       | <input type="checkbox"/> Aisles narrowed to less than 28 inches      | <input type="checkbox"/> Cardboard, cloth, paper, etc., stored directly on floor |

**Explanation:***None***HAZARDOUS SUBSTANCES**

- |                                                                                                     |                                                                                                        |                                                                               |
|-----------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------|
| <input type="checkbox"/> Compressed gas cylinder not capped and secured                             | <input type="checkbox"/> Acids and bases, and/or incompatible chemicals, stored adjacent to each other | <input type="checkbox"/> Chemical containers not labeled with name and hazard |
| <input type="checkbox"/> Flammable chemicals stored outside flammable cabinets (25 lbs. or greater) |                                                                                                        |                                                                               |

**Explanation:***None***MISCELLANEOUS ITEMS**

- |                                                                       |                                                                                |                                                    |
|-----------------------------------------------------------------------|--------------------------------------------------------------------------------|----------------------------------------------------|
| <input type="checkbox"/> Burned out or missing light bulbs            | <input type="checkbox"/> Spurs, splinters, protruding nails, etc. on furniture | <input type="checkbox"/> Any other item not listed |
| <input type="checkbox"/> Light bulbs not covered with sheath or cover | <input type="checkbox"/> Tripping hazards on carpet or floors                  |                                                    |

**Explanation:***None***SAFETY AND/OR HEALTH INSPECTION DOCUMENTATION**

(Please identify hazard and location)

**Explanation:***—***I hereby certify that the above information is true and accurate to the best of my knowledge:**

| Inspector(s)' Signature: | Date:  |
|--------------------------|--------|
| <i>Stanley</i>           | 3/5/13 |
| <i>Alotta Khan</i>       | 3/5/13 |
|                          |        |