



# 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 Faison ([dawain.faison@labor.nc.gov](mailto:dawain.faison@labor.nc.gov)). to be uploaded to the intranet and the specific Unit.

|                   |                                                                                   |
|-------------------|-----------------------------------------------------------------------------------|
| Unit: ETTA        | Location of Inspection: ORB 3rd-4 <sup>th</sup> Floor                             |
| Inspection Team:  | Date of Inspection: 09/02/16                                                      |
| 1. Jesse Mendoza  | Unit Manager: Wanda Lagoe                                                         |
| 2. Carlene Harris | Additional Comments:                                                              |
| 3. Jiles Manning  | Safety Steering Committee audit of ETTA Safety committee. No discrepancies found. |

## 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"/>                                                                          |                                                 | <input type="checkbox"/> | Two prong adapter used or two prong extension cord         |
| Additional Comments, notations, and abatement information (including date):                       |                                                 |                          |                                                            |

| 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 #) |
| <input type="checkbox"/>                                                                                                                                      |                                                             | <input type="checkbox"/> |                                                     |
| Additional Comments, notations, and abatement information (including date): <b>All fire extinguishers up to date on both floors. Defibrillator status OK.</b> |                                                             |                          |                                                     |