



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), to be uploaded to the intranet and the specific Unit.

Unit: <u>OSH PSIM</u>	Location of Inspection: <u>ORB BUILDING - INDF</u>
Inspection Team:	Date of Inspection: <u>6-19-17</u>
1. <u>BARBARA WESTPHAL</u>	Unit Manager: <u>ANNE WEAVER</u>
2. <u>FELICIA GORE HOOVER</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 PROBLEMS FOUND</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 HAZARDS FOUND</u>	



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Unit: OSH	Location of Inspection: ORB-3rd Floor
Inspection Team:	Date of Inspection: 6-6-17
1. Jason Holtz	Unit Manager: Kevin Beauregard
2. Gwen Williams	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
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