



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: ETTA | Location of Inspection: ORB 3rd-4 th Floor |
| Inspection Team: | Date of Inspection: 09/30/15 |
| 1. Jesse Mendoza | Unit Manager: Wanda Lagoe |
| 2. Carlene Harris | 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 checked="" 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): Inspection and count of Relocatable Power Taps conducted during this inspection. Steering committee is going to address this due to some being connected to non-electronic devices that are drawing more amperage then they can handle. In 13 cubicles RPT's are used with 6 fans, 3 radios, 3 heaters, 1 frig, 1 hot water warmer. This was 4 th and 3 rd floor. We will await the outcome of the other committee's reports. | | | |

| 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): All fire extinguishers up to date on both floors. Defibrillator status OK. | | | |