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**Management Self Inspection  
Form SAF-F029**

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**INSTRUCTIONS TO COMPLETE**

The online version of this form is official.  
Therefore, all printed versions of this  
document are unofficial copies.

**INSPECTION FORM:**

1. The checklist shall be completed monthly by the scheduled Inspection Manager. A copy of the completed checklist SAF-F029 must be submitted to the Risk Management Office.
2. Manager shall inspect the area.
3. If additional sheets are necessary to record a finding, please include the team, tour date, area and item number (e.g., 2Ai – General Housekeeping).
4. The inspection findings may be entered electronically, however, all “field notes” shall be attached to and submitted with the printed checklist.
5. For Postings, the 301A Log must be posted by Feb. 1 and remain until APR 1 each year. Postings are on employee bulletin boards.
6. For Fire Extinguishers, date & initial tags indicating the extinguisher was inspected. Check for a full charge, no physical damage, securely fastened, etc.
7. For Eye Wash inspections: Operate piped wash stations for a minimum of 1 minute to verify water is clear. Collect water in a pail and discharge into a nearby sink. DO NOT activate sealed portable units. Initial and date inspection tag.
8. For employee knowledge, ask an employee questions. For example, ask him/her to show you where they keep their MSDS, what hazardous materials are present or what would they do if they had a chemical release. If the employee doesn't appear to be well informed, respond No.



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Department: _____ Area: _____ Date Completed: _____	Yes	No	Not Applicable
<b>1) Postings – All Areas</b>			
a) Are required OSHA posters prominently displayed?			
b) Is the OSHA 301A Log posted during FEB-APR?			
<b>2) General Housekeeping - All Areas</b>			
a) Is the area neat and orderly (i.e., clean, dry floors; no debris, tools or rags lying around)?			
i) If no, please detail the finding:			
b) Are all chemical containers closed when not in use?			
c) Are “CAUTION WET FLOOR” signs posted as necessary?			
<b>3) Means Of Egress - All Areas</b>			
a) Are all aisles and passageways free of obstructions?			
i) If no, please detail the finding:			
b) Are all exits clearly marked as an exit?			
c) Are all exit signs lit and visually unobstructed?			
d) Are doorways or passageways that are not an exit clearly marked “NO EXIT” to prevent confusion?			
e) Are all primary routes of travel a minimum width of 44” ?			
f) Are all secondary routes of travel a minimum width of 36”?			
g) Are any locks or other fastening devices that would prevent escape from inside of the building present?			
i) If yes, where?			
<b>4) Emergency Preparedness – All Areas</b>			
a) Are employees knowledgeable on emergency procedures, including who to contact in an emergency?			
b) Are emergency escape / evacuation procedures & route maps posted?			
c) Is a current "Emergency Contact List" posted?			
d) Is a spill kit available in the immediate area of a potential release?			
<b>5) First–Aid – All Areas</b>			
a) Are <b>all</b> eyewash stations clean & in good working condition?			
i) If no, please detail the finding:			
b) Is there unobstructed access to emergency eyewash stations?			
i) If no, please detail the finding:			



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c) Is the area's first-aid cabinet adequately stocked?			
i) If no, please detail the finding:			
<b>6) Fire Safety – All Areas</b>			
a) Are any of the fire <b>exits</b> blocked or compromised?			
i) If yes, which exit(s)?			
b) Are any of the fire <b>extinguishers</b> blocked?			
i) If yes, where and with what?			
c) Are any fire extinguishers missing (i.e., all admin areas = within 75 feet & all production areas = 50 feet )?			
i) If yes, please indicate location:			
d) Are the extinguishers identified with signs that are clearly visible?			
e) Are all fire extinguishers fully charged?			
i) If no, please detail the finding:			
f) Do any of the extinguishers appear to have physical damage (e.g., dents, corrosion, obstructed orifice, etc.)?			
g) Are the extinguishers being inspected monthly?			
h) Are any electrical panels blocked?			
i) If yes, which panel(s) and with what?			
<b>7) Hazard Communication – All Departments.</b>			
a) Are <b>all</b> secondary containers labeled?			
i) If no, please detail the finding:			
b) Is a current/accurate chemical inventory available in the department?			
c) Are MSDS available for every hazardous material listed 24 hrs/day?			
d) Are employees knowledgeable on the hazards in their work area?			
e) Are used rags/cloths being stored in containers with the lids closed?			
f) Are all chemicals being properly stored?			
g) Are all chemicals being properly disposed of?			
<b>8) Walking/Working Surfaces – All Areas</b>			
a) Are all stair treads equipped with slip-resistant surfaces and is the surface in good condition?			
i) If no, please detail the finding:			



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b) Are hidden step-downs & physical abutments clearly marked with safety tape?			
i) If no, please detail the finding:			
c) Are the top edge heights of top rails (guardrails) 42" above the walking/working level where a drop off of 4' or more occurs?			
i) If no, please detail the finding:			
d) Are handrails in position and secure on flights of stairs having four or more risers?			
i) If no, please detail the finding:			
<b>9) Office Safety – All Areas</b>			
a) Are walkways clear of electrical, telephone & test equipment cords?			
i) If no, please detail the finding:			
b) Are cords ganged at duplex outlets, which could cause overloading of circuit breakers?			
i) If yes, please detail the finding:			
c) Any cords fraying or have loose plugs?			
i) If yes, please detail the finding:			
<b>10) Personal Protective Equipment (PPE)</b>			
a) Are employees wearing appropriate PPE?			
i) Foot Protection (safety shoes)			
ii) Hearing Protection (when machines are running)			
iii) Eye Protection (i.e., Safety Glasses, Goggles, Full Face Shield)			
iv) Gloves (cut resistant, chemical, heat) used in operations			
v) Dust Mask (when cleaning room, sanding, operating an air blower)			
vi) Respirators			
vii) If no, please detail the finding:			
<b>11) Material Handling</b>			
a) Is material handling equipment available & being used?			
b) Are all aisles, doorways & turning areas sufficiently wide for safe operation?			
i) If no, please detail the finding:			



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Date Completed: _____			
<b>12) Hazardous Energy Control (Lockout/Tagout)</b>			
a) Are employees utilizing a lockout when necessary?			
b) Are the specific energy control procedures being utilized?			
<b>13) Machine Guarding – Is machine guarding in place on the following:</b>			
<i>a) Sub-Department A</i>			
i) <List Equipment>			
ii) <List Equipment>n			
<i>b) Sub-Department B</i>			
i) <List Equipment>			
ii) <List Equipment>			
<i>c) Sub-Department C</i>			
i) <List Equipment>			
ii) <List Equipment>			
<i>d) Sub-Department D</i>			
i) <List Equipment>			
<i>e) Equipment Room</i>			
i) <List Equipment>			
<i>f) Other</i>			
<b>14) Battery Handling -</b>			
a) Are employees trained on proper handling procedures?			
b) Is personal protective equipment (PPE) available & used whenever necessary?			
<b>15) Confined Space -</b>			
a) Are all confined spaces posted (e.g., elevator shafts, sump pits, crawl spaces, manholes etc.)?			
<b>16) Ladder Safety</b>			
a) Are ladders in good condition?			
b) Are ladders with defects tagged as DANGEROUS - DO NOT USE and taken out of service?			
<b>17) UV Safety</b>			
a) Are employees utilizing protective eyewear when the potential for UV exposure exists?			



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b) Are employees following safe work practices while working with or near UV?			
<b>18) Motor Vehicle Safety</b>			
a) Are all vehicles equipped with a fire extinguisher (ABC type), road flares, a flashlight, a fire blanket and a first aid kit?			
b) Are monthly inspections conducted by the vehicle operators?			
c) Are vehicles idling while at the dock?			
<b>19) Contractors – All Areas</b>			
a) Are contractors notified of the hazards present in our workplace?			
b) Has the contractor provided MSDSs prior to bringing any chemicals on-site?			
<b>20) FOR NUTRITION SERVICES ONLY:</b>			
<b>a) Chemicals</b>			
1) Insecticides, Detergents/Sanitizers/Caustics/Acids/Polishes stored properly.			
<b>b) Storage Areas</b>			
1) Walk-in freezer temperature is maintained between 0 and -10 degrees F refrigeration temperature between 36 and 38 degrees F.			
2) Floors in walk-ins are clean, dry and not slippery.			
3) Ice storage protected from contamination from foreign objects; proper ice scoop provided.			
4) Flammables properly stored; sterno, charcoal lighter fluid, butane, etc. (No more than 24 containers of butane in one location).			
5) Sharp edges are identified and eliminated.			
6) Emergency releases in walk-in refrigerators and freezers in proper working order.			
<b>c) Electrical</b>			
1) All electrical cords are in good condition.			
2) Extension cords are not used in place of permanently installed fixed wiring.			
3) Cover plates, switches, outlets etc. are in good condition. Ground plugs in good condition.			
4) Equipment grounded or double insulated.			



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5) Motors are clean and properly lubricated.			
6) Emergency shutdown switches installed and easily accessible.			
7) Switches and circuit breakers are clearly marked to indicate equipment/ areas controlled.			
8) Control panels have minimum 36" of unobstructed workspace in front and are closed.			
<b>d) Fire Prevention</b>			
1) Monthly visual inspections of portable fire extinguishers near cooking are 40 BC rated.			
2) Automatic fire protection system inspected and serviced by qualified persons semi-annually.			
3) Minimum of 18" clearance under sprinkler heads.			
4) Fire doors in proper operational condition and unobstructed.			
5) Hoods, filters, and ducts clean and free of grease accumulation. A cleaning schedule has been established.			
<b>e) Kitchen Work</b>			
1) Lighting adequate, fixtures shielded.			
2) Machines are suitably anchored to prevent creeping or tipping.			
3) Employees know location and operation of gas/electric emergency cutoffs.			
4) No steam leaks on production equipment.			
5) Floors and equipment clean and free of food/grease build-up.			
6) Area is clean and free of cut, bump or trip hazards.			
7) 35" Safety cones used with floor hazards.			
8) Floor mats properly placed.			
9) Swinging doors have see through panels and are easy to open; overhead mirrors at doors with blind spots.			
10) Slicer left unplugged and set at zero when not in use or during cleaning; cut resistance gloves for both hands available for use when cleaning blade.			
11) Persons under 18 years old prohibited from operating slicers and food processors.			
12) Can opener blades clean and in good repair.			



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Department: _____ Area: _____	Yes	No	Not Applicable
Date Completed: _____			
13) Clean-as-you-go policy is enforced.			
14) Knives stored properly in rack.			
15) Soap and towels available at wash sinks for employees; hand-washing signs are posted.			
16) Pan handles or potholders used to lift hot pots; no greasy rags stored under counter.			
17) Employee locker rooms clean.			
18) Compactors are equipped with adequate guards and safety switches.			
19) Guards for equipment in good condition and in place.			
20) Eye, face and hand personal protection equipment is available, maintained and used.			
21) No sharp corners projecting on machines.			
22) Employees wear clean outer garments and closed-heel, closed-toe and slip resistant footwear.			
23) Employees do not wear loose or dangling jewelry.			
<b>Dish Area</b>			
1) Floor mats, non-slip material. Or strips properly placed and in good condition.			
2) Dish machine final rinse above 180 degrees F or approved chemical disinfectant used.			
3) Ventilation in area is adequate.			
4) Dishes stacked properly in carts and tables.			
5) Mops and pails clean and available to clean up spills.			
6) No standing water where people stand.			
7) Emergency shut-off accessible.			
<b>21) See Attached Sheets:</b>			





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Department: _____ Area: _____	<b>Yes</b>	<b>No</b>	<b>Not Applicable</b>
Date Completed: _____			
<b>22) Additional Comments:</b>			
<b>23) Corrective Actions:</b>			

**Preparer's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_