

HOUSING & TRANSPORTATION Safety Checklist

Company Name: _____

Housing information:

Building description/address: _____
(If there is more than one building, please attach a separate sheet for each building)

Number of Occupants building approved for: _____ Expected Occupancy: _____

Maximum # occupants per fire division: _____ Number of stories: _____

Pre-occupancy inspection? Yes No Completed by (Govt Agency): _____

Certificates of Occupancy Posted? Yes No Post-occupancy inspections completed? Yes No

Employer self-inspections completed? Yes No Frequency: Weekly Monthly Quarterly Semi-Annual

Employer self-inspections documented in writing? Yes No

Deficiencies noted, and corrective actions taken documented in writing? Yes No

Life Safety Controls - Protection Systems

- a) Type
 - Smoke Detectors Yes No
 - Hard Wired Battery
 - Carbon Monoxide Yes No
 - Hard Wired Battery
- b) If battery operated, are batteries replaced every 6 months? Yes No
- c) Are exits adequate, properly marked, and lighted? Yes No
- d) Does each sleeping area/room have at least one opening window that is capable of being used for ventilation and emergency exit? Yes No
- e) Are emergency exits free and clear of any obstructions? Yes No
- f) Are portable fire extinguishers mounted in each kitchen? Yes No
- g) Are there at least one portable fire extinguishers for every 3,000 s.f. of building area? Yes No
- h) Do workers/occupants know emergency exit procedures? Yes No
- i) Is there a designated location to meet in emergencies for a head count of employees? Yes No
- j) Are workers/occupants instructed to report all unsafe conditions to the Employer? Yes No

Employee Transportation:

Vehicle Information:

- a) Are all vehicles inspected on a regular basis? Yes No
- b) Are written maintenance records on file for all vehicles? Yes No
- c) Are all vehicles registered per applicable state requirements? Yes No
- d) Are all vehicles insured per applicable state requirements? Yes No
- e) Do the vehicles have seat belts for every passenger? Yes No
- f) Are the employees required to wear their seatbelts? Yes No
- g) Are all tools, equipment & bags stored properly? Yes No

Driver Information:

- a) Do you provide the drivers? Yes No
- b) Do drivers have state issued licenses Yes No
- c) If no state issued license, do drivers have an international license? Yes No
- d) Do drivers have CDL Licenses where/when required? Yes No
- e) Are Motor Vehicle Records (MVRs) reviewed annually for all drivers? Yes No
- h) Do drivers complete pre or post-trip inspections on all vehicles? Yes No
- f) Are drivers supervised to assure competency in the operation of the vehicle they are assigned to operated?
 Yes No
- g) Is there a driver training or safety orientation program in place? Yes No
- h) Can drivers read and speak English? (Read and comprehend traffic control devices?) Yes No
- i) Are drivers familiar with the route(s) they drive? Yes No
- j) Are there "No Cell Phone Use" and "No Texting" policies in place? Yes No
- k) Is there a Substance Abuse policy in place or drug testing program for drivers? Yes No