Purpose and Scope
This plan establishes the requirements for the Safety Inspection Plan at Stephen F. Austin State University concerning conducting safety inspections/audits and reporting safety and health hazards. It applies to all Stephen F. Austin State University employees and locations.

An inspection plan can be viewed as fact-finding with emphasis on locating potential hazards that can adversely affect safety and health of agency employees and customers. Its primary purpose is to detect potential hazards so they can be corrected before an accident occurs. An inspection can determine conditions that need to be corrected or improved to bring operations up to acceptable standards, both from safety and from operational standpoints. Secondary purposes are to improve operations and thus to increase efficiency, effectiveness, and productivity. While the Environmental Health, Safety, and Risk Management (Safety Department) as well as managers in general ultimately have the responsibility for inspecting the workplace, authority for carrying out the actual inspection process extends throughout the organization.

Responsibilities
1. Supervisors and managers should continually observe their employees and work areas for unsafe work practices or conditions in assigned work areas; identify any observable safety hazard or unsafe work practice which may be present; and personally correct or implement immediate corrective action and follow-up.
2. Individual employees should be alert to note and personally correct, if possible, any observable safety hazard or unsafe work practice within their individual work area. In the event the hazard or unsafe work practice cannot be immediately corrected, each employee is further responsible to immediately report the situation to his/her immediate supervisor.
3. Environmental Health, Safety and Risk Management Department (Safety Department) will conduct formal safety walk-through inspections annually or on an as needed basis.

Safety and Health Audits
Objective: To determine if conditions and/or work practices may lead to job accidents and/or illness.

This plan is designed to use inspection time most efficiently, to provide a consistent method of recording observations, and to reduce the possibility of important items being overlooked.
- To locate unsafe conditions and equipment
- To focus on unsafe work practices or behavior trends
- To reveal the need for new safeguards
- To involve more employees in the safety program

Conducting Safety Inspections
Safety inspections should involve everyone. Managers can use the enclosed Safety Audit/Inspection Checklist located at the end of this document to serve as a guide and to document random or periodic inspections. The sections that apply to that department should be completed, but additions or modifications to customize the checklist may be necessary and is encouraged. Any completed checklists should be routed to the Safety Department (Box 6113) to make them aware of any potential hazards. Once an item is on the checklist, it will not be ignored. Supervisors should provide the Safety Department with updates on corrective action(s) and follow-up action taken on corrective action(s) still outstanding.
A thorough inspection of facilities should be conducted by the Safety Department annually or on an as needed basis. However, employees should be informed that any potential safety and health issue should be brought to their department head’s attention immediately.

The Safety Department will conduct additional inspections on their own. The University will be set up into zones (each building is a zone), and health and safety inspections will be conducted annually. Laboratory, construction, and stairwell inspections will also be conducted as needed.

**Steps to Reporting a Safety or Health Hazard**

So that employee insight and experience in safety and health protection may be utilized and employee concerns may be addressed, Stephen F. Austin State University wants to provide a reliable system for employees, without fear of reprisal, to notify management personnel about conditions that appear hazardous, to receive timely and appropriate responses, and to encourage employees to use the safety reporting system.

1. An employee or department head should complete the Report of Safety or Health Hazard Form located at the end of this document. Please fill out the form completely so there will be no delay in determining where or what the problem is and the severity. You need not sign the form. You may also e-mail safety or health hazards to higginsjk@sfasu.edu.

2. Completed forms should be turned in to the Safety Department (Box 6113). **If the hazard is serious** call the Safety Department immediately at extension 4532.

3. All forms will be evaluated by the Safety Department. Priority problems will be resolved immediately.

**Accidents**

Should an accident occur the Safety Department should be notified immediately? The department head shall collect and provide the Safety Department with all pertinent documentation relating to the accident. Contact the Safety Department at extension 4514 for information as to the necessary documentation required.
Safety Audit/Inspection Checklist

Instructions: Please review the checklist. If you consider an item in your area unsafe, please complete the attached Report of Safety or Health Hazard form and return to the Safety Department (Box 6113).

Department ___________________  Department Representative ___________________
Office/Room # __________________ Building __________________ Date ____________

ITEM
1. Do the floors have wet or slippery surfaces? Y N N/A
2. Are there any penetrations or depressions in the floors, walls, ceilings? Y N N/A
3. Is carpet or flooring free of holes, tears, etc? Y N N/A
4. Are aisles free of obstructions, including electrical cords and outlets? Y N N/A
5. Are stairwells and exits properly lighted? Y N N/A
6. Are there any unsafe ladders or trolleys? Y N N/A
7. Is general housekeeping good? Y N N/A
8. Are there any top heavy filing cabinets? Y N N/A
9. Is all lifting, including opening window performed properly? Y N N/A
10. Are pins, knives, cutters, and staplers used properly? Y N N/A
11. Are the fire escape doors open and free for exit? Y N N/A
12. Are glass doors either frosted or with lettering or decals? Y N N/A
13. Are all electrical switches and coverplates in place and undamaged? Y N N/A
14. Are all electrical outlets within 6 feet of a faucet/water GFI protected? Y N N/A
15. Are there any cuts or damage to the furniture or accessories? Y N N/A
16. Are there any damaged non-working doors? Y N N/A
17. Is there any evidence of smoking in your area? Y N N/A
18. Are all flammables or corrosives stored properly? Y N N/A
19. Have your employees been informed of the HAZCOM standard? Y N N/A
20. Are fire extinguishers the correct type and in good working condition? Y N N/A
21. Are first-aid facilities available and full of supplies? Y N N/A
22. Are electric fans properly guarded? Y N N/A
23. Is there adequate ventilation in your area? Y N N/A
24. Are ceiling tiles in acceptable condition? Y N N/A
25. Are ventilation grates/filters clean and lint free? Y N N/A
26. Are there any lighting discrepancies, (bulbs, ballast, etc.)? Y N N/A
27. Is Workers Right to Know poster posted? Y N N/A
28. Are MSDS’s located within 5 minutes (if applicable)? Y N N/A
29. Are EXIT lights fully operational? Y N N/A
30. Is there storage within 18 inches of the ceiling? Y N N/A

Any unsafe practices observed:____________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
Comments:_____________________________________________________________________
_____________________________________________________________________________
_____________________________________________________________________________
Report of Safety or Health Hazard

Nature of the Hazard:
______________________________________________________________________________
______________________________________________________________________________
______________________________________________________________________________

Location of the Hazard:
Building Name______________________________________________________________
Floor________________________  Area_______________________________
Room/Workstation Number___________________________________________

Seriousness of Hazard:    Priority #___________________________

1. **Priority 1** – The most serious type of unsafe condition or unsafe work practice that could cause loss of life, permanent disability, the loss of a body part (amputation or crippling injury), or extensive loss of structure, equipment, or material.

2. **Priority 2** – Unsafe condition of work practice that could cause serious injury, industrial illness, or disruptive property damage.

3. **Priority 3** – Unsafe condition or unsafe work practice that might cause a recordable injury or industrial illness or non-disruptive property damage.

4. **Priority 4** – Minor condition, a housekeeping item or unsafe work practice infraction with little or likelihood of injury or illness other than perhaps a first aid case.

Date Submitted:_______________________

Follow-up Action
Completion Date:______________________

Signature:     Signature (Safety Director):
_____________________________  _________________

Please return form to the Environmental Health, Safety, & Risk Management Department (Box 6113). You may also report the hazard to extension 4532 or higginsjk@sfasu.edu.

(Action will be taken whether signed or not)