

SAFE HAVEN INSPECTION CHECKLIST

Name: _____

Location: _____

Room: _____ Date: _____

Provide specific information in the comment section:

| | | YES | NO | N/A |
|-----|--|-----|----|-----|
| 1. | Are aisles, walkways, and work areas free of trip and fall hazards (i.e. torn carpets, turned up edges of door mats, boxes, etc.)? | | | |
| 2. | Are aisles sufficiently wide to provide easy movement? | | | |
| 3. | Are exits paths free of boxes/materials at all times? | | | |
| 4. | Is the room adequately illuminated? | | | |
| 5. | Are electric and telephone cords placed where they might trip a passerby? | | | |
| 6. | Is the room neat and orderly? | | | |
| 7. | Are windows blocked with furniture or fixtures to prevent exiting? | | | |
| 8. | Are the windows clear of boxes, papers and books? | | | |
| 9. | Is there adequate space under the desks or workstations for employees to take cover in the event of an emergency? | | | |
| 10. | Are emergency telephone numbers near telephones? | | | |
| 11. | Is there a first aid kit in the room? | | | |
| 12. | Is there a battery-powered radio and extra batteries in the room? | | | |
| 13. | Is there a Safe Haven Sign on the door or wall outside the room? | | | |
| 14. | Is there a Safe Haven Sign near the exit windows? | | | |

Comments/Recommendations: