



# Self-Inspection Checklist for Repair Businesses



Policy #:

Date:

Location Address:

**A vital part of loss control is the recognition and removal or correction of unsafe activities or conditions before a loss occurs. This checklist provides you with a tool to identify some areas that might need attention. A "NO" response to any question indicates corrective action may be necessary. This survey form should be completed at least quarterly, and reviewed by the various levels of management to assure that unsafe acts/conditions are corrected and follow-ups are scheduled to see if the correction(s) accomplishes its purpose. Additional measures may be required beyond those identified by this checklist.**

### Customers Goods:

Yes No N/A

- 1) Is a claim check given to each customer leaving an item for repair?  Yes  No  N/A
- 2) Does claim check show what is wrong with item?  Yes  No  N/A
- 3) Are customers goods kept in a locked storage area after repair?  Yes  No  N/A

### Fire Protection and Prevention:

Yes No N/A

#### Fire Extinguishers

- 1) Proper number and type(s) of fire extinguishers, charged and tagged to show last service date?  Yes  No  N/A
- 2) Fire extinguishers properly wall-mounted, identified and adequately accessible for hazard involved?  Yes  No  N/A
- 3) Employees trained in proper use of extinguishers and manual operation of sprinkler system protecting repair shop?  Yes  No  N/A

#### Sprinklers

- 4) Sprinkler system control valves secured in open position?  Yes  No  N/A
- 5) Minimum of 18 inches clearance between stock storage and sprinkler heads?  Yes  No  N/A
- 6) Clear space of three feet around sprinkler system's main control valve?  Yes  No  N/A
- 7) Water pressure indicated on sprinkler system's lower gauge?  Yes  No  N/A
- 8) Sprinkler system(s) periodically tested and maintained; written records kept on premises?  Yes  No  N/A

#### General Fire Safety

- 9) Employees instructed in evacuation procedures for both customers and employees?  Yes  No  N/A
- 10) Instructions prominently posted for reporting fire and calling Fire Department?  Yes  No  N/A
- 11) Flammable and combustible liquids (paints, solvents, etc.) stored in metal cabinets or off premises?  Yes  No  N/A
- 12) Storage of combustibles not permitted within 30 feet of boilers, furnaces or other heat source?  Yes  No  N/A

### Electrical Equipment:

Yes No N/A

- 1) All electrical equipment properly grounded, portable electrical equipment and extension cords have a ground prong?  Yes  No  N/A
- 2) Breaker switchers properly marked?  Yes  No  N/A
- 3) Electrical panel boxes have doors closed, clear area of 30 inches in front of boxes?  Yes  No  N/A
- 4) Switches, switch boxes, outlets and wiring inspected periodically and deficiencies corrected?  Yes  No  N/A

### Storage Areas:

Yes No N/A

- 1) Stock properly and securely stacked; stored on racks, shelves or pallets?  Yes  No  N/A
- 2) Good housekeeping maintained, aisles clear, storage room orderly, floors free of debris, storage has proper clearances from hot-water heater and sprinklers?  Yes  No  N/A
- 3) Shelving and racks in good repair and secured to avoid tipping?  Yes  No  N/A

### Floors and Walking Surfaces

Yes No N/A

- 1) Floor free from loose mats, torn carpets or other hazards?  Yes  No  N/A
- 2) Portable signs indicate wet-mopped floors or temporary hazards?  Yes  No  N/A

**Floors and Walking Surfaces, continued**

- |   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| 3) Stair treads equipped with abrasive strips or other nonskid surface? . . . . .                           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Outdoor walkways checked frequently for tripping hazards; repairs made promptly? . . . . .               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Indoor-outdoor carpeting or other type of mat provided at entrance doors in inclement weather? . . . . . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Changes in interior elevations properly illuminated? . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Exits**

- |  | Yes                      | No                       | N/A                      |
|--|--------------------------|--------------------------|--------------------------|
| 1) Exits properly marked, illuminated and unobstructed; doors kept unlocked during hours of operation or equipped with panic bars? . . . . . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Non-exit doors (to rest room area, closets, etc.) identified properly? . . . . .  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Secure handrails on all stairs and steps? . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Exterior Areas**

- |   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| 1) Paths and parking lot well illuminated? . . . . .  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Steps, ramps, grounds, parking lot in good repair, free of holes or obstruction; well illuminated? . . . . . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Snow and ice promptly removed from parking lot and all walkway surfaces, when necessary? . . . . .           | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Car stops (bumper strips) painted contrasting colors so they are clearly visible? . . . . .                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**General Safe Practices**

- |  | Yes                      | No                       | N/A                      |
|--|--------------------------|--------------------------|--------------------------|
| 1) Pest-control services performed by a licensed, independent extermination contractor? Are substances used approved for use in food establishments? . . . . . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Fully equipped first-aid kit available at all times; at least one employee on each shift trained in its use? . . . . .                                      | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Certificates of insurance required from all servicing contractors and suppliers? . . . . .  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Emergency telephone numbers for police and emergency medical services prominently posted? . . . . .   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Crime**

- |   | Yes                      | No                       | N/A                      |
|---|--------------------------|--------------------------|--------------------------|
| 1) Cash registers emptied and left open during non-operating hours? . . . . .                                       | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2) Cash drawers skimmed frequently to reduce the cash in each drawer? . . . . .                                     | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3) Bank deposits made at least twice daily with varying times and routes? . . . . .                                 | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4) Combination to safe changed after turnover of money-handling personnel? . . . . .                                | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 5) Back door equipped with a panic lock so it can be kept locked at all times, equipped with hinge pins? . . . . .  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 6) Cash register tallies checked against deposits daily; other checks used to detect employee dishonesty? . . . . . | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**Comments:**

Describe specific conditions to be corrected:

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**This checklist is intended only as a reminder and is offered solely as a guide to assist management in its responsibility to provide a safer environment. This checklist is not intended to cover all possible hazardous conditions or unsafe acts that may exist. Other unsafe acts or hazardous conditions should also be noted and corrective action taken.**

**Inspected by:**

**Date:**

**Corrections initiated by:**

**Date:**

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# Unsafe Conditions Report



This form is designed for use by every level of management and employees. Management can utilize the form during formal inspections of the restaurant to identify problem areas which need immediate attention. Employees are encouraged to use this form to report unsafe conditions to management.

Date: \_\_\_\_\_ Time: \_\_\_\_\_

Location / area: \_\_\_\_\_

Hazard / problem: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Submitted by: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## For Managerial Use Only

Repair / correction necessary: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Permanent  Temporary

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

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## Fill out and Return to Reporting Party

Date condition inspected: \_\_\_\_\_

Date work to start: \_\_\_\_\_

Date work to be completed: \_\_\_\_\_

No action taken: \_\_\_\_\_

Reviewed by: \_\_\_\_\_ Date: \_\_\_\_\_

