**WORKPLACE AUDIT / INSPECTION REPORT**

**Locker Room**

**Location: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Audited by:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Audit Item/ Practice**

**Check if item / Practice not in compliance**

**General**

Do the number of restrooms conform to the federal standards? .141(c)(iii)

Are there separate toilet facilities for each sex? .141(c)(iii)

Are lunch rooms, rest rooms, and service rooms kept clean? .141(2)(g)

**Exits**

Are building exits adequate? .36/.37

Are exits properly marked? .36/.37

Any emergency power supply? .36/.37

Does lighting in hallways and exit signs conform to government standards? (20 foot and 5 foot candles respectively) .36/.37

Are exits blocked? .36/.37

**First Aid**

Do you have emergency eye wash and shower facilities within the immediate work area where employees are exposed to injurious corrosive materials? .151(c)

Do you have first aid kits easily accessible to each work area, with necessary supplies available, periodically inspected and replenished as needed? .151(b)

**Fire Protection**

If you have a fire alarm system, is it tested bimonthly? .165

Are all fire extinguishers accessible, and their locations clearly designated? .157

Are all fire extinguishers inspected and recharged regularly, and noted on the inspection tag? .157

**Postings**

Is the OSHA 2203 poster properly displayed? 1903

Is the EEOC's Americans With Disabilities poster displayed?

Is the Form 200, Injury and Illness Reporting Form, posted during the month of February? 1904

Are all OSHA citations for this area displayed near where the violation occurred? 1903

Repairs/corrections must be completed by (date) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Routed to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Repairs/corrections from above have been done.

Supervisor\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_