

**Emergency Medical Services
Department Safety Checklist
Minimum Frequency Quarterly**

Municipality:	Inspection Date: / /201
Name of Inspector:	Title:
Location Surveyed:	

#	Needs Work	O K	N/A	CONDITION: Write line #'s & comments on back for all "Needs Work" listings, and notify management to initiate required corrective action
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Apparatus Room				
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1				Cords used for charging batteries in a location that will not cause a tripping hazard
2				Diesel particulate exhaust ventilation system functioning <input type="checkbox"/> No exhaust system in facility
3				Leaks of vehicle fluids do not pose a slipping hazard
4				Tools & equipment stored and secured
5				Trucks arranged to allow free movement and to adequate aisles for walking & working
6				Guide lines or markings to aid in backing into the bays
7				Garage bay electrical receptacles GFCI protected, especially those near garage doors
8				Turn out gear clean, neat and orderly and meets NFPA guidelines
9				Portable fire extinguishers mounted, inspected monthly & accessible – tags completed
10				All exits identified and EXIT signs illuminated
11				Safety eyes installed on all power operated overhead doors
12				Emergency lighting units operational and of sufficient number to serve the area
13				Flammable liquids properly stored in grounded flammable cabinets, and doors closed
14				Housekeeping adequate through out facility
15				Emergency generator - tested under load monthly. Fuel sources have RTK Labeling
16				Cooking hazards protected; Proper ventilation & suppression system & inspected annually

Cascade Equipment <i>Municipality does not own this equipment</i> <input type="checkbox"/> <i>skip lines 17-22</i>				
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17				Air quality lab certification current and posted
18				All 1A compressed air or oxygen cylinders supported and in the up right position
19				All 1A & service bottles have current hydrostatic testing and with adequate recordkeeping
20				Bottles properly protected from vehicle damage; caps in place
21				Service bottle filling performed in an approved containment system
22				Personnel trained in the operation of the cascade or compressor system

House and Grounds				
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23				Stairs have handrails and walkways are clear
24				Emergency and exterior lighting in working order
25				Parking spaces adequate for intended occupancy
26				Parking areas, floors and all walking surface conditions satisfactory
27				Warning signs posted for emergency vehicles exiting
28				All utility service lines, (gas and compressed air, etc) identified
29				Hot water heater pressure relief valve piped to floor
30				Slip, trip and fall hazards eliminated
31				Exits marked and clear - panic hardware where serving occupant load > 50 persons
32				Lighting adequate for activities performed in the area?