

Police 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 |
|---|------------|--------|-----|--|
|---|------------|--------|-----|--|

Building Conditions

| | | | | |
|---|--|--|--|--|
| 1 | | | | Stairs clear & handrails secure, stair treads in good repair? Y N |
| 2 | | | | Exits identified, emergency lights function, occupancy posted |
| 3 | | | | All transaction windows protected & duress alarms? Alarms tested annually? Y N |
| 4 | | | | Fire doors kept closed, latches & automatic closures work |
| 5 | | | | Floors & aisles clean; slip, trip & fall hazards eliminated |
| 6 | | | | Interior lighting adequate? Check coverage of Emergency Lighting |
| 7 | | | | Grounds & walkways in good condition; Exterior lighting adequate |

Building, Housekeeping & Sanitary Conditions

| | | | | |
|----|--|--|--|--|
| 8 | | | | Offices clean, adequate walking area, smooth floor, no hazardous chemicals |
| 9 | | | | Basement, clear access, adequate headroom, lighting |
| 10 | | | | Electrical/heater room, pressure relief piped to floor |
| 11 | | | | Records storage, evidence lockers & ammunition secured. |
| 12 | | | | Lockers secured, no moisture damage, shower facilities provided |

Power Sources

| | | | | |
|----|--|--|--|---|
| 17 | | | | Computers & radio equipment provided with surge protection? |
| 18 | | | | Emergency lighting operational |
| 19 | | | | 36 inches clearance in front of electrical panels? Arc-flash labeling in place? |
| 20 | | | | GFCI's where needed within 6 foot of sinks? |
| 21 | | | | Emergency generator exercised weekly, tested under load & log maintained? |

Vehicle Fueling No fueling done at this location: skip lines 23-25

| | | | | |
|----|--|--|--|--|
| 23 | | | | Fuel tanks are labeled with name, CAS # & NFPA Hazard codes? |
| 24 | | | | Minimum of a 20 BC rated extinguisher is within 50 feet of tank? |
| 25 | | | | NO SMOKING signs posted, emergency fuel shut-off identified? |

Fitness Area No fitness center skip lines 26 & 27

| | | | | |
|----|--|--|--|--|
| 26 | | | | Usage rules for equipment posted |
| 27 | | | | Equipment visually inspected for defects |

Dispatch Area No dispatch operation at this location: Skip lines 28 & 29

| | | | | |
|----|--|--|--|--|
| 28 | | | | Access to room is restricted to authorized people? Workstation Ergonomic issues? |
| 29 | | | | Power cords & cables properly secured |

Fire Detection / Suppression No sprinklers; skip lines 30-32

| | | | | |
|----|--|--|--|--|
| 30 | | | | Fire alarm and/or detection system, functional, inspected annually Y N |
| 31 | | | | Fire suppression (sprinklers) system, functional, inspected annually |
| 32 | | | | Fire extinguisher serviced annually & inspected monthly |

