

Oklahoma Department of Corrections
Weekly Health and Safety Inspection Report

Date: _____
Facility _____
Building(s)/Areas Inspected _____
Inspected by _____

Department Head _____
Assignments have been made to correct deficiencies noted
in this report _____ Date _____
Reviewed by: Safety Designee _____

All Fire and Safety deficiencies need to be reported immediately to the Environmental Health and Safety Unit.
Identify C – Compliant / NC – Noncompliant / NA – Non Applicable

Department Weekly Inspection Item	Week 1	Week 2	Week 3	Week 4	Week 5
Work area is clean and free from debris.					
Aisles and walkways free of obstructions.					
Temperatures in indoor living and work areas are appropriate to the summer and winter comfort zones.					
Restroom facilities are clean and operational.					
Inspections for fire extinguishers are completed/current.					
All fire extinguishers are accessible?					
A visual inspection of fire hose and sprinkler gauges and control valves indicate good working condition.					
All lighted exits signs are operable.					
Evacuation routes posted in proper areas/orientation of building.					
Electrical/mechanical rooms free of trash and storage.					
Equipment free from signs of damage.					
Lights are operable?					
Extension cords are not being used as permanent wiring.					
Plumbing fixtures are in good working order.					
Eyewashes/showers have been flushed.					
Initial safety training current for all inmates and employees.					
Chemicals are accounted for, stored properly and inspected for leaks or spills.					
Secondary containers labeled properly.					
Non-Combustible receptacles					
Identify any other hazards.					
Dates of Inspection:					
Reviewed by					
Department Head/Supervisor Signature: _____					

(Initial for each week of inspection)

Specific Observations or Comments:

Identify any action taken to noncompliant findings:
Action taken/completed: