

Date: \_\_\_\_\_ Location: \_\_\_\_\_

Person(s) Conducting the Survey: \_\_\_\_\_

\_\_\_\_\_

AED		
Condition		Recommendation/Additional Info
Is a monthly check performed and documented?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is there proper accessibility?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are the batteries and pads current?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Electrical Panels/Switch Gear		
Condition		Recommendation/Additional Info
Is there 36-inch clearance around all panels?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are panels scanned for excess heat?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Extension Cords		
Condition		Recommendation/Additional Info
Are extension cords used properly?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are power strips being used properly and are not being "daisy chained"?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Fire Extinguishers		
Condition		Recommendation/Additional Info
Are all fire extinguishers checked monthly and documented?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is 6 and 12-year hydrostatic testing completed?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are annual inspections completed and the units tagged accordingly?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Generators		
Condition		Recommendation/Additional Info
Are generators serviced annually?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are backup generators exercised according to manufacturer's recommendations?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are fuel levels maintained?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Ice Machine/Freezer/Cooler		
Condition		Recommendation/Additional Info
Are temperatures monitored regularly?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are they cleaned and maintained regularly?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Vending Machines		
Condition		Recommendation/Additional Info
Are vending machines appropriately secured to the wall for seismic?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are they well-maintained and cleaned regularly?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are they regularly checked for expired product?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Water Fountains		
Condition		Recommendation/Additional Info
Are water fountains ADA accessible?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are water fountains regularly cleaned?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Is there adequate water flow?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Water Heater		
Condition		Recommendation/Additional Info
Is the pressure relief valve tested annually?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are 3-5 gallons drained annually to remove sediment?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Are water heaters secured for seismic event?	Yes <input type="checkbox"/> No <input type="checkbox"/>	

Space Heaters		
Condition		Recommendation/Additional Info
Are space heaters always shut off when unattended?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
Do all space heaters have tip over shut off switch? Is this verified annually?	Yes <input type="checkbox"/> No <input type="checkbox"/>	