Oklahoma Department of Corrections
Monthly Environmental Health and Safety Inspection Report

Date: Click here to enter a date.

Inspected by Safety Consultant_____

Facility or Building(s)/ Area Inspected:

Choose an item.

Assignments have been made to correct deficiencies noted in this report Click here to enter a date.___
Date

☐ **All outside regulatory agencies (Fire Marshal, DEQ, DOL, Dept. of Health, contract fire system, etc.) reports, weekly Environmental Health and Safety Inspections and <u>all</u> plans of corrective action have been reviewed, prior to conducting the monthly inspections. By checking this box, you are confirming receipt and review of the reports noted above and are aware of pending deficiencies and/or concerns and all areas were toured as a part of this inspection. All findings have been discussed with the facility head or designee prior to finalizing this report.**

THIS REPORT IS DUE BYTHE 20TH OF EACH MONTH
Submit completed review in the associated location on the EHS I: Drive by date indicated.

Identify C – Compliant / NC – Noncompliant / NA – Non Applicable / WO# - Work Order # (if applicable)				
All deficiencies require plans of corrective action to include Upkeep work orders submitted by facility staff/responsible department head. All POA's need to be to the Environmental Health and Safety Unit.	**C**	**N/C**	**N/A**	**WO #**
A. Fire Safety				
1. Are fire evacuation diagrams posted in orientation of the building and current (no renovations, exits are unobstructed, etc.)?				
2. Are fire extinguishers in all locations in accordance with the evacuation diagram, mounted, numbered, charged, sealed and accessible (unobstructed and easy access)?				
3. Are fire doors closed, unobstructed and door closures working properly?				
4. Are alarm systems operational? Are lights and horns free from obstruction or damage?				
5. Are exits and exit access visible, unobstructed and identified on the evacuation diagram?				
6. Are exit signs illuminated?				
7. Are sprinkler risers green tagged, unobstructed (3' clearance) and gauges in working order? Note date of last Fire Riser Inspection. _____.				
8. Is the hood system in the kitchen green tagged and all nozzles capped and free of grease build up?				
9. Date of last Fire Marshal Inspection _____; ensure all required corrective action is completed and/or has an anticipated date of completion. (Attach most recent plans of corrective action)				
10. Date of last Fire Alarm System Inspection _____. Note any deficiencies throughout the Facility and identify any yellow/red tags and note reason.				
Comments:				
B. Electrical				
1. Are electrical panels unobstructed and properly labeled?				

2. Is lock out tag out (LOTO) being utilized? (check the log for required documentation)				
3. Are electrical cords in good working order free of splices, oils and/or grease? (kitchen, maintenance, OCI)				
4. Are GFCI outlets in proper working order? (required in areas all areas with a water source)				
5. Are extension cords free of debris and used in accordance with NEC code?				
Comments:				
C. Flammable/Caustics/Toxics				
• *Flammable Materials*				
1. Are flammable materials properly stored and SDS available?				
2. Are logs available for inventory and issuance of products? (verify several products for accuracy)				
• *Caustics/Toxics*				
3. Are caustics/toxics properly stored and SDS available for each product?				
4. Are logs available for inventory and issuance of products? (verify several products to ensure accuracy)				
5. Do containers/caddies, used to issue products, have a list of products/quantities issued? Are they consistent with label?				
6. Non-combustible receptacles/Separate container for the disposal of flammable liquids and for rags used with flammable liquids. Are all receptacles and containers are emptied and cleaned daily? (discussion/observation)				
Comments:				
D. PPE				
1. Is the correct PPE provided for the job, in good repair, being utilized when needed? (Hazard assessments for jobs should identify required PPE and/or on job description as required by OP-030103.)				
Comments:				
E. X-Ray Cabinets				
1. Is the Annual Survey complete? (provide the date of the last survey)				
2. Are radiation exposure warning signs posted?				
3. Is there a list of staff authorized to operate the system on site (with machine)?				
4. Are checks being performed daily on each shift and documented? (review logs or inspection documents)				
5. Is X-Ray cabinet operational? (Assess equipment by viewing while in operation?)				
Comments:				
F. General				
1. Are floors and walkways free of clutter and debris?				
2. Are plumbing fixtures in proper working order (faucets, showers, toilets operable)?				
3. Are ladders the proper length and in working order? (ensure they have not been altered, compromising safety)				
4. If in use, are ladders being used in a safe manner?				
5. Are outside walkways and stairs are free of ice/snow? (when applicable)				

6. Are waste receptacles are covered? (required if 20 gallons or over)				
7. Are housekeeping plans developed and being enforced? (ensure sanitation throughout the facility promotes a clean environment which assists in reducing health related issues)				
8. Do boilers have current inspections? (date of last inspection:)				
9. Do hot water tanks have current inspections? (date of last inspection)				
10. Are First-Aid kits in locations authorized by the CHSA/Facility Head? (verify locations with local procedure)				
11. Are FA kits labeled with contents? (review a sampling of kits to ensure contents are consistent with the content label)				
12. Are FA kits inspected monthly? (list date of last inspection for each kit, to include vehicles.)				
13. Are AED's are inspected monthly? (provide the locations and date of last inspection)				
14. Are AED's operational? (charged and battery not expired)				
15. Are washers and dryers are in proper working order? (observe in operation and through interviews with staff/inmate workers)				
16. Are dryer lint traps cleaned daily? (observation and inmate job description/interviews)				
Comments:				
G. Food Service Areas				
1. Are hairnets and beard guards used/being worn? (observation/interviews staff, inmates all person entering food prep area)				
2. Are items stored 6" from the wall and 6"off the floor?				
3. Are hot foods being held above 135 degrees?				
4. Are cold foods held below 40 degrees?				
5. Are food trays inverted or covered when not in use?				
6. Are sample trays being maintained and dated? (review Daily Work Production schedule and trays in cooler)				
7. Do all waste receptacles have coverings?				
8. Are inmates/staff eating in the kitchen area?				
9. Are dishes being stacked wet?				
10. Are freezer temperatures 0 degrees or below? (review actual temperature reading the day of inspection and several examples of the Daily Word Production sheet within the month)				
11. Are cooler temperatures 35-40 degrees? (review actual temperature reading the day of the inspection and several examples of the Daily Work Production sheet within the month)				
12. Is the floor mixer cleaned upon use and free from debris?				
13. Are floor fans clean free from grease build up and/or debris?				
14. Are the Daily Work Productions Schedules completed?				
15. Are caustics/toxics/flammable controlled, stored, inventoried and issued as required by policy?				
16. Are SDS's available on all chemical/cleaning products in the food service area?				
17. Date of last Department of Health Inspection _____; ensure all required corrective action is completed and/or has an anticipated date of completion. Identify current compliance level below and attach most recent plans of corrective action.				

Comments:					
H. Barbershop/Beauty Shop Programs					
1. Are tools sanitized after each use?					
2.. Are towels available for use?					
3. Are clean towels used with each inmate?					
4. Are drapes cleaned after each?					
5. Are neck guards being used with drape, for each use?					
6. Is running water (hot and cold) available in the barber/beauty shop area?					
Comments:					
I. All other areas/buildings not specifically identified; to include outbuildings, work locations (all unoccupied/occupied, lagoons, kennels, water treatment, farms, etc.) **Ensure ALL are assessed during this inspection to include the facility map identifying fire systems, etc.**					
Provide the location and note any deficiency, if applicable, in each location:					
J. PPE/Hazard Assessment – Review worksites for applicable PPE/Hazard Assessment consistent with work being done and training of inmate/employee doing the work.					
Provide site location and work reviewed/assessed:					
K. Staff / Inmate Training (Conduct random checks of work crews, food service areas, factories, farms, etc., to ensure training has been conducted and training records for assigned staff and inmates are documented and are accessible. Provide a narrative description on areas reviewed, compliance level and accessible of records.)					
Overall Comments: (Advise of the level of sanitation for the facility/area as well as concerns and/or positive findings/results)					

If needed, provide photos of areas found in noncompliance and/or areas of concern.