

Safety Checklist

Updated May 2023 (Version 1.0)

Business I	nforma	ition						
Inspection Date:	Business Name:							
Primary Inspector:	OMMA License #							
Secondary Inspector:	Business Type:							
Tertiary Inspector:	Facility Address:							
Other Personnel Present:	City:							
	Zip Code	:						
Required Permits/Licenses					Comments			
A. Certificate of Occupancy? (SFM or AHJ)	Yes	N	0	NA				
B. OBNDD #? (OK Bureau of Narcotics & Dangerous Drugs)	Yes	N	0	NA				
C. LP Gas Permit? (Liquid Propane)	Yes	N	0	NA				
D. ODAFF Permit? (OK Dept of Agriculture, Food & Forestry)	Yes	N	0	NA				
E. OSDH Food License? (OK State Dept of Health)	Yes	Ν	0	NA				
F. OWRB Permit? (OK Water Resource Board)	Yes	N	0	NA				
G. DEQ Permit? (Dept of Environmental Quality)	Yes	Ν	0	NA				
Rating								
Not applicable	0	No so	afety iss	sue pre	esent			
1-2 instances of safety issue present	1	Minor safety concern						
3-4 instances of safety issue present	2	Moderate safety concern						
5 or more instances of safety issue present	3	Major safety concern						
General Observations & Premises								
General Observations & Premises		Rati	ing		Comments			
1 Does the property have a lock box for the fire marshal?								
	0	1	2	3				
Note: Lock boxes can be opened with a key or a code.								
2 Does the primary entrance have a locked gate? How many	0	1	2	3				
gates are present on the property?				•				
3 Number/type of buildings on site?	0	1	2	3				
4 Does the licensee require specific PPE to be worn at this site?	0	1	2	3				
List requirements.				•				
5 Are animals onsite?	0	1	2	3				
6 Are restricted access points labeled with signs or barriers to	0	1	2	3				
prevent or discourage access?				-				
7 Is the facility and its surroundings, including access roads,	0	1	2	3				
well maintained and in good repair?				-				
8 Are tripping hazards present in walkways?	0	1	2	3				
9 Is there sufficient lighting in walkways & entrances?	0	1	2	3				
10 Are there electrical hazards present?	0	1	2	3				
11 Is there a visible fire/sprinkler system? (Indoor only)	0	1	2	3				
12 Are fire extinguishers readily available? (Indoor only)	0	1	2	3				
13 Are there offensive, non-marijuana odors present?	0	1	2	3				

14 Are there areas where a ladder is needed to complete the inspection?	0	1	2	3			
15 Are exit signs clearly marked?							
			2	2			
Note: Include # of exits and general location of exits	0	1	2	3			
regardless of their markings.							
16 Are firearms or other potential weapons onsite?	0	1	2	3			
Hazardous Chemicals		Rat	ing		Comments		
17 Are compressed gas cylinders stored safely?							
a. Legibly marked to clearly identify the gas contained							
including the SDS placard?							
b. Stored away from heat source?	0	1	2	3			
c. Located or stored in a manner to prevent them from							
creating a hazard by tripping, falling, or rolling? (Are they							
upright and chained?)							
18 Are hazardous chemicals stored safely?							
	0	1	2	3			
Note: This is particularly looking at large quantities of							
fertilizer, pesticides, solvents, cleaners, etc.	<u> </u>						
19 Do any grow rooms/areas utilize CO ₂ ?	0	1	2	3			
20 Is there an eyewash station available in areas where	0	1	2	3			
hazardous chemicals are being used?							
Additional comments, concerns, observations, or other issues:							
Inspector Signature:					Total Safety Rating:		
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