Person(s) Conducting the Survey:

Location:

Date:

|  |  |  |  |
| --- | --- | --- | --- |
| Earthquake Preparedness | | | |
| Condition |  | | Recommendation/Additional Info |
| Are all freestanding furniture (bookcases, vending machines, etc.) securely attached to the wall? | Yes | No |  |
| Are water heaters secured  for seismic event? | Yes | No |  |
| Are escape routes identified and mapped? | Yes | No |  |

|  |  |  |  |
| --- | --- | --- | --- |
| First Aid Supplies | | | |
| Condition |  | | Recommendation/Additional Info |
| Are first aid supplies current? | Yes | No |  |
| Do first aid kits have  appropriate supplies? | Yes | No |  |
| Are first aid kits placed in enough appropriate locations? | Yes | No |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Elevators | | | |
| Condition |  | | Recommendation/Additional Info |
| Does the elevator emergency phone work? | Yes | No |  |
| Are elevator doors working  properly? | Yes | No |  |
| Are all elevator lights working properly? | Yes | No |  |
| Are all inspections current? | Yes | No |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Restrooms | | | |
| Condition |  | | Recommendation/Additional Info |
| Are restrooms ADA  accessible? | Yes | No |  |
| Are the restrooms free from  leaks? | Yes | No |  |
| Do the toilets flush properly? | Yes | No |  |
| Is there adequate paper and  supplies available? | Yes | No |  |
| Do electric hand dryers’ function well? | Yes | No |  |