Person(s) Conducting the Survey:

Location:

Date:

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

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

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

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| Restrooms |
| Condition |  | Recommendation/Additional Info |
| Are restrooms ADAaccessible? | Yes | No |  |
| Are the restrooms free fromleaks? | Yes | No |  |
| Do the toilets flush properly? | Yes | No |  |
| Is there adequate paper andsupplies available? | Yes | No |  |
| Do electric hand dryers’ function well? | Yes | No |  |